



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2020  
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)					
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)					
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
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.....		

Subscribed and sworn to before me this  
day of



ANNUAL STATEMENT FOR THE YEAR 2020 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 2020 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 .....	6,889	7,165		2,415		(225)	35		(12)	1	1,496	133
2.1	Allied lines .....	12,529	13,051		4,250		(1,114)	438		(7)	40	2,721	243
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) .....	969,436	933,049		489,784	415,640	413,625	418,315	15,358	31,251	196,771	210,602	18,765
5.2	Commercial multiple peril (liability portion) .....	1,732,316	1,740,167		889,421	719,216	2,169,987	3,414,087	707,769	1,361,137	1,556,432	376,291	33,532
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	2,125	2,971		489		(251)	35		(8)	1	460	41
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 .....	281,093	267,661		134,255		(42,085)	146,091	54	13,616	29,351	47,482	5,441
17.2	Other Liability - claims made .....												
17.3	Excess workers' compensation .....												
18.	Products liability .....	1,082	774		534		(20)	47		9	12	235	21
19.1	Private passenger auto no-fault (personal injury protection) .....												
19.2	Other private passenger auto liability .....	7,438,143	8,044,262		3,909,495	4,645,988	5,114,913	8,707,862	404,035	521,504	664,961	1,139,923	143,978
19.3	Commercial auto no-fault (personal injury protection) .....												
19.4	Other commercial auto liability .....	2,277,449	2,349,914		1,155,509	1,494,479	1,164,918	3,165,967	408,018	351,973	373,067	379,622	44,084
21.1	Private passenger auto physical damage .....	5,187,629	5,488,104		2,729,992	3,387,852	3,260,800	523,578	18,054	21,791	10,883	807,599	100,416
21.2	Commercial auto physical damage .....	776,508	775,570		387,392	280,823	366,352	129,160	10,876	14,738	6,716	129,439	15,031
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) .....	18,685,199	19,622,688		9,703,536	10,943,997	12,446,900	16,505,616	1,564,164	2,315,992	2,838,235	3,095,870	361,685
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 \$ 158,495  
(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 2020 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 2020 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 .....	10,119	16,967		3,442		(662)	51		(34)	2	2,207	196
2.1	Allied lines .....	5,625	9,336		1,959		(1,046)	192		(20)	18	1,227	109
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) .....	41,238	25,657		24,691	16,194	23,914	11,439	225	3,975	5,211	7,858	798
5.2	Commercial multiple peril (liability portion) .....	30,154	18,414		18,542	27,500	(42,029)	28,458	22,643	(10,324)	13,828	5,492	584
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 .....	24,471	10,267		16,674		11,893	12,639		2,503	2,566	4,071	474
17.2	Other Liability - claims made .....												
17.3	Excess workers' compensation .....												
18.	Products liability .....	1,179	36		1,143		51	51		13	13	258	23
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 .....	72,481	46,538		33,949	17,199	55,365	50,684		4,609	6,083	12,009	1,403
21.1	Private passenger auto physical damage .....												
21.2	Commercial auto physical damage .....	33,147	22,452		14,455	10,319	11,230	1,343		40	68	5,513	642
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) .....	218,414	149,667		114,855	71,212	58,716	104,857	22,868	762	27,789	38,635	4,229
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 \$ .....2,475  
(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 2020 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 2020 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 .....	29,073	28,539		16,897		(767)	148		(41)	5	6,316	563
2.1	Allied lines .....	14,279	13,959		8,481	24,104	(1,896)	496	1,432	674	46	3,102	276
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) .....	1,317,401	1,182,380		658,985	414,686	434,546	413,709	14,083	40,039	190,560	286,285	25,501
5.2	Commercial multiple peril (liability portion) .....	1,405,267	1,272,876		699,362	267,726	301,591	709,583	91,954	129,652	337,125	305,364	27,201
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	228,549	195,161		114,180	75,242	71,662	3,516	9,923	9,826	140	49,675	4,424
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 .....	136,789	118,324		68,319	53,653	34,951	71,342	9,270	13,425	14,333	26,384	2,648
17.2	Other Liability - claims made .....												
17.3	Excess workers' compensation .....												
18.	Products liability .....	17,416	15,236		9,754		(3,184)	763		34	190	3,784	337
19.1	Private passenger auto no-fault (personal injury protection) .....												
19.2	Other private passenger auto liability .....	1,935,993	2,021,456		1,011,748	1,157,242	872,535	1,782,940	6,546	4,549	135,463	283,152	37,475
19.3	Commercial auto no-fault (personal injury protection) .....												
19.4	Other commercial auto liability .....	1,361,847	1,228,362		710,770	495,694	789,397	2,017,832	30,665	66,422	231,912	225,786	26,361
21.1	Private passenger auto physical damage .....	1,820,195	1,852,125		943,683	1,182,149	1,119,645	164,348	4,249	5,170	3,415	267,850	35,233
21.2	Commercial auto physical damage .....	650,918	568,875		347,565	587,058	626,909	159,533	20,774	20,953	7,789	107,160	12,600
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) .....	8,917,727	8,497,293		4,589,744	4,257,554	4,245,389	5,324,210	188,896	290,703	920,978	1,564,858	172,619
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....												
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

(a) Finance and service charges not included in Lines 1 to 35 \$ .....104,310  
(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 2020 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 2020 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 .....	6,986	6,360		3,494		(153)	35		(8)	1	1,518	135
2.1	Allied lines .....	7,418	6,704		4,019		(417)	254		3	23	1,612	144
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) .....	471,293	441,533		243,038	240,345	214,843	132,099	8,658	2,535	60,169	102,394	9,123
5.2	Commercial multiple peril (liability portion) .....	1,018,982	981,438		502,171	162,791	373,469	756,253	171,322	295,285	364,949	221,370	19,724
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	174,975	164,926		82,822	28,835	24,448	2,987	1,389	1,262	119	38,017	3,387
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 .....	110,204	106,847		55,088		(22,761)	61,199		5,251	12,295	22,233	2,133
17.2	Other Liability - claims made .....												
17.3	Excess workers' compensation .....												
18.	Products liability .....	22,807	18,728		10,160		(3,369)	946		65	236	4,957	441
19.1	Private passenger auto no-fault (personal injury protection) .....												
19.2	Other private passenger auto liability .....	1,434,880	1,469,914		739,860	597,471	552,131	1,102,039	16,958	24,243	83,303	220,385	27,775
19.3	Commercial auto no-fault (personal injury protection) .....												
19.4	Other commercial auto liability .....	694,291	685,139		355,503	434,183	392,082	653,410	30,798	24,518	80,360	114,687	13,439
21.1	Private passenger auto physical damage .....	1,687,872	1,715,178		871,012	960,598	921,065	132,730	1,483	2,349	2,756	263,611	32,672
21.2	Commercial auto physical damage .....	312,223	303,255		158,155	337,864	302,652	29,334	8,757	5,790	1,512	51,439	6,044
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) .....	5,941,931	5,900,022		3,025,302	2,762,087	2,753,990	2,871,286	239,365	361,293	605,723	1,042,223	115,017
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 \$ 45,520  
(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 2020 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 2020 NAIC Company Code 13072

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire .....	15,130,246	14,964,497		7,754,448	5,378,713	5,227,451	1,020,650	92,316	70,462	37,382	2,560,103	292,872
2.1	Allied lines .....	88,399	89,904		46,805	33,768	31,225	15,019	650	1,496	1,379	19,344	1,711
2.2	Multiple peril crop .....												
2.3	Federal flood .....												
2.4	Private crop .....												
2.5	Private flood .....												
3.	Farmowners multiple peril .....	16,695,609	17,059,590		7,929,463	4,480,551	4,184,729	1,945,954	143,471	19,971	176,190	3,294,892	323,172
4.	Homeowners multiple peril .....	13,052,930	13,629,020		6,732,387	7,181,587	7,307,011	2,255,904	113,311	83,206	107,105	2,210,050	252,662
5.1	Commercial multiple peril (non-liability portion) .....	12,587,911	12,148,860		6,198,227	5,650,532	5,808,894	4,197,789	180,253	446,059	1,936,854	2,466,858	243,661
5.2	Commercial multiple peril (liability portion) .....	8,465,520	8,201,969		3,981,547	2,918,157	2,919,422	4,076,822	740,105	881,643	1,928,008	1,609,795	163,865
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	260,561	269,454		118,346	45,496	67,634	38,871	800	1,691	1,548	47,889	5,044
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) .....	1,690	1,947		602							284	33
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 .....	5,828,239	5,663,876		2,758,637	522,384	2,727,222	6,740,112	156,325	814,767	1,108,491	939,581	112,816
17.2	Other Liability - claims made .....												
17.3	Excess workers' compensation .....												
18.	Products liability .....	127,632	126,519		55,405	55,000	(50,137)	5,370	10,933	7,889	1,338	27,980	2,471
19.1	Private passenger auto no-fault (personal injury protection) .....												
19.2	Other private passenger auto liability .....	10,221,773	10,653,560		2,457,665	5,278,522	4,183,262	4,907,174	355,768	319,393	406,838	1,609,734	197,860
19.3	Commercial auto no-fault (personal injury protection) .....												
19.4	Other commercial auto liability .....	12,782,215	12,249,064		6,044,549	4,988,445	7,259,831	12,732,469	389,690	611,671	1,490,912	2,121,971	247,422
21.1	Private passenger auto physical damage .....	5,881,810	6,093,681		1,444,403	3,100,221	3,043,926	355,346	24,479	23,280	5,587	981,087	113,853
21.2	Commercial auto physical damage .....	7,774,226	7,300,298		3,727,096	3,679,928	3,789,907	686,253	88,579	83,767	33,942	1,280,505	150,484
22.	Aircraft (all perils) .....												
23.	Fidelity .....												
24.	Surety .....												
26.	Burglary and theft .....	439,543	441,457		223,948	24,810	28,905	23,758		(17)	20	74,532	8,508
27.	Boiler and machinery .....												
28.	Credit .....												
29.	International .....												
30.	Warranty .....												
34.	Aggregate write-ins for other lines of business .....												
35.	TOTALS (a) .....	109,338,304	108,893,696		49,473,528	43,338,114	46,529,282	39,001,491	2,296,680	3,365,278	7,235,594	19,244,605	2,116,434
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 \$ .....2,080,968  
(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 2020 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 2020 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 .....	1,897	1,996		497		(88)	10		(5)		412	37
2.1	Allied lines .....	2,535	2,549		577		(416)	89		(7)	8	550	49
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) .....	1,806,276	1,819,226		871,913	704,072	799,009	611,584	32,402	112,151	283,282	392,361	34,964
5.2	Commercial multiple peril (liability portion) .....	2,358,189	2,359,756		1,123,419	1,980,986	1,449,608	2,622,468	483,707	312,958	1,279,412	512,258	45,647
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 .....	334,864	328,134		165,891		(64,099)	174,712		15,064	35,101	57,025	6,482
17.2	Other Liability - claims made .....												
17.3	Excess workers' compensation .....												
18.	Products liability .....	9,919	10,173		6,948		(2,268)	425		(1)	106	2,155	192
19.1	Private passenger auto no-fault (personal injury protection) .....												
19.2	Other private passenger auto liability .....	5,999,887	5,968,315		3,222,819	3,271,379	3,117,927	4,659,564	109,903	143,010	352,342	1,041,693	116,138
19.3	Commercial auto no-fault (personal injury protection) .....												
19.4	Other commercial auto liability .....	2,944,526	2,923,598		1,487,335	1,096,709	1,071,548	2,306,891	61,191	55,425	279,780	487,396	56,996
21.1	Private passenger auto physical damage .....	3,356,490	3,375,459		1,807,906	2,133,832	2,103,296	302,962	35,863	38,500	6,295	586,640	64,971
21.2	Commercial auto physical damage .....	1,026,772	1,000,855		507,537	450,404	501,665	112,537	15,838	17,610	5,818	170,636	19,875
22.	Aircraft (all perils) .....												
23.	Fidelity .....												
24.	Surety .....												
26.	Burglary and theft .....	50	50		45			1				11	1
27.	Boiler and machinery .....												
28.	Credit .....												
29.	International .....												
30.	Warranty .....												
34.	Aggregate write-ins for other lines of business .....												
35.	TOTALS (a) .....	17,841,405	17,790,111		9,194,887	9,637,382	8,976,182	10,791,242	738,904	694,705	2,242,144	3,251,137	345,352
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 \$ .....115,970  
(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 2020 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 2020 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 2020 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 2020 NAIC Company Code 13072

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire .....	18,079	16,294		8,421		(427)	.89		(23)	.3	3,928	350
2.1	Allied lines .....	9,773	9,040		4,328		(616)	321	297	298	.30	2,123	189
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) .....	789,196	723,257		390,738	146,407	155,232	242,971	14,610	28,178	111,583	171,487	15,276
5.2	Commercial multiple peril (liability portion) .....	825,557	738,307		404,117	95,761	242,637	372,813	23,055	104,807	175,976	179,399	15,980
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	251,331	236,601		133,249	64,429	28,758	4,307	2,207	301	172	54,606	4,865
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 .....	133,529	110,569		65,862		13,619	68,816	2,108	11,302	13,826	26,707	2,585
17.2	Other Liability - claims made .....												
17.3	Excess workers' compensation .....												
18.	Products liability .....	21,307	18,918		10,838		1,915	5,916	1,212	2,528	1,474	4,631	412
19.1	Private passenger auto no-fault (personal injury protection) .....												
19.2	Other private passenger auto liability .....	2,675,169	2,778,892		1,424,249	1,129,943	1,067,284	2,306,908	2,966	20,826	174,984	393,048	51,783
19.3	Commercial auto no-fault (personal injury protection) .....												
19.4	Other commercial auto liability .....	863,287	784,187		429,200	1,908,586	1,342,101	547,882	39,300	(37,329)	65,188	142,578	16,710
21.1	Private passenger auto physical damage .....	3,444,879	3,470,787		1,835,275	2,177,293	2,101,439	269,193	3,225	5,030	5,589	512,186	66,682
21.2	Commercial auto physical damage .....	597,461	542,273		301,335	304,800	339,984	58,730	11,570	13,081	3,031	98,567	11,565
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) .....	9,629,568	9,429,125		5,007,612	5,827,219	5,291,926	3,877,946	100,550	148,999	551,856	1,589,260	186,397
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 \$ .....78,180  
(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 2020 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 2020 NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Commercial multiple peril (non-liability portion) .....												
5.2 Commercial multiple peril (liability portion) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												
10. Financial guaranty .....												
11. Medical professional liability .....												
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....												
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
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 2020 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 2020 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 2020 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 2020 NAIC Company Code 13072

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire .....	15,203,289	15,041,818		7,789,614	5,378,713	5,225,129	1,021,019	92,316	70,339	37,394	2,575,980	294,286
2.1	Allied lines .....	140,558	144,543		70,419	57,872	25,720	16,809	2,379	2,437	1,544	30,679	2,721
2.2	Multiple peril crop .....												
2.3	Federal flood .....												
2.4	Private crop .....												
2.5	Private flood .....												
3.	Farmowners multiple peril .....	16,695,609	17,059,590		7,929,463	4,480,551	4,184,729	1,945,954	143,471	19,971	176,190	3,294,892	323,172
4.	Homeowners multiple peril .....	13,052,930	13,629,020		6,732,387	7,181,587	7,307,011	2,255,904	113,311	83,206	107,105	2,210,050	252,662
5.1	Commercial multiple peril (non-liability portion) .....	17,982,751	17,273,962		8,877,376	7,587,876	7,850,063	6,027,907	265,589	664,188	2,784,430	3,637,845	348,088
5.2	Commercial multiple peril (liability portion) .....	15,835,985	15,312,927		7,618,579	6,172,137	7,414,685	11,980,484	2,240,555	3,075,158	5,655,730	3,209,969	306,533
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	917,541	869,113		449,086	214,002	192,251	49,715	14,319	13,072	1,980	190,647	17,761
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) .....	1,690	1,947		602							284	33
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 .....	6,849,189	6,605,678		3,264,706	576,037	2,658,740	7,274,911	167,757	875,928	1,215,963	1,123,483	132,579
17.2	Other Liability - claims made .....												
17.3	Excess workers' compensation .....												
18.	Products liability .....	201,342	190,384		94,782	55,000	(57,012)	13,518	12,145	10,537	3,369	44,000	3,897
19.1	Private passenger auto no-fault (personal injury protection) .....												
19.2	Other private passenger auto liability .....	29,705,845	30,936,399		12,765,836	16,080,545	14,908,052	23,466,487	896,176	1,033,525	1,817,891	4,687,935	575,009
19.3	Commercial auto no-fault (personal injury protection) .....												
19.4	Other commercial auto liability .....	20,996,096	20,266,802		10,216,815	10,435,295	12,075,242	21,475,135	959,662	1,077,289	2,527,302	3,484,049	406,415
21.1	Private passenger auto physical damage .....	21,378,875	21,995,334		9,632,271	12,941,945	12,550,171	1,748,158	87,353	96,120	34,525	3,418,973	413,827
21.2	Commercial auto physical damage .....	11,171,255	10,513,578		5,443,535	5,651,196	5,938,699	1,176,890	156,394	155,979	58,876	1,843,259	216,241
22.	Aircraft (all perils) .....												
23.	Fidelity .....												
24.	Surety .....												
26.	Burglary and theft .....	439,593	441,507		223,993	24,810	28,905	23,759		(17)	20	74,543	8,509
27.	Boiler and machinery .....												
28.	Credit .....												
29.	International .....												
30.	Warranty .....												
34.	Aggregate write-ins for other lines of business .....												
35.	TOTALS (a) .....	170,572,548	170,282,602		81,109,464	76,837,565	80,302,385	78,476,648	5,151,427	7,177,732	14,422,319	29,826,588	3,301,733
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 \$ .....2,585,918  
(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 2020 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
<h1>NONE</h1>					

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3

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

1  ID Number	2  NAIC Com- pany Code	3  Name of Reinsurer	4  Domiciliary Jurisdiction	5  Special Code	6  Reinsurance Premiums Ceded	Reinsurance Recoverable On									16  Amount in Dispute included in Column 15	Reinsurance Payable		19  Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20  Funds Held by Company Under Reinsurance Treaties
						7  Paid Losses	8  Paid LAE	9  Known Case Loss Reserves	10  Known Case LAE Reserves	11  IBNR Loss Reserves	12  IBNR LAE Reserves	13  Unearned Premiums	14  Contingent Commis- sions	15  Columns 7 through 14 Totals		17  Ceded Balances Payable	18  Other Amounts Due to Reinsurers		
34-4320350	10202	OHIO MUTUAL INSURANCE COMPANY	OH		162,415			37,770		34,350		78,225		150,345				150,345	
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling					162,415			37,770		34,350		78,225		150,345				150,345	
0499999. Total Authorized - Affiliates - U.S. Non-Pool																			
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																			
0899999. Total Authorized - Affiliates					162,415			37,770		34,350		78,225		150,345				150,345	
95-4387273	19489	ALLIED WORLD ASSURANCE COMPANY	DE		262														
36-2661954	10103	AMERICAN AGRICULTURAL INSURANCE COMPANY	IN		181	5						28		33		5		28	
06-1430254	10348	ARCH REINSURANCE COMPANY	DE		5							2		2				2	
47-0574325	32603	BERKLEY INSURANCE COMPANY	DE		64	4						24		28		8		20	
42-0234980	21415	EMPLOYERS MUTUAL CASUALTY CO	IA		70	4						26		30		6		24	
22-2005057	26921	EVEREST REINSURANCE COMPANY	DE		22														
05-0316605	21482	FACTORY MUTUAL INSURANCE COMPANY	RI		313							148		148		18		130	
42-0245840	13897	FARMERS MUTUAL HAIL INSURANCE COMPANY	IA		40	2						15		17		5		12	
13-2673100	22039	GENERAL REINSURANCE CORPORATION	DE		2,667	270	49	3,025		3,314		1,697		8,355		49		8,306	1,151
06-0384680	11452	HARTFORD STEAM BOILER INSPECTION & INS	CT		1,035	15	3	18				519		555		62		493	
47-0698507	23680	ODYSSEY REINSURANCE COMPANY	CT		107														
35-6021485	12416	PROTECTIVE INSURANCE COMPANY	IN		80														
43-0613000	23388	SHELTER MUTUAL INSURANCE COMPANY	MO		80														
13-1675535	25364	SWISS REINSURANCE AMERICA CORPORATION	NY		190	5						31		36		4		32	
13-2918573	42439	THE TOA REINSURANCE COMPANY OF AMERICA	DE		46	2						17		19		4		15	
13-3031176	38636	PARTNER REINSURANCE COMPANY OF THE U.S.	NY		14	1						5		6		1		5	
23-1641984	10219	QBE REINSURANCE CORPORATION	PA		13														
23-2423138	23850	TOKIO MARINE HCC - CYBER	DE		158							334		334		33		301	
95-3187355	35300	ALLIANZ GLOBAL RISKS US INSURANCE CO.	IL		117														
0999999. Total Authorized - Other U.S. Unaffiliated Insurers					5,464	308	52	3,043		3,314		2,846		9,563		195		9,368	1,151
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		380														
1199999. Total Authorized - Pools - Voluntary Pools					380														
AA-1120106	00000	LLOYD'S SYNDICATE #1969	GBR		33														
AA-1128001	00000	LLOYD'S SYNDICATE #2001	GBR			1								1				1	
AA-1128003	00000	LLOYD'S SYNDICATE #2003	GBR		267														
AA-1120071	00000	LLOYD'S SYNDICATE #2007	GBR		56														
AA-1120085	00000	LLOYD'S SYNDICATE # 1274	GBR		16														
AA-1120096	00000	LLOYD'S SYNDICATE # 1880	GBR		245							4		4				4	
AA-1126510	00000	LLOYD'S SYNDICATE # 510	GBR		200							3		3				3	
AA-1126005	00000	LLOYD'S SYNDICATE #4000	GBR		41														
AA-1126609	00000	LLOYD'S SYNDICATE #0609	GBR		22														
AA-1128121	00000	LLOYD'S SYNDICATE #2121	GBR		12														
AA-1120086	00000	LLOYD'S SYNDICATE # 4141	GBR		111							2		2				2	
AA-1128791	00000	LLOYD'S SYNDICATE #2791	GBR		132	1								1				1	
AA-3194161	00000	CATLIN INSURANCE COMPANY LTD	BMU		123														
AA-1120191	00000	CONVEX UK	GBR		267														
AA-3191400	00000	CONVEX RE LIMITED	BMU		100														
AA-1340192	00000	R&V VERSICHERUNG AG	DEU		466	1								1				1	
1299999. Total Authorized - Other Non-U.S. Insurers					2,091	3						9		12				12	
1499999. Total Authorized Excluding Protected Cells (Sum of 08999999, 09999999, 10999999, 11999999 and 12999999)					170,362	311	52	40,813		37,664		81,086		159,926		198		159,728	1,151
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool																			
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)																			

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3

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

1  ID Number	2  NAIC Com- pany Code	3  Name of Reinsurer	4  Domiciliary Jurisdiction	5  Special Code	6  Reinsurance Premiums Ceded	Reinsurance Recoverable On									16  Amount in Dispute included in Column 15	Reinsurance Payable		19  Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20  Funds Held by Company Under Reinsurance Treaties		
						7  Paid Losses	8  Paid LAE	9  Known Case Loss Reserves	10  Known Case LAE Reserves	11  IBNR Loss Reserves	12  IBNR LAE Reserves	13  Unearned Premiums	14  Contingent Commis- sions	15  Columns 7 through 14 Totals		17  Ceded Balances Payable	18  Other Amounts Due to Reinsurers				
2299999. Total Unauthorized - Affiliates																					
AA-1120337	..00000	ASPEN INSURANCE UK LIMITED	GBR		11	1						4		5		1	4				
AA-3194122	..00000	DAVINCI REINSURANCE LTD	BMU		124																
AA-3190339	..00000	RENAISSANCE REINSURANCE, LTD	BMU		146	1						7		8		2	6				
2699999. Total Unauthorized - Other Non-U.S. Insurers					281	2						11		13		3	10				
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					281	2						11		13		3	10				
3299999. Total Certified - Affiliates - U.S. Non-Pool																					
CR-1340125	..00000	HANNOVER RUCKVERSICHERUNGS AG	DEU		34	1						13		14		3	11				
3499999. Total Certified - Affiliates - Other (Non-U.S.) - Other					34	1						13		14		3	11				
3599999. Total Certified - Affiliates - Other (Non-U.S.)					34	1						13		14		3	11				
3699999. Total Certified - Affiliates					34	1						13		14		3	11				
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)					34	1						13		14		3	11				
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool																					
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)																					
5099999. Total Reciprocal Jurisdiction - Affiliates																					
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)																					
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)					170,677	314	52	40,813		37,664		81,110		159,953		204	159,749	1,151			
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																					
9999999 Totals					170,677	314	52	40,813		37,664		81,110		159,953		204	159,749	1,151			



ANNUAL STATEMENT FOR THE YEAR 2020 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						150,345		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999	Total Authorized - Affiliates - U.S. Intercompany Pooling			XXX			150,345		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			150,345								XXX		
95-4387273	ALLIED WORLD ASSURANCE COMPANY														3.		
36-2661954	AMERICAN AGRICULTURAL INSURANCE COMPANY					5	28		33	40	5	35		35	3.		2
06-1430254	ARCH REINSURANCE COMPANY						2		2	2		2		2	2.		
47-0574325	BERKLEY INSURANCE COMPANY					8	20		28	34	8	26		26	2.		1
42-0234980	EMPLOYERS MUTUAL CASUALTY CO					6	24		30	36	6	30		30	3.		1
22-2005057	EVEREST REINSURANCE COMPANY														2.		
05-0316605	FACTORY MUTUAL INSURANCE COMPANY					18	130		148	178	18	160		160	2.		7
42-0245840	FARMERS MUTUAL HAIL INSURANCE COMPANY					5	12		17	20	5	15		15	4.		1
13-2673100	GENERAL REINSURANCE CORPORATION					1,200	7,155		8,355	10,026	1,200	8,826		8,826	1.		318
06-0384680	HARTFORD STEAM BOILER INSPECTION & INS					62	493		555	666	62	604		604	1.		22
47-0698507	ODYSSEY REINSURANCE COMPANY														3.		
35-6021485	PROTECTIVE INSURANCE COMPANY														3.		
43-0613000	SHELTER MUTUAL INSURANCE COMPANY														3.		
13-1675535	SWISS REINSURANCE AMERICA CORPORATION					4	32		36	43	4	39		39	2.		2
13-2918573	THE TOA REINSURANCE COMPANY OF AMERICA					4	15		19	23	4	19		19	3.		1
13-3031176	PARTNER REINSURANCE COMPANY OF THE U.S.					1	5		6	7	1	6		6	2.		
23-1641984	QBE REINSURANCE CORPORATION														3.		
23-2423138	TOKIO MARINE HCC - CYBER					33	301		334	401	33	368		368	1.		13
95-3187355	ALLIANZ GLOBAL RISKS US INSURANCE CO.														2.		
0999999	Total Authorized - Other U.S. Unaffiliated Insurers			XXX		1,346	8,217		9,563	11,476	1,346	10,130		10,130	XXX		367
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-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-1120085	LLOYD'S SYNDICATE # 1274														3.		
AA-1120096	LLOYD'S SYNDICATE # 1880						4		4	5		5		5	3.		
AA-1126510	LLOYD'S SYNDICATE # 510						3		3	4		4		4	3.		
AA-1126005	LLOYD'S SYNDICATE #4000														3.		
AA-1126609	LLOYD'S SYNDICATE #0609														3.		
AA-1128121	LLOYD'S SYNDICATE #2121														3.		
AA-1120086	LLOYD'S SYNDICATE # 4141						2		2	2		2		2	3.		
AA-1128791	LLOYD'S SYNDICATE #2791						1		1	1		1		1	3.		
AA-3194161	CATLIN INSURANCE COMPANY LTD														3.		

ANNUAL STATEMENT FOR THE YEAR 2020 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-1120191 ...	CONVEX UK .....														4.		
AA-3191400 ...	CONVEX RE LIMITED .....														4.		
AA-1340192 ...	R&V VERSICHERUNG AG .....						1		1	1		1		1	2.		
1299999. Total Authorized - Other Non-U.S. Insurers				XXX			12		12	14		14		14	XXX		1
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)				XXX		1,349	158,577		9,575	11,490	1,346	10,144		10,144	XXX		368
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX											XXX		
2299999. Total Unauthorized - Affiliates				XXX											XXX		
AA-1120337 ...	ASPEN INSURANCE UK LIMITED .....				4	5			5	6	1	5	4	1	3.		
AA-3194122 ...	DAVINCI RE INSURANCE LTD .....				3										3.		
AA-3190339 ...	RENAISSANCE RE INSURANCE, LTD .....				10	8			8	10	2	8	8		2.		
2699999. Total Unauthorized - Other Non-U.S. Insurers				XXX	17	13			13	16	3	13	12	1	XXX	1	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX	17	13			13	16	3	13	12	1	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 .....				11	14			14	17	3	14	11	3	2.		
3499999. Total Certified - Affiliates - Other (Non-U.S.) - Other				XXX	11	14			14	17	3	14	11	3	XXX		
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX	11	14			14	17	3	14	11	3	XXX		
3699999. Total Certified - Affiliates				XXX	11	14			14	17	3	14	11	3	XXX		
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX	11	14			14	17	3	14	11	3	XXX		
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non- U.S.)				XXX											XXX		
5099999. Total Reciprocal Jurisdiction - Affiliates				XXX											XXX		
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)				XXX											XXX		
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)				XXX	28	1,376	158,577		9,602	11,522	1,352	10,170	23	10,148	XXX	1	368
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999 Totals				XXX	28	1,376	158,577		9,602	11,522	1,352	10,170	23	10,148	XXX	1	368

ANNUAL STATEMENT FOR THE YEAR 2020 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	5						5			5								YES	
06-1430254	ARCH REINSURANCE COMPANY																		YES	
47-0574325	BERKLEY INSURANCE COMPANY	4						4			4								YES	
42-0234980	EMPLOYERS MUTUAL CASUALTY CO	4						4			4								YES	
22-2005057	EVEREST REINSURANCE COMPANY																		YES	
05-0316605	FACTORY MUTUAL INSURANCE COMPANY																		YES	
42-0245840	FARMERS MUTUAL HAIL INSURANCE COMPANY	2						2			2								YES	
13-2673100	GENERAL REINSURANCE CORPORATION	319						319			319								YES	
06-0384680	HARTFORD STEAM BOILER INSPECTION & INS	18						18			18								YES	
47-0698507	ODYSSEY REINSURANCE COMPANY																		YES	
35-6021485	PROTECTIVE INSURANCE COMPANY																		YES	
43-0613000	SHELTER MUTUAL INSURANCE COMPANY																		YES	
13-1675535	SWISS REINSURANCE AMERICA CORPORATION	5						5			5								YES	
13-2918573	THE TOA REINSURANCE COMPANY OF AMERICA	2						2			2								YES	
13-3031176	PARTNER REINSURANCE COMPANY OF THE U.S.	1						1			1								YES	
23-1641984	QBE REINSURANCE CORPORATION																		YES	
23-2423138	TOKIO MARINE HCC - CYBER																		YES	
95-3187355	ALLIANZ GLOBAL RISKS US INSURANCE CO.																		YES	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		360						360			360								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-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-1120085	LLOYD'S SYNDICATE # 1274																		YES	
AA-1120096	LLOYD'S SYNDICATE # 1880																		YES	
AA-1126510	LLOYD'S SYNDICATE # 510																		YES	
AA-1126005	LLOYD'S SYNDICATE #4000																		YES	
AA-1126609	LLOYD'S SYNDICATE #0609																		YES	
AA-1128121	LLOYD'S SYNDICATE #2121																		YES	
AA-1120086	LLOYD'S SYNDICATE # 4141																		YES	
AA-1128791	LLOYD'S SYNDICATE #2791	1						1			1								YES	
AA-3194161	CATLIN INSURANCE COMPANY LTD																		YES	

ANNUAL STATEMENT FOR THE YEAR 2020 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-1120191	CONVEX UK																	YES	
AA-3191400	CONVEX RE LIMITED																	YES	
AA-1340192	R&V VERSICHERUNG AG	1						1			1							YES	
1299999. Total Authorized - Other Non-U.S. Insurers		3						3			3							XXX	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		363						363			363							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-3194122	DAVINCI REINSURANCE LTD																	YES	
AA-3190339	RENAISSANCE REINSURANCE, LTD	1						1			1							YES	
2699999. Total Unauthorized - Other Non-U.S. Insurers		2						2			2							XXX	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		2						2			2							XXX	
3299999. Total Certified - Affiliates - U.S. Non-Pool																		XXX	
CR-1340125	HANNOVER RUCKVERSICHERUNGS AG	1						1			1							YES	
3499999. Total Certified - Affiliates - Other (Non-U.S.) - Other		1						1			1							XXX	
3599999. Total Certified - Affiliates - Other (Non-U.S.)		1						1			1							XXX	
3699999. Total Certified - Affiliates		1						1			1							XXX	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		1						1			1							XXX	
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool																		XXX	
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)																		XXX	
5099999. Total Reciprocal Jurisdiction - Affiliates																		XXX	
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)																		XXX	
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		366						366			366							XXX	
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																		XXX	
9999999 Totals		366						366			366							XXX	

ANNUAL STATEMENT FOR THE YEAR 2020 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	
47-0698507	ODYSSEY REINSURANCE COMPANY	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	
23-2423138	TOKIO MARINE HCC - CYBER	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
95-3187355	ALLIANZ GLOBAL RISKS US INSURANCE CO.	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-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-1120085	LLOYD'S SYNDICATE # 1274	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	
AA-1126510	LLOYD'S SYNDICATE # 510	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126005	LLOYD'S SYNDICATE #4000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126609	LLOYD'S SYNDICATE #0609	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128121	LLOYD'S SYNDICATE #2121	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	
AA-1128791	LLOYD'S SYNDICATE #2791	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2020 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-3194161 ...	CATLIN INSURANCE COMPANY LTD .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120191 ...	CONVEX UK .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-3191400 ...	CONVEX RE LIMITED .....	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	
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-3194122 ...	DAVINCI REINSURANCE LTD .....	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	
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	XXX										
CR-1340125 ...	HANNOVER RUCKVERSICHERUNGS AG .....	2	07/01/2015	10.0		11	1	100.0	100.0			11							
3499999. Total Certified - Affiliates - Other (Non-U.S.) - Other				XXX		11	1	XXX	XXX			11							
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX		11	1	XXX	XXX			11							
3699999. Total Certified - Affiliates				XXX		11	1	XXX	XXX			11							
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX		11	1	XXX	XXX			11							
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5099999. Total Reciprocal Jurisdiction - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)				XXX		11	1	XXX	XXX			11							
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)				XXX				XXX	XXX										
9999999 Totals				XXX		11	1	XXX	XXX			11							

ANNUAL STATEMENT FOR THE YEAR 2020 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 and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71	72	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75	76	77	78
			Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	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%])	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%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
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	
47-0698507	ODYSSEY REINSURANCE COMPANY		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	
23-2423138	TOKIO MARINE HCC - CYBER		XXX	XXX				XXX	XXX	
95-3187355	ALLIANZ GLOBAL RISKS US INSURANCE CO.		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-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-1120085	LLOYD'S SYNDICATE # 1274		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-1126005	LLOYD'S SYNDICATE #4000		XXX	XXX				XXX	XXX	
AA-1126609	LLOYD'S SYNDICATE #0609		XXX	XXX				XXX	XXX	
AA-1128121	LLOYD'S SYNDICATE #2121		XXX	XXX				XXX	XXX	
AA-1120086	LLOYD'S SYNDICATE # 4141		XXX	XXX				XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2020 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 and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71	72	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75	76	77	78
			Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	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%])	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%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
AA-1128791 ...	LLOYD'S SYNDICATE #2791 .....		XXX	XXX				XXX	XXX	
AA-3194161 ...	CATLIN INSURANCE COMPANY LTD .....		XXX	XXX				XXX	XXX	
AA-1120191 ...	CONVEX UK .....		XXX	XXX				XXX	XXX	
AA-3191400 ...	CONVEX RE LIMITED .....		XXX	XXX				XXX	XXX	
AA-1340192 ...	R&V VERSICHERUNG AG .....		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-3194122 ...	DAVINCI REINSURANCE LTD .....				XXX	XXX	XXX		XXX	
AA-3190339 ...	RENAISSANCE REINSURANCE, LTD .....				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		
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool			XXX	XXX				XXX	XXX	
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)			XXX	XXX				XXX	XXX	
5099999. Total Reciprocal Jurisdiction - Affiliates			XXX	XXX				XXX	XXX	
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)			XXX	XXX				XXX	XXX	
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)										
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)										
9999999 Totals										



## ANNUAL STATEMENT FOR THE YEAR 2020 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 2020 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
	<u>Name of Reinsurer</u>	<u>Commission Rate</u>	<u>Ceded Premium</u>
1.	FACTORY MUTUAL INSURANCE COMPANY .....	.35.000	.312,507
2.	GENERAL REINSURANCE CORPORATION .....	.32.500	.130,551
3.	HARTFORD STEAM BOILER INSPECTION & INS .....	.30.000	.1,034,542
4.	SWISS REINSURANCE AMERICA CORPORATION .....	.25.000	.85,193
5.	AMERICAN AGRICULTURAL INSURANCE COMPANY .....	.25.000	.76,727

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
	<u>Name of Reinsurer</u>	<u>Total Recoverables</u>	<u>Ceded Premiums</u>	<u>Affiliated</u>
6.	GENERAL REINSURANCE CORPORATION .....	8,353,485	2,666,446	Yes [ ] No [ X ]
7.	HARTFORD STEAM BOILER INSPECTION & INS .....	554,648	1,034,542	Yes [ ] No [ X ]
8.	TOKIO MARINE HCC – CYBER .....	333,584	158,288	Yes [ ] No [ X ]
9.	FACTORY MUTUAL INSURANCE COMPANY .....	147,811	312,507	Yes [ ] No [ X ]
10.	SWISS REINSURANCE AMERICA CORPORATION .....	36,190	190,095	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)	337,037,437		337,037,437
2. Premiums and considerations (Line 15)	45,844,289		45,844,289
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	366,355	(366,365)	(10)
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	35,274,279		35,274,279
6. Net amount recoverable from reinsurers		158,591,258	158,591,258
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	418,522,360	158,224,893	576,747,253
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	79,808,596	78,476,651	158,285,247
10. Taxes, expenses, and other obligations (Lines 4 through 8)	15,161,448		15,161,448
11. Unearned premiums (Line 9)	84,409,894	81,103,259	165,513,153
12. Advance premiums (Line 10)	1,012,440		1,012,440
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	203,797	(203,797)	
15. Funds held by company under reinsurance treaties (Line 13)	1,151,220	(1,151,220)	
16. Amounts withheld or retained by company for account of others (Line 14)	678,976		678,976
17. Provision for reinsurance (Line 16)			
18. Other liabilities	13,001,028		13,001,028
19. Total liabilities excluding protected cell business (Line 26)	195,427,399	158,224,893	353,652,292
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	223,094,961	XXX	223,094,961
22. Totals (Line 38)	418,522,360	158,224,893	576,747,253

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 2020 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 .....	1,098	XXX		XXX		XXX		XXX	1,098	XXX		XXX		XXX		XXX		XXX
2. Premiums earned .....	1,265	XXX		XXX		XXX		XXX	1,265	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) .....	185	14.6							185	14.6								
8. Other general insurance expenses .....	163	12.9							163	12.9								
9. Taxes, licenses and fees .....																		
10. Total other expenses incurred .....	348	27.5							348	27.5								
11. Aggregate write-ins for deductions .....																		
12. Gain from underwriting before dividends or refunds .....	917	72.5							917	72.5								
13. Dividends or refunds .....																		
14. Gain from underwriting after dividends or refunds .....	917	72.5							917	72.5								
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 2020 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
<b>PART 2. - RESERVES AND LIABILITIES</b>									
A. Premium Reserves:									
1. Unearned premiums .....	391				391				
2. Advance premiums .....									
3. Reserve for rate credits .....									
4. Total premium reserves, current year .....	391				391				
5. Total premium reserves, prior year .....	558				558				
6. Increase in total premium reserves .....	(167)				(167)				
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 .....									

<b>PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES</b>									
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 .....									

<b>PART 4. - REINSURANCE</b>									
A. Reinsurance Assumed:									
1. Premiums written .....	1,098				1,098				
2. Premiums earned .....									
3. Incurred claims .....									
4. Commissions .....									
B. Reinsurance Ceded:									
1. Premiums written .....	1,690				1,690				
2. Premiums earned .....									
3. Incurred claims .....									
4. Commissions .....									

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

ANNUAL STATEMENT FOR THE YEAR 2020 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 2020 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	(4)	(3)					6	(1)	XXX
2. 2011.....	29,774	2,402	27,372	25,847	5,182	600	182	2,184		120	23,267	4,131
3. 2012.....	31,827	4,014	27,813	32,808	15,930	1,349	754	2,738		143	20,211	4,323
4. 2013.....	34,098	2,992	31,106	20,184	835	385	2	2,324		296	22,056	2,649
5. 2014.....	36,413	3,585	32,828	14,809	91	276	1	1,781		447	16,774	1,891
6. 2015.....	37,495	3,210	34,285	13,192	116	372	1	1,438		272	14,885	1,742
7. 2016.....	38,237	3,280	34,957	13,848	675	401	3	1,637		308	15,208	1,653
8. 2017.....	39,304	3,304	36,000	19,463	1,312	559	12	1,894		227	20,592	2,084
9. 2018.....	42,029	3,421	38,608	15,973	101	469	1	1,662		290	18,002	1,849
10. 2019.....	45,859	3,156	42,703	22,178	669	427	4	1,904		220	23,836	2,404
11. 2020.....	48,110	3,297	44,813	20,048	188	374		1,873		49	22,107	2,392
12. Totals	XXX	XXX	XXX	198,346	25,096	5,212	960	19,435		2,378	196,937	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. 2011.....													
3. 2012.....	86		43				7					136	3
4. 2013.....	18		9									27	2
5. 2014.....	5		2									7	1
6. 2015.....	36		18				3		1			58	1
7. 2016.....	34		21				5					60	2
8. 2017.....	93	5	84	15			26		1			184	11
9. 2018.....	162		160	26			45		7			348	6
10. 2019.....	697	10	385	60			96		60			1,168	26
11. 2020.....	2,859	15	2,581	266			266		449			5,874	166
12. Totals	3,990	30	3,303	367			448		518			7,862	218

	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. 2011.....	28,631	5,364	23,267	96.2	223.3	85.0			65.0		
3. 2012.....	37,031	16,684	20,347	116.4	415.6	73.2			65.0	129	7
4. 2013.....	22,920	837	22,083	67.2	28.0	71.0			65.0	27	
5. 2014.....	16,873	92	16,781	46.3	2.6	51.1			65.0	7	
6. 2015.....	15,060	117	14,943	40.2	3.6	43.6			65.0	54	4
7. 2016.....	15,946	678	15,268	41.7	20.7	43.7			65.0	55	5
8. 2017.....	22,120	1,344	20,776	56.3	40.7	57.7			65.0	157	27
9. 2018.....	18,478	128	18,350	44.0	3.7	47.5			65.0	296	52
10. 2019.....	25,747	743	25,004	56.1	23.5	58.6			65.0	1,012	156
11. 2020.....	28,450	469	27,981	59.1	14.2	62.4			65.0	5,159	715
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	6,896	966

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**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	(269)	(272)	45	(42)			18	90	XXX
2. 2011.....	30,091	382	29,709	17,258	68	1,094	1	1,337		716	19,620	3,285
3. 2012.....	27,009	249	26,760	17,000	475	988	33	1,242		813	18,722	2,515
4. 2013.....	25,776	183	25,593	15,498	43	636	2	1,210		518	17,299	2,466
5. 2014.....	26,807	131	26,676	17,544		739		1,466		579	19,749	2,393
6. 2015.....	27,851	154	27,697	18,078	93	681		2,050		807	20,716	2,339
7. 2016.....	29,724	155	29,569	19,149	13	609		2,120		592	21,865	2,340
8. 2017.....	32,909	206	32,703	19,750	37	513		2,112		730	22,338	2,450
9. 2018.....	37,692	177	37,515	20,515		488		2,103		658	23,106	2,947
10. 2019.....	41,785	166	41,619	18,954		223		1,866		437	21,043	3,067
11. 2020.....	39,226	76	39,150	8,161		52		1,186		174	9,399	2,150
12. Totals	XXX	XXX	XXX	171,638	457	6,068	(6)	16,692		6,042	193,947	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. 2011.....	16						3					19	1
3. 2012.....													
4. 2013.....	11		6				1					18	1
5. 2014.....	182		89				22		2			295	4
6. 2015.....	59		81				15		4			159	5
7. 2016.....	522		207				52		13			794	12
8. 2017.....	592		163	1			91		50			895	32
9. 2018.....	2,658	1	411	10			408		149			3,615	103
10. 2019.....	5,487		2,561	111			755		456			9,148	232
11. 2020.....	6,885	171	7,031	580			683		1,223			15,071	668
12. Totals	16,412	172	10,549	702			2,030		1,897			30,014	1,058

	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. 2011.....	19,708	69	19,639	65.5	18.1	66.1			65.0	16	3
3. 2012.....	19,230	508	18,722	71.2	204.0	70.0			65.0		
4. 2013.....	17,362	45	17,317	67.4	24.6	67.7			65.0	17	1
5. 2014.....	20,044		20,044	74.8		75.1			65.0	271	24
6. 2015.....	20,968	93	20,875	75.3	60.4	75.4			65.0	140	19
7. 2016.....	22,672	13	22,659	76.3	8.4	76.6			65.0	729	65
8. 2017.....	23,271	38	23,233	70.7	18.4	71.0			65.0	754	141
9. 2018.....	26,732	11	26,721	70.9	6.2	71.2			65.0	3,058	557
10. 2019.....	30,302	111	30,191	72.5	66.9	72.5			65.0	7,937	1,211
11. 2020.....	25,221	751	24,470	64.3	988.2	62.5			65.0	13,165	1,906
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	26,087	3,927



ANNUAL STATEMENT FOR THE YEAR 2020 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			4					4	XXX
2. 2011.....	7,026	443	6,583	2,295		303		282		46	2,880	423
3. 2012.....	7,968	471	7,497	4,043	313	304	21	416		42	4,429	433
4. 2013.....	9,102	495	8,607	5,720	431	760	46	596		63	6,599	455
5. 2014.....	10,339	551	9,788	8,748	816	834	34	835		61	9,567	556
6. 2015.....	10,641	617	10,024	6,919	1,013	440	16	621		104	6,951	615
7. 2016.....	11,040	706	10,334	6,030	514	484	26	607		28	6,581	559
8. 2017.....	11,506	846	10,660	5,130	9	416		659		130	6,196	588
9. 2018.....	12,003	477	11,526	4,398	163	200	2	615		53	5,048	578
10. 2019.....	12,463	269	12,194	4,193	36	118	2	469		42	4,742	580
11. 2020.....	13,173	164	13,009	1,700		17		347		31	2,064	429
12. Totals	XXX	XXX	XXX	49,176	3,295	3,880	147	5,447		600	55,061	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. 2011.....													
3. 2012.....													
4. 2013.....									4			4	
5. 2014.....	1						1		14			16	1
6. 2015.....	146		45	1			15		26			231	2
7. 2016.....	636	130	243	48			120		39			860	4
8. 2017.....	296		846	53			202		61			1,352	7
9. 2018.....	459		1,556	49			327		90			2,383	16
10. 2019.....	2,807	201	2,549	630			687		192			5,404	44
11. 2020.....	1,891	334	2,484	103			290		591			4,819	109
12. Totals	6,236	665	7,723	884			1,642		1,017			15,069	183

	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. 2011.....	2,880		2,880	41.0		43.7			65.0		
3. 2012.....	4,763	334	4,429	59.8	70.9	59.1			65.0		
4. 2013.....	7,080	477	6,603	77.8	96.4	76.7			65.0		4
5. 2014.....	10,433	850	9,583	100.9	154.3	97.9			65.0	1	15
6. 2015.....	8,212	1,030	7,182	77.2	166.9	71.6			65.0	190	41
7. 2016.....	8,159	718	7,441	73.9	101.7	72.0			65.0	701	159
8. 2017.....	7,610	62	7,548	66.1	7.3	70.8			65.0	1,089	263
9. 2018.....	7,645	214	7,431	63.7	44.9	64.5			65.0	1,966	417
10. 2019.....	11,015	869	10,146	88.4	323.0	83.2			65.0	4,525	879
11. 2020.....	7,320	437	6,883	55.6	266.5	52.9			65.0	3,938	881
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	12,410	2,659

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  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. 2011.....												
3. 2012.....												
4. 2013.....												
5. 2014.....												
6. 2015.....												
7. 2016.....												
8. 2017.....												
9. 2018.....												
10. 2019.....												
11. 2020.....												
12. Totals	XXX	XXX	XXX									XXX

NONE

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23  Salvage and Subrogation Anticipated	24  Total Net Losses and Expenses Unpaid	25  Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	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. 2011.....													
3. 2012.....													
4. 2013.....													
5. 2014.....													
6. 2015.....													
7. 2016.....													
8. 2017.....													
9. 2018.....													
10. 2019.....													
11. 2020.....													
12. Totals													

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2011.....											
3. 2012.....											
4. 2013.....											
5. 2014.....											
6. 2015.....											
7. 2016.....											
8. 2017.....											
9. 2018.....											
10. 2019.....											
11. 2020.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 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	6		2	3			1	5	XXX
2. 2011.....	10,346	1,331	9,015	7,316	1,737	693	56	716		132	6,932	789
3. 2012.....	11,584	1,534	10,050	6,460	1,612	510	64	738		96	6,032	810
4. 2013.....	13,770	1,716	12,054	9,044	1,591	1,442	73	1,006		79	9,828	710
5. 2014.....	16,070	2,078	13,992	8,543	630	1,531	44	991		78	10,391	763
6. 2015.....	16,706	2,079	14,627	6,439	447	1,662	40	684		111	8,298	720
7. 2016.....	17,618	2,161	15,457	6,517	348	1,208	1	781		156	8,157	677
8. 2017.....	18,207	2,204	16,003	6,543	440	840	3	704		153	7,644	643
9. 2018.....	18,607	1,800	16,807	5,641	218	865	14	682		55	6,956	589
10. 2019.....	19,693	1,699	17,994	6,835	137	546	1	625		104	7,868	607
11. 2020.....	21,181	1,943	19,238	4,452	162	160	2	557		41	5,005	532
12. Totals	XXX	XXX	XXX	67,796	7,322	9,459	301	7,484		1,006	77,116	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.....													1
2. 2011.....													
3. 2012.....	65		33	1			13					110	1
4. 2013.....	225		114	1			84		5			427	2
5. 2014.....	159		80	1			77		20			335	3
6. 2015.....	252		72	6			127		8			453	6
7. 2016.....	637		380	2			352		7			1,374	20
8. 2017.....	498		261	4			360		30			1,145	24
9. 2018.....	1,250	163	438	40			1,166		42			2,693	33
10. 2019.....	1,283		1,729	128			1,825		153			4,862	56
11. 2020.....	1,235	12	2,994	345			1,482		609			5,963	82
12. Totals	5,604	175	6,101	528			5,486		874			17,362	228

	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. 2011.....	8,725	1,793	6,932	84.3	134.7	76.9			65.0		
3. 2012.....	7,819	1,677	6,142	67.5	109.3	61.1			65.0	97	13
4. 2013.....	11,920	1,665	10,255	86.6	97.0	85.1			65.0	338	89
5. 2014.....	11,401	675	10,726	70.9	32.5	76.7			65.0	238	97
6. 2015.....	9,244	493	8,751	55.3	23.7	59.8			65.0	318	135
7. 2016.....	9,882	351	9,531	56.1	16.2	61.7			65.0	1,015	359
8. 2017.....	9,236	447	8,789	50.7	20.3	54.9			65.0	755	390
9. 2018.....	10,084	435	9,649	54.2	24.2	57.4			65.0	1,485	1,208
10. 2019.....	12,996	266	12,730	66.0	15.7	70.7			65.0	2,884	1,978
11. 2020.....	11,489	521	10,968	54.2	26.8	57.0			65.0	3,872	2,091
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	11,002	6,360

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 2020 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. 2011.....	3,914	1,589	2,325	874	132	185	32	89		4	984	114
3. 2012.....	4,250	1,832	2,418	558		50		72		5	680	125
4. 2013.....	4,544	1,981	2,563	2,469	1,303	259		213		3	1,638	114
5. 2014.....	4,700	2,150	2,550	2,120	1,498	201	20	275		2	1,078	105
6. 2015.....	4,783	2,143	2,640	1,083	585	67		91		2	656	77
7. 2016.....	4,451	2,169	2,282	1,271	585	90		96		1	872	79
8. 2017.....	4,066	2,251	1,815	924	497	51	1	144			621	44
9. 2018.....	4,219	2,412	1,807	1,185	969	99	9	110		2	416	42
10. 2019.....	4,473	2,677	1,796	90		6		91			187	35
11. 2020.....	4,782	1,734	3,048	77		9		20		1	106	31
12. Totals	XXX	XXX	XXX	10,651	5,569	1,017	62	1,201		20	7,238	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. 2011.....													
3. 2012.....	45		22				10		64			141	1
4. 2013.....													
5. 2014.....	10		5				2		4			21	1
6. 2015.....			4	1					3			6	1
7. 2016.....	7		2	1			9		1			18	2
8. 2017.....	98		83	3			96		10			284	2
9. 2018.....	141	59	75	34			85		20			228	5
10. 2019.....	435	363	274	217			141		40			310	5
11. 2020.....	1,818	650	1,982	104			554		157			3,757	7
12. Totals	2,554	1,072	2,447	360			897		299			4,765	24

	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. 2011.....	1,148	164	984	29.3	10.3	42.3			65.0		
3. 2012.....	821		821	19.3		34.0			65.0	67	74
4. 2013.....	2,941	1,303	1,638	64.7	65.8	63.9			65.0		
5. 2014.....	2,617	1,518	1,099	55.7	70.6	43.1			65.0	15	6
6. 2015.....	1,248	586	662	26.1	27.3	25.1			65.0	3	3
7. 2016.....	1,476	586	890	33.2	27.0	39.0			65.0	8	10
8. 2017.....	1,406	501	905	34.6	22.3	49.9			65.0	178	106
9. 2018.....	1,715	1,071	644	40.6	44.4	35.6			65.0	123	105
10. 2019.....	1,077	580	497	24.1	21.7	27.7			65.0	129	181
11. 2020.....	4,617	754	3,863	96.5	43.5	126.7			65.0	3,046	711
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	3,569	1,196

ANNUAL STATEMENT FOR THE YEAR 2020 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	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)	
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2011.....												
3. 2012.....												
4. 2013.....												
5. 2014.....												
6. 2015.....												
7. 2016.....												
8. 2017.....												
9. 2018.....												
10. 2019.....												
11. 2020.....												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23  Salvage and Subrogation Anticipated	24  Total Net Losses and Expenses Unpaid	25  Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2011.....													
3. 2012.....													
4. 2013.....													
5. 2014.....													
6. 2015.....													
7. 2016.....													
8. 2017.....													
9. 2018.....													
10. 2019.....													
11. 2020.....													
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. 2011.....											
3. 2012.....											
4. 2013.....											
5. 2014.....											
6. 2015.....											
7. 2016.....											
8. 2017.....											
9. 2018.....											
10. 2019.....											
11. 2020.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2020 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	(6)		13				7	7	XXX
2. 2019.....	13,159	603	12,556	5,115		106		449		105	5,670	XXX
3. 2020.....	13,265	623	12,642	5,021		72		442		39	5,535	XXX
4. Totals.....	XXX	XXX	XXX	10,130		191		891		151	11,212	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	6		4				2					12	3
2. 2019	8		3				4		7			22	1
3. 2020	858		219				38		63			1,178	36
4. Totals	872		226				44		70			1,212	40

	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	10	2
2. 2019	5,692		5,692	43.3		45.3			65.0	11	11
3. 2020	6,713		6,713	50.6		53.1			65.0	1,077	101
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1,098	114

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Ohio Insurance Company

**SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12	
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX	(183)		17		(11)		227	(177)	XXX
2. 2019.....	39,201	581	38,620	24,711		237		2,465		4,460	27,413	10
3. 2020.....	38,820	553	38,267	21,546		164		2,205		2,491	23,915	419
4. Totals	XXX	XXX	XXX	46,074		418		4,659		7,178	51,151	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	20		19	3			7					43	7
2. 2019	19	7	39	4			14		19			80	10
3. 2020	1,744	20	1,396	19			65		225			3,391	419
4. Totals	1,783	27	1,454	26			86		244			3,514	436

	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	36	7
2. 2019.....	27,504	11	27,493	70.2	1.9	71.2			65.0	47	33
3. 2020.....	27,345	39	27,306	70.4	7.1	71.4			65.0	3,101	290
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	3,184	330



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Ohio Insurance Company

**SCHEDULE P - PART 1K - FIDELITY/SURETY**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	NONE								XXX
2. 2019												XXX
3. 2020												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											Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
2. 2019													
3. 2020													
4. Totals													

	Total			Loss and Loss Expense Percentage			Nontabular Discount		34	Net Balance Sheet		
	Losses and Loss Expenses Incurred			(Incurred /Premiums Earned)						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. 2019												
3. 2020												
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX			

ANNUAL STATEMENT FOR THE YEAR 2020 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. 2019.....	2		2									XXX
3. 2020.....	1		1									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. 2019													
3. 2020													
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. 2019 .....											
3. 2020 .....											
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 2020 OF THE United Ohio Insurance Company

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2011.....	123	1	122	20		12		3			35	10
3. 2012.....	118	1	117	15		1		1	1		16	4
4. 2013.....	125	1	124	18		11		2			31	4
5. 2014.....	137	1	136	1		9					10	5
6. 2015.....	137	1	136	1		1					2	3
7. 2016.....	126	1	125	7		1					8	4
8. 2017.....	129	1	128	29		7		1			37	1
9. 2018.....	129		129	16		6		1			23	6
10. 2019.....	121		121	6		1					7	2
11. 2020.....	124	1	123					1			1	
12. Totals	XXX	XXX	XXX	113		49		9	1		170	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. 2011.....													
3. 2012.....													
4. 2013.....													
5. 2014.....													
6. 2015.....													
7. 2016.....													
8. 2017.....													
9. 2018.....													
10. 2019.....	3		6				2					11	1
11. 2020.....													
12. Totals	3		6				2					11	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. 2011.....	35		35	28.5		28.7			65.0		
3. 2012.....	17	1	16	14.4	100.0	13.7			65.0		
4. 2013.....	31		31	24.8		25.0			65.0		
5. 2014.....	10		10	7.3		7.4			65.0		
6. 2015.....	2		2	1.5		1.5			65.0		
7. 2016.....	8		8	6.3		6.4			65.0		
8. 2017.....	37		37	28.7		28.9			65.0		
9. 2018.....	23		23	17.8		17.8			65.0		
10. 2019.....	18		18	14.9		14.9			65.0	9	2
11. 2020.....	1		1	0.8		0.8			65.0		
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	9	2

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

**N O N E**

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

**N O N E**

Schedule P - Part 1T - Warranty

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2020 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 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020	11 One Year	12 Two Year
1. Prior.....	1,360	1,075	736	661	648	679	687	667	664	615	(49)	(52)
2. 2011.....	22,751	21,667	21,522	21,091	21,090	21,079	21,075	21,077	21,078	21,083	5	6
3. 2012.....	XXX	18,263	17,745	17,657	17,715	17,650	17,642	17,594	17,586	17,609	23	15
4. 2013.....	XXX	XXX	21,168	20,023	19,739	19,729	19,733	19,739	19,751	19,759	8	20
5. 2014.....	XXX	XXX	XXX	16,937	15,552	15,174	15,040	15,000	15,012	15,000	(12)	
6. 2015.....	XXX	XXX	XXX	XXX	14,512	13,733	13,485	13,662	13,635	13,504	(131)	(158)
7. 2016.....	XXX	XXX	XXX	XXX	XXX	15,547	14,108	14,032	13,628	13,631	3	(401)
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	19,999	19,071	18,930	18,881	(49)	(190)
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,457	16,794	16,681	(113)	(776)
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,514	23,040	(474)	XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25,659	XXX	XXX
12. Totals											(789)	(1,536)

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

1. Prior.....	11,799	10,944	10,084	9,348	8,833	8,695	8,630	8,615	8,598	8,667	69	52
2. 2011.....	21,118	20,011	19,361	18,728	18,633	18,524	18,333	18,344	18,314	18,302	(12)	(42)
3. 2012.....	XXX	20,164	19,301	18,278	18,091	17,644	17,595	17,546	17,499	17,480	(19)	(66)
4. 2013.....	XXX	XXX	17,709	17,856	17,378	16,468	16,513	16,219	16,134	16,107	(27)	(112)
5. 2014.....	XXX	XXX	XXX	19,508	19,302	19,241	18,694	18,563	18,626	18,576	(50)	13
6. 2015.....	XXX	XXX	XXX	XXX	22,043	21,350	19,300	18,911	18,953	18,821	(132)	(90)
7. 2016.....	XXX	XXX	XXX	XXX	XXX	22,874	21,481	20,611	20,549	20,526	(23)	(85)
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	23,631	22,272	22,080	21,071	(1,009)	(1,201)
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27,766	25,316	24,469	(847)	(3,297)
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28,026	27,869	(157)	XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,061	XXX	XXX
12. Totals											(2,207)	(4,828)

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

1. Prior.....	3,916	3,441	2,959	2,692	2,614	3,172	2,548	2,548	2,548	2,552	4	4
2. 2011.....	4,491	3,573	2,970	2,711	2,581	2,627	2,613	2,599	2,598	2,598		(1)
3. 2012.....	XXX	4,407	4,490	4,533	4,306	4,006	4,117	4,015	4,013	4,013		(2)
4. 2013.....	XXX	XXX	4,813	4,370	4,390	5,601	5,350	5,391	5,995	6,003	8	612
5. 2014.....	XXX	XXX	XXX	7,989	8,437	8,389	8,700	8,573	8,842	8,734	(108)	161
6. 2015.....	XXX	XXX	XXX	XXX	6,772	6,858	6,538	6,279	6,796	6,535	(261)	256
7. 2016.....	XXX	XXX	XXX	XXX	XXX	5,895	6,242	6,924	6,990	6,795	(195)	(129)
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	6,720	6,569	6,223	6,828	605	259
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,547	5,882	6,726	844	179
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,663	9,485	822	XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,945	XXX	XXX
12. Totals											1,719	1,339

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

1. Prior.....												
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX	XXX							
7. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	3,441	2,735	2,121	2,207	2,585	2,834	2,731	2,646	2,660	2,605	(55)	(41)
2. 2011.....	6,389	6,671	6,445	6,484	6,335	6,372	6,353	6,227	6,227	6,216	(11)	(11)
3. 2012.....	XXX	7,004	5,785	5,384	5,429	5,578	5,436	5,446	5,310	5,404	94	(42)
4. 2013.....	XXX	XXX	9,089	9,492	9,531	8,721	8,692	9,179	9,088	9,244	156	65
5. 2014.....	XXX	XXX	XXX	7,801	7,852	8,902	8,722	9,500	9,558	9,715	157	215
6. 2015.....	XXX	XXX	XXX	XXX	7,186	7,271	7,980	8,718	8,263	8,059	(204)	(659)
7. 2016.....	XXX	XXX	XXX	XXX	XXX	7,994	8,108	7,998	8,460	8,743	283	745
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	8,707	7,879	8,417	8,055	(362)	176
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,837	8,158	8,925	767	1,088
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,210	11,952	1,742	XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,802	XXX	XXX
12. Totals											2,567	1,536

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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 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020	11 One Year	12 Two Year
1. Prior.....												
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX								
7. 2016.....	XXX	XXX	XXX	XXX	XXX							
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2020.....	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. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX								
7. 2016.....	XXX	XXX	XXX	XXX	XXX							
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2020.....	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. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX								
7. 2016.....	XXX	XXX	XXX	XXX	XXX							
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior.....	1,208	976	1,057	889	835	839	820	819	809	809		(10)
2. 2011.....	708	1,169	1,052	1,103	927	912	895	895	895	895		
3. 2012.....	XXX	667	875	631	683	703	708	692	691	685	(6)	(7)
4. 2013.....	XXX	XXX	1,191	1,226	1,579	1,693	1,768	1,469	1,424	1,425	1	(44)
5. 2014.....	XXX	XXX	XXX	1,210	1,344	936	806	758	812	820	8	62
6. 2015.....	XXX	XXX	XXX	XXX	1,002	899	618	768	576	568	(8)	(200)
7. 2016.....	XXX	XXX	XXX	XXX	XXX	1,386	1,217	1,114	899	793	(106)	(321)
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	1,146	849	692	751	59	(98)
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	758	783	514	(269)	(244)
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	532	366	(166)	XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,686	XXX	XXX
12. Totals											(487)	(862)

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

1. Prior.....												
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX								
7. 2016.....	XXX	XXX	XXX	XXX	XXX							
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2020.....	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 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020	11 One Year	12 Two Year
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,045	678	627	(51)	(418)
2. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,644	5,236	(408)	XXX
3. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,208	XXX	XXX
4. Totals											(459)	(418)

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,111	1,241	1,028	(213)	(2,083)
2. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26,980	25,009	(1,971)	XXX
3. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,876	XXX	XXX
4. Totals											(2,184)	(2,083)

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Totals												

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Totals												

**SCHEDULE P - PART 2M - INTERNATIONAL**

1. Prior.....												
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX								
7. 2016.....	XXX	XXX	XXX	XXX	XXX							
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												



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

**N O N E**

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

**N O N E**

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

**N O N E**

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**SCHEDULE P - PART 2R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020	11 One Year	12 Two Year
1. Prior.....	44	30	27	27	27	27	27	27	27	27		
2. 2011.....	92	54	48	32	32	32	34	32	32	32		
3. 2012.....	XXX	29	28	16	16	16	16	16	16	16		
4. 2013.....	XXX	XXX	44	48	32	29	29	29	29	29		
5. 2014.....	XXX	XXX	XXX	34	68	9	9	9	10	10		1
6. 2015.....	XXX	XXX	XXX	XXX	3	3	2	2	2	2		
7. 2016.....	XXX	XXX	XXX	XXX	XXX	3	6	5	8	8		3
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX		3	78	36	(42)	33
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	18	22	4	2
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	18	8	XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals											(30)	39

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

1. Prior.....												
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX								
7. 2016.....	XXX	XXX	XXX	XXX	XX							
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2020.....	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	XXX				
2. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2020.....	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. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2020.....	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		
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020		
1. Prior.....	.000	.365	.537	.573	.572	.613	.619	.618	.616	.615	.84	.....
2. 2011.....	17,926	20,500	20,948	21,032	21,051	21,069	21,071	21,073	21,074	21,083	3,633	498
3. 2012.....	XXX	14,270	16,663	17,160	17,287	17,434	17,440	17,471	17,472	17,473	3,883	437
4. 2013.....	XXX	XXX	15,474	19,266	19,453	19,683	19,700	19,704	19,724	19,732	2,224	423
5. 2014.....	XXX	XXX	XXX	13,029	14,915	14,966	14,996	14,992	14,994	14,993	1,547	343
6. 2015.....	XXX	XXX	XXX	XXX	10,248	12,795	13,110	13,261	13,274	13,447	1,407	334
7. 2016.....	XXX	XXX	XXX	XXX	XXX	11,573	13,182	13,341	13,544	13,571	1,348	303
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	14,768	18,149	18,494	18,698	1,724	349
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,621	15,655	16,340	1,524	319
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,486	21,932	1,936	442
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20,234	1,869	357

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

1. Prior.....	.000	4,453	6,721	8,014	8,316	8,564	8,606	8,587	8,577	8,667	562	.....
2. 2011.....	9,023	13,656	15,841	17,224	18,042	18,199	18,245	18,288	18,286	18,283	2,711	573
3. 2012.....	XXX	7,378	12,274	15,218	16,767	17,136	17,415	17,486	17,487	17,480	2,143	372
4. 2013.....	XXX	XXX	6,386	11,804	14,217	15,528	15,817	15,982	16,087	16,089	2,138	327
5. 2014.....	XXX	XXX	XXX	7,692	12,846	16,013	17,510	17,913	18,194	18,283	2,069	320
6. 2015.....	XXX	XXX	XXX	XXX	8,672	13,860	16,746	18,051	18,532	18,666	1,982	352
7. 2016.....	XXX	XXX	XXX	XXX	XXX	8,618	14,945	17,649	19,427	19,745	1,939	389
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	9,452	15,444	18,957	20,226	2,019	399
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,735	17,436	21,003	2,389	455
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,383	19,177	2,390	445
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,213	1,208	274

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

1. Prior.....	.000	1,516	2,256	2,367	2,442	2,536	2,548	2,548	2,548	2,552	61	.....
2. 2011.....	1,075	1,586	2,060	2,356	2,450	2,547	2,599	2,599	2,598	2,598	360	63
3. 2012.....	XXX	1,260	2,009	3,140	3,368	3,710	3,943	4,013	4,013	4,013	359	74
4. 2013.....	XXX	XXX	1,459	2,673	3,101	3,766	4,925	5,035	5,936	6,003	393	62
5. 2014.....	XXX	XXX	XXX	2,260	4,410	5,859	7,265	8,134	8,551	8,732	501	54
6. 2015.....	XXX	XXX	XXX	XXX	2,121	3,213	4,238	5,629	5,968	6,330	542	71
7. 2016.....	XXX	XXX	XXX	XXX	XXX	1,856	3,484	5,064	5,355	5,974	485	70
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	2,002	3,585	4,566	5,537	501	80
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,941	3,193	4,433	486	76
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,396	4,273	470	66
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,717	283	37

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

1. Prior.....	.000											
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX								
7. 2016.....	XXX	XXX	XXX	XXX	XXX							
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	.000	1,116	1,474	1,702	2,115	2,451	2,685	2,592	2,600	2,605	105	.....
2. 2011.....	3,526	4,791	5,276	5,761	6,010	6,127	6,227	6,227	6,227	6,216	644	145
3. 2012.....	XXX	3,516	4,720	4,883	5,160	5,226	5,259	5,284	5,288	5,294	664	145
4. 2013.....	XXX	XXX	3,766	5,762	6,565	7,871	8,235	8,444	8,680	8,822	575	133
5. 2014.....	XXX	XXX	XXX	4,078	5,691	6,465	7,475	8,309	8,922	9,400	612	148
6. 2015.....	XXX	XXX	XXX	XXX	3,066	4,374	5,155	6,625	7,350	7,614	587	127
7. 2016.....	XXX	XXX	XXX	XXX	XXX	4,027	5,704	6,243	6,987	7,376	532	125
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	3,933	5,563	6,097	6,940	496	123
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,677	5,054	6,274	461	95
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,705	7,243	469	82
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,448	384	66

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020		
1. Prior.....	.000											
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX								
7. 2016.....	XXX	XXX	XXX	XXX	XXX							
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	.000											
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX								
7. 2016.....	XXX	XXX	XXX	XXX	XXX							
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2020.....	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. 2011.....											XXX	XXX
3. 2012.....	XXX										XXX	XXX
4. 2013.....	XXX	XXX									XXX	XXX
5. 2014.....	XXX	XXX	XXX								XXX	XXX
6. 2015.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2016.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior.....	.000	285	402	526	734	750	810	809	809	809	34	
2. 2011.....	204	297	754	805	895	895	895	895	895	895	83	31
3. 2012.....	XXX	214	392	450	459	465	465	468	468	608	90	34
4. 2013.....	XXX	XXX	164	425	617	770	1,039	1,424	1,424	1,425	82	32
5. 2014.....	XXX	XXX	XXX	211	397	506	581	727	771	803	76	28
6. 2015.....	XXX	XXX	XXX	XXX	86	262	461	555	559	565	53	23
7. 2016.....	XXX	XXX	XXX	XXX	XXX	90	249	677	757	776	61	16
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	119	359	437	477	34	8
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	65	207	306	28	9
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	46	96	24	6
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	86	20	4

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

1. Prior.....	.000											
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX								
7. 2016.....	XXX	XXX	XXX	XXX	XXX							
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2020.....	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		
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020		
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	.608	.615	XXX	XXX
2. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,666	5,221	XXX	XXX
3. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,093	XXX	XXX

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	1,151	.985		
2. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,793	24,948		
3. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,710		

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
2. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2020.....	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. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

1. Prior.....	.000										XXX	XXX
2. 2011.....											XXX	XXX
3. 2012.....	XXX										XXX	XXX
4. 2013.....	XXX	XXX									XXX	XXX
5. 2014.....	XXX	XXX	XXX								XXX	XXX
6. 2015.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2016.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2020.....	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		
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020		
1. Prior.....	.000	.20	.27	.27	.27	.27	.27	.27	.27	.27	.2	
2. 2011.....	.21	.22	.31	.32	.32	.32	.32	.32	.32	.32	.7	.3
3. 2012.....	XXX	.4	.15	.16	.16	.16	.16	.16	.16	.16	.3	.1
4. 2013.....	XXX	XXX	.15	.16	.29	.29	.29	.29	.29	.29	.3	.1
5. 2014.....	XXX	XXX	XXX	.8	.9	.9	.9	.9	.10	.10	.3	.2
6. 2015.....	XXX	XXX	XXX	XXX	.2	.2	.2	.2	.2	.2	.2	.1
7. 2016.....	XXX	XXX	XXX	XXX	XXX	.1	.5	.5	.8	.8	.3	.1
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX		.3	.3	.36	.1	
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.12	.12	.22	.5	.1
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.6	.7	.1	
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	.000											
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX								
7. 2016.....	XXX	XXX	XXX	XXX	XXX							
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2020.....	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				XXX	XXX
2. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2020.....	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					
2. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
3. 2020.....	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
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	972	358	124	37	27	24	25	5	5	
2. 2011.....	2,351	689	280	26	10	3	1	1	1	
3. 2012.....	XXX	1,862	386	208	137	77	74	45	42	50
4. 2013.....	XXX	XXX	2,102	549	101	19	11	13	9	9
5. 2014.....	XXX	XXX	XXX	1,940	373	115	16	3	13	2
6. 2015.....	XXX	XXX	XXX	XXX	1,445	376	150	154	125	21
7. 2016.....	XXX	XXX	XXX	XXX	XXX	1,854	416	293	37	26
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	1,822	400	236	95
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,866	430	179
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,028	421
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,581

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

1. Prior.....	4,611	2,469	1,427	568	145	33	3	2	7	
2. 2011.....	4,802	2,277	1,298	555	358	207	22	23	12	3
3. 2012.....	XXX	4,893	2,345	1,091	578	272	83	47	5	
4. 2013.....	XXX	XXX	4,273	2,615	1,318	286	266	96	28	7
5. 2014.....	XXX	XXX	XXX	4,326	1,990	1,195	389	225	168	111
6. 2015.....	XXX	XXX	XXX	XXX	4,897	2,568	670	234	178	96
7. 2016.....	XXX	XXX	XXX	XXX	XXX	5,099	2,418	679	370	259
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	6,268	2,553	1,648	253
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,744	3,825	809
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,244	3,205
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,134

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

1. Prior.....	1,880	995	518	142	65	538				
2. 2011.....	2,752	1,624	454	243	46	31	14			
3. 2012.....	XXX	1,869	1,234	822	414	92	74			
4. 2013.....	XXX	XXX	2,087	970	456	767	171	109	26	
5. 2014.....	XXX	XXX	XXX	2,922	1,814	965	604	143	200	1
6. 2015.....	XXX	XXX	XXX	XXX	2,433	1,284	816	240	333	59
7. 2016.....	XXX	XXX	XXX	XXX	XXX	1,943	1,438	1,386	704	315
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	2,688	1,548	966	995
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,227	1,821	1,834
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,474	2,606
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,671

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

1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XXX							
6. 2015.....	XXX	XXX	XXX	XXX						
7. 2016.....	XXX	XXX	XXX	XXX	XXX					
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	2,012	1,171	393	281	245	184	17	25	27	
2. 2011.....	1,661	1,339	576	417	192	164	126			
3. 2012.....	XXX	2,422	752	276	173	303	115	149	9	45
4. 2013.....	XXX	XXX	3,038	2,126	1,571	498	235	318	183	197
5. 2014.....	XXX	XXX	XXX	2,231	1,014	1,014	476	616	278	156
6. 2015.....	XXX	XXX	XXX	XXX	2,589	1,579	1,157	1,077	592	193
7. 2016.....	XXX	XXX	XXX	XXX	XXX	2,438	1,572	969	771	730
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	3,088	1,586	1,345	617
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,709	2,125	1,564
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,542	3,426
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,131



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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
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XX							
6. 2015.....	XXX	XXX	XX	XX						
7. 2016.....	XXX	XXX	XX	XXX	XXX					
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XXX							
6. 2015.....	XXX	XXX	XX	XXX						
7. 2016.....	XXX	XXX	XX	XX	XX					
8. 2017.....	XXX	XXX	XX	XX	XX	XX				
9. 2018.....	XXX	XXX	XX	XXX	XXX	XX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	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. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XXX							
6. 2015.....	XXX	XXX	XX	XXX						
7. 2016.....	XXX	XXX	XX	XX	XX					
8. 2017.....	XXX	XXX	XX	XX	XX	XX				
9. 2018.....	XXX	XXX	XX	XXX	XXX	XX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....	684	367	397	139	13	1				
2. 2011.....	158	352	98	155	29	17				
3. 2012.....	XXX	299	382	85	97	112	117	101	100	32
4. 2013.....	XXX	XXX	794	310	419	347	370	38		
5. 2014.....	XXX	XXX	XXX	701	719	258	84	8	17	7
6. 2015.....	XXX	XXX	XXX	XXX	678	490	141	206	10	3
7. 2016.....	XXX	XXX	XXX	XXX	XXX	990	579	340	132	10
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	704	380	183	176
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	599	535	126
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	443	198
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,432

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

1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XXX							
6. 2015.....	XXX	XXX	XX	XXX						
7. 2016.....	XXX	XXX	XX	XX	XX					
8. 2017.....	XXX	XXX	XX	XX	XX	XX				
9. 2018.....	XXX	XXX	XX	XXX	XXX	XX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	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
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	406	31	6
2. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	414	7
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	257

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,337	68	23
2. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,407	49
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,442

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2020	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. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4M - INTERNATIONAL**

1. Prior										
2. 2011										
3. 2012	XXX									
4. 2013	XXX	XXX								
5. 2014	XXX	XXX	XXX							
6. 2015	XXX	XXX	XXX	XXX						
7. 2016	XXX	XXX	XXX	XXX	XXX					
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020	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
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	27	9								
2. 2011.....	61	28	7				1			
3. 2012.....	XXX	11	13							
4. 2013.....	XXX	XXX	21	22	3					
5. 2014.....	XXX	XXX	XXX	15	58					
6. 2015.....	XXX	XXX	XXX	XXX	1	1				
7. 2016.....	XXX	XXX	XXX	XXX	XXX	(1)	1			
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX			26	
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	6	
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	8
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XXX							
6. 2015.....	XXX	XXX	XXX	XXX						
7. 2016.....	XXX	XXX	XXX	XXX	XXX					
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	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. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4T - WARRANTY**

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2020.....	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
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	313	48	19	12	1	1	2		1	
2. 2011.....	3,234	3,593	3,613	3,626	3,629	3,631	3,632	3,632	3,632	3,633
3. 2012.....	XXX	3,516	3,838	3,861	3,870	3,880	3,881	3,882	3,883	3,883
4. 2013.....	XXX	XXX	1,851	2,183	2,206	2,220	2,222	2,223	2,224	2,224
5. 2014.....	XXX	XXX	XXX	1,297	1,512	1,538	1,542	1,545	1,547	1,547
6. 2015.....	XXX	XXX	XXX	XXX	1,174	1,362	1,394	1,402	1,403	1,407
7. 2016.....	XXX	XXX	XXX	XXX	XXX	1,105	1,313	1,334	1,346	1,348
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	1,454	1,687	1,720	1,724
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,230	1,493	1,524
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,663	1,936
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,869

**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
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	41	18	7	5	4	4	2	2	2	
2. 2011.....	259	25	9	4	3	2	1	1	1	
3. 2012.....	XXX	223	36	21	15	7	6	3	3	3
4. 2013.....	XXX	XXX	276	24	8	3	4	4	2	2
5. 2014.....	XXX	XXX	XXX	177	19	9	5	1	1	1
6. 2015.....	XXX	XXX	XXX	XXX	185	33	11	5	3	1
7. 2016.....	XXX	XXX	XXX	XXX	XXX	192	26	14	4	2
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	213	32	11	11
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	228	26	6
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	205	26
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	166

**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
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	171	32	11	11	1	1	1		1	(2)
2. 2011.....	3,911	4,108	4,118	4,126	4,129	4,130	4,131	4,131	4,131	4,131
3. 2012.....	XXX	4,110	4,305	4,318	4,321	4,324	4,324	4,322	4,323	4,323
4. 2013.....	XXX	XXX	2,479	2,623	2,636	2,645	2,649	2,650	2,649	2,649
5. 2014.....	XXX	XXX	XXX	1,774	1,866	1,888	1,890	1,889	1,891	1,891
6. 2015.....	XXX	XXX	XXX	XXX	1,643	1,721	1,738	1,741	1,740	1,742
7. 2016.....	XXX	XXX	XXX	XXX	XXX	1,543	1,634	1,650	1,653	1,653
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	1,964	2,065	2,080	2,084
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,722	1,835	1,849
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,258	2,404
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,392

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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
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	9,857	299	150	65	25	12	9	2		
2. 2011.....	1,815	2,397	2,590	2,658	2,693	2,706	2,707	2,710	2,711	2,711
3. 2012.....	XXX	1,253	1,906	2,041	2,095	2,124	2,134	2,141	2,142	2,143
4. 2013.....	XXX	XXX	1,433	1,939	2,053	2,104	2,122	2,130	2,137	2,138
5. 2014.....	XXX	XXX	XXX	1,238	1,787	1,958	2,026	2,054	2,064	2,069
6. 2015.....	XXX	XXX	XXX	XXX	1,245	1,736	1,891	1,950	1,971	1,982
7. 2016.....	XXX	XXX	XXX	XXX	XXX	1,151	1,733	1,854	1,920	1,939
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	1,311	1,817	1,962	2,019
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,522	2,216	2,389
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,663	2,390
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,208

**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
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	437	161	61	33	9	5	3	3	1	
2. 2011.....	1,061	254	96	35	4	3	3	1	1	1
3. 2012.....	XXX	873	251	84	15	13	4	2	1	
4. 2013.....	XXX	XXX	825	191	41	20	11	6	3	1
5. 2014.....	XXX	XXX	XXX	934	193	80	31	14	6	4
6. 2015.....	XXX	XXX	XXX	XXX	720	284	75	28	12	5
7. 2016.....	XXX	XXX	XXX	XXX	XXX	1,028	227	87	26	12
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	847	228	73	32
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,014	253	103
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	990	232
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	668

**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
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	11,306	67	63	42	3	9	9	2	(1)	(1)
2. 2011.....	3,259	3,185	3,251	3,262	3,269	3,282	3,283	3,284	3,285	3,285
3. 2012.....	XXX	2,322	2,497	2,492	2,481	2,508	2,510	2,515	2,515	2,515
4. 2013.....	XXX	XXX	2,433	2,426	2,415	2,449	2,459	2,463	2,467	2,466
5. 2014.....	XXX	XXX	XXX	2,336	2,269	2,350	2,376	2,388	2,390	2,393
6. 2015.....	XXX	XXX	XXX	XXX	2,148	2,333	2,309	2,327	2,334	2,339
7. 2016.....	XXX	XXX	XXX	XXX	XXX	2,397	2,319	2,327	2,334	2,340
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	2,381	2,410	2,429	2,450
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,792	2,897	2,947
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,916	3,067
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,150

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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
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	244	34	15	5	4	1	2			
2. 2011.....	235	321	341	352	355	359	359	360	360	360
3. 2012.....	XXX	222	309	335	345	353	357	358	359	359
4. 2013.....	XXX	XXX	248	346	364	375	388	389	392	393
5. 2014.....	XXX	XXX	XXX	301	430	462	483	494	499	501
6. 2015.....	XXX	XXX	XXX	XXX	344	464	508	527	539	542
7. 2016.....	XXX	XXX	XXX	XXX	XXX	306	429	469	479	485
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	313	450	487	501
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	311	457	486
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	350	470
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	283

**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
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	45	21	8	3	1	1				
2. 2011.....	103	30	12	4	3	1				
3. 2012.....	XXX	123	42	16	7	3	2	1		
4. 2013.....	XXX	XXX	116	38	31	20	5	5	1	
5. 2014.....	XXX	XXX	XXX	156	61	33	17	7	2	1
6. 2015.....	XXX	XXX	XXX	XXX	175	75	31	14	4	2
7. 2016.....	XXX	XXX	XXX	XXX	XXX	154	49	15	10	4
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	137	49	16	7
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	132	33	16
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	118	44
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	109

**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
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	170	15	3	1	2	1	1			
2. 2011.....	377	412	416	419	421	423	422	423	423	423
3. 2012.....	XXX	389	419	424	426	430	433	433	433	433
4. 2013.....	XXX	XXX	398	439	453	456	454	455	454	455
5. 2014.....	XXX	XXX	XXX	488	537	546	554	555	555	556
6. 2015.....	XXX	XXX	XXX	XXX	549	600	607	612	614	615
7. 2016.....	XXX	XXX	XXX	XXX	XXX	499	544	552	558	559
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	496	572	582	588
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	485	561	578
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	509	580
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	429

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
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	146	51	19	13	9	5	6	2		
2. 2011.....	433	576	600	622	632	639	642	642	643	644
3. 2012.....	XXX	479	614	639	652	660	663	664	664	664
4. 2013.....	XXX	XXX	367	485	516	547	562	569	574	575
5. 2014.....	XXX	XXX	XXX	370	510	548	580	597	604	612
6. 2015.....	XXX	XXX	XXX	XXX	343	484	530	555	577	587
7. 2016.....	XXX	XXX	XXX	XXX	XXX	330	459	492	518	532
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	342	439	472	496
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	307	425	461
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	346	469
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	384

**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
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	51	28	25	19	14	7	2	3	3	1
2. 2011.....	129	46	31	16	8	4				
3. 2012.....	XXX	107	31	16	7	5	3	1	1	1
4. 2013.....	XXX	XXX	127	51	46	23	12	8	3	2
5. 2014.....	XXX	XXX	XXX	155	74	57	35	18	10	3
6. 2015.....	XXX	XXX	XXX	XXX	161	86	62	39	16	6
7. 2016.....	XXX	XXX	XXX	XXX	XXX	136	66	46	33	20
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	116	55	37	24
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	127	45	33
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	98	56
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	82

**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
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	89	35	19	10	5		1	4		(2)
2. 2011.....	660	757	773	783	785	788	787	787	788	789
3. 2012.....	XXX	678	776	794	801	808	810	810	810	810
4. 2013.....	XXX	XXX	573	653	690	701	706	710	710	710
5. 2014.....	XXX	XXX	XXX	620	715	745	760	763	762	763
6. 2015.....	XXX	XXX	XXX	XXX	573	676	710	719	720	720
7. 2016.....	XXX	XXX	XXX	XXX	XXX	544	637	660	676	677
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	524	602	627	643
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	491	560	589
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	503	607
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	532

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
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	41	17	6	6	4	1				
2. 2011.....	54	70	75	79	82	83	83	83	83	83
3. 2012.....	XXX	51	80	87	88	90	90	90	90	90
4. 2013.....	XXX	XXX	42	60	71	76	78	82	82	82
5. 2014.....	XXX	XXX	XXX	36	56	68	71	73	75	76
6. 2015.....	XXX	XXX	XXX	XXX	27	42	51	53	53	53
7. 2016.....	XXX	XXX	XXX	XXX	XXX	29	44	58	60	61
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	21	27	32	34
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18	25	28
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	24
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20

**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
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	36	18	11	6	2		1	1		
2. 2011.....	31	12	7	3	1					
3. 2012.....	XXX	38	14	5	1		1	1	1	1
4. 2013.....	XXX	XXX	34	23	13		3	1		
5. 2014.....	XXX	XXX	XXX	42	22	1	8	4	3	1
6. 2015.....	XXX	XXX	XXX	XXX	22	1	5	2	1	1
7. 2016.....	XXX	XXX	XXX	XXX	XXX	7	23	7	3	2
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	10	4	3	2
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	6	5
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	5
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7

**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
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	27	4		2		(1)	1		(1)	
2. 2011.....	103	112	113	113	114	114	114	114	114	114
3. 2012.....	XXX	111	123	123	121	123	125	125	125	125
4. 2013.....	XXX	XXX	94	111	114	107	112	114	114	114
5. 2014.....	XXX	XXX	XXX	90	98	92	105	104	106	105
6. 2015.....	XXX	XXX	XXX	XXX	61	62	77	77	77	77
7. 2016.....	XXX	XXX	XXX	XXX	XXX	45	81	80	78	79
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	35	39	43	44
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31	39	42
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	35
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31

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

**N O N E**

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

**N O N E**

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

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2020 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
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	2	1	1							
2. 2011.....	2	5	5	7	7	7	7	7	7	7
3. 2012.....	XXX	1	2	3	3	3	3	3	3	3
4. 2013.....	XXX	XXX	1	2	3	3	3	3	3	3
5. 2014.....	XXX	XXX	XXX	1	2	2	2	2	3	3
6. 2015.....	XXX	XXX	XXX	XXX	1	2	2	2	2	2
7. 2016.....	XXX	XXX	XXX	XXX	XXX	1	2	3	3	3
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				1
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	5
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	3	1								
2. 2011.....	1	1	1				1			
3. 2012.....	XXX	1								
4. 2013.....	XXX	XXX	2	1						
5. 2014.....	XXX	XXX	XXX	1	1					
6. 2015.....	XXX	XXX	XXX	XXX	1					
7. 2016.....	XXX	XXX	XXX	XXX	XXX	1				
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX			1	
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1
11. 2020.....	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
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	3	1								
2. 2011.....	4	7	8	9	9	9	10	10	10	10
3. 2012.....	XXX	2	2	4	4	4	4	4	4	4
4. 2013.....	XXX	XXX	3	4	4	4	4	4	4	4
5. 2014.....	XXX	XXX	XXX	2	3	4	4	4	5	5
6. 2015.....	XXX	XXX	XXX	XXX	3	3	3	3	3	3
7. 2016.....	XXX	XXX	XXX	XXX	XXX	2	3	4	4	4
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX			1	1
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	6
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule P - Part 5T - Warranty - Section 1

**N O N E**

Schedule P - Part 5T - Warranty - Section 2

**N O N E**

Schedule P - Part 5T - Warranty - Section 3

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2020 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	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....											
2. 2011.....	7,026	7,026	7,026	7,026	7,026	7,026	7,026	7,026	7,026	7,026	
3. 2012.....	XXX	7,968	7,968	7,968	7,968	7,968	7,968	7,968	7,968	7,968	
4. 2013.....	XXX	XXX	9,102	9,102	9,102	9,102	9,102	9,102	9,102	9,102	
5. 2014.....	XXX	XXX	XXX	10,339	10,339	10,339	10,339	10,339	10,339	10,339	
6. 2015.....	XXX	XXX	XXX	XXX	10,641	10,641	10,641	10,641	10,641	10,641	
7. 2016.....	XXX	XXX	XXX	XXX	XXX	11,040	11,040	11,040	11,040	11,040	
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	11,506	11,506	11,506	11,506	
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,003	12,003	12,003	
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,463	12,463	
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,173	13,173
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,173
13. Earned Premiums (Sch P-Pt. 1)	7,026	7,968	9,102	10,339	10,641	11,040	11,506	12,003	12,463	13,173	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	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....											
2. 2011.....	443	443	443	443	443	443	443	443	443	443	
3. 2012.....	XXX	471	471	471	471	471	471	471	471	471	
4. 2013.....	XXX	XXX	495	495	495	495	495	495	495	495	
5. 2014.....	XXX	XXX	XXX	551	551	551	551	551	551	551	
6. 2015.....	XXX	XXX	XXX	XXX	617	617	617	617	617	617	
7. 2016.....	XXX	XXX	XXX	XXX	XXX	706	706	706	706	706	
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	846	846	846	846	
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	477	477	477	
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	269	269	
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	164	164
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	164
13. Earned Premiums (Sch P-Pt. 1)	443	471	495	551	617	706	846	477	269	164	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	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....											
2. 2011.....											
3. 2012.....	XXX										
4. 2013.....	XXX	XXX									
5. 2014.....	XXX	XXX									
6. 2015.....	XXX	XXX									
7. 2016.....	XXX	XXX									
8. 2017.....	XXX	XXX									
9. 2018.....	XXX	XXX									
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2020.....	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	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....											
2. 2011.....											
3. 2012.....	XXX										
4. 2013.....	XXX	XXX									
5. 2014.....	XXX	XXX									
6. 2015.....	XXX	XXX									
7. 2016.....	XXX	XXX									
8. 2017.....	XXX	XXX									
9. 2018.....	XXX	XXX									
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Ohio Insurance Company

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....											
2. 2011.....	10,346	10,346	10,346	10,346	10,346	10,346	10,346	10,346	10,346	10,346	
3. 2012.....	XXX	11,584	11,584	11,584	11,584	11,584	11,584	11,584	11,584	11,584	
4. 2013.....	XXX	XXX	13,770	13,770	13,770	13,770	13,770	13,770	13,770	13,770	
5. 2014.....	XXX	XXX	XXX	16,070	16,070	16,070	16,070	16,070	16,070	16,070	
6. 2015.....	XXX	XXX	XXX	XXX	16,706	16,706	16,706	16,706	16,706	16,706	
7. 2016.....	XXX	XXX	XXX	XXX	XXX	17,618	17,618	17,618	17,618	17,618	
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	18,207	18,207	18,207	18,207	
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,607	18,607	18,607	
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,693	19,693	
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,181	21,181
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,181
13. Earned Premiums (Sch P-Pt. 1)	10,346	11,584	13,770	16,070	16,706	17,618	18,207	18,607	19,693	21,181	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	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....											
2. 2011.....	1,331	1,331	1,331	1,331	1,331	1,331	1,331	1,331	1,331	1,331	
3. 2012.....	XXX	1,534	1,534	1,534	1,534	1,534	1,534	1,534	1,534	1,534	
4. 2013.....	XXX	XXX	1,716	1,716	1,716	1,716	1,716	1,716	1,716	1,716	
5. 2014.....	XXX	XXX	XXX	2,078	2,078	2,078	2,078	2,078	2,078	2,078	
6. 2015.....	XXX	XXX	XXX	XXX	2,079	2,079	2,079	2,079	2,079	2,079	
7. 2016.....	XXX	XXX	XXX	XXX	XXX	2,161	2,161	2,161	2,161	2,161	
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	2,204	2,204	2,204	2,204	
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,800	1,800	1,800	
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,699	1,699	
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,943	1,943
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,943
13. Earned Premiums (Sch P-Pt. 1)	1,331	1,534	1,716	2,078	2,079	2,161	2,204	1,800	1,699	1,943	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	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....											
2. 2011.....	3,914	3,914	3,914	3,914	3,914	3,914	3,914	3,914	3,914	3,914	
3. 2012.....	XXX	4,250	4,250	4,250	4,250	4,250	4,250	4,250	4,250	4,250	
4. 2013.....	XXX	XXX	4,544	4,544	4,544	4,544	4,544	4,544	4,544	4,544	
5. 2014.....	XXX	XXX	XXX	4,700	4,700	4,700	4,700	4,700	4,700	4,700	
6. 2015.....	XXX	XXX	XXX	XXX	4,783	4,783	4,783	4,783	4,783	4,783	
7. 2016.....	XXX	XXX	XXX	XXX	XXX	4,451	4,451	4,451	4,451	4,451	
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	4,066	4,066	4,066	4,066	
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,219	4,219	4,219	
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,473	4,473	
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,782	4,782
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,782
13. Earned Premiums (Sch P-Pt. 1)	3,914	4,250	4,544	4,700	4,783	4,451	4,066	4,219	4,473	4,782	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	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....											
2. 2011.....	1,589	1,589	1,589	1,589	1,589	1,589	1,589	1,589	1,589	1,589	
3. 2012.....	XXX	1,832	1,832	1,832	1,832	1,832	1,832	1,832	1,832	1,832	
4. 2013.....	XXX	XXX	1,981	1,981	1,981	1,981	1,981	1,981	1,981	1,981	
5. 2014.....	XXX	XXX	XXX	2,150	2,150	2,150	2,150	2,150	2,150	2,150	
6. 2015.....	XXX	XXX	XXX	XXX	2,143	2,143	2,143	2,143	2,143	2,143	
7. 2016.....	XXX	XXX	XXX	XXX	XXX	2,169	2,169	2,169	2,169	2,169	
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	2,251	2,251	2,251	2,251	
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,412	2,412	2,412	
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,677	2,677	
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,734	1,734
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,734
13. Earned Premiums (Sch P-Pt. 1)	1,589	1,832	1,981	2,150	2,143	2,169	2,251	2,412	2,677	1,734	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 2020 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	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....											
2. 2011.....	123	123	123	123	123	123	123	123	123	123	
3. 2012.....	XXX	118	118	118	118	118	118	118	118	118	
4. 2013.....	XXX	XXX	125	125	125	125	125	125	125	125	
5. 2014.....	XXX	XXX	XXX	137	137	137	137	137	137	137	
6. 2015.....	XXX	XXX	XXX	XXX	137	137	137	137	137	137	
7. 2016.....	XXX	XXX	XXX	XXX	XXX	126	126	126	126	126	
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	129	129	129	129	
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	129	129	129	
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	121	121	
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	124	124
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	124
13. Earned Premiums (Sch P-Pt. 1)	123	118	125	137	137	126	129	129	121	124	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	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....											
2. 2011.....	1	1	1	1	1	1	1	1	1	1	
3. 2012.....	XXX	1	1	1	1	1	1	1	1	1	
4. 2013.....	XXX	XXX	1	1	1	1	1	1	1	1	
5. 2014.....	XXX	XXX	XXX	1	1	1	1	1	1	1	
6. 2015.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1	
7. 2016.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1	
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1	
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1
13. Earned Premiums (Sch P-Pt. 1)	1	1	1	1	1	1	1			1	XXX

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

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....											
2. 2011.....											
3. 2012.....	XXX										
4. 2013.....	XXX	XXX									
5. 2014.....	XXX	XXX									
6. 2015.....	XXX	XXX									
7. 2016.....	XXX	XXX									
8. 2017.....	XXX	XXX									
9. 2018.....	XXX	XXX									
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2020.....	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	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....											
2. 2011.....											
3. 2012.....	XXX										
4. 2013.....	XXX	XXX									
5. 2014.....	XXX	XXX									
6. 2015.....	XXX	XXX									
7. 2016.....	XXX	XXX									
8. 2017.....	XXX	XXX									
9. 2018.....	XXX	XXX									
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2020.....	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 2020 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 .....	7,862			46,029		
2. Private Passenger Auto Liability/Medical .....	30,014			38,703		
3. Commercial Auto/Truck Liability/Medical .....	15,069			13,534		
4. Workers' Compensation .....						
5. Commercial Multiple Peril .....	17,362			20,093		
6. Medical Professional Liability - Occurrence .....						
7. Medical Professional Liability - Claims - Made .....						
8. Special Liability .....						
9. Other Liability - Occurrence .....	4,765			3,726		
10. Other Liability - Claims-Made .....						
11. Special Property .....	1,212			12,750		
12. Auto Physical Damage .....	3,514			38,889		
13. Fidelity/Surety .....						
14. Other .....				1		
15. International .....						
16. Reinsurance - Nonproportional Assumed Property .....						
17. Reinsurance - Nonproportional Assumed Liability .....						
18. Reinsurance - Nonproportional Assumed Financial Lines .....						
19. Products Liability - Occurrence .....	11			130		
20. Products Liability - Claims-Made .....						
21. Financial Guaranty/Mortgage Guaranty .....						
22. Warranty .....						
23. Totals	79,809			173,856		

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
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XX							
6. 2015.....	XXX	XXX	XX	XX						
7. 2016.....	XXX	XXX	XX	XXX	XX					
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	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
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XX							
6. 2015.....	XXX	XXX	XX	XX						
7. 2016.....	XXX	XXX	XX	XXX	XX					
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts  
**N O N E**

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts  
**N O N E**

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts  
**N O N E**

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts  
**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Ohio Insurance Company

SCHEDULE P INTERROGATORIES

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

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior .....		
1.602	2011 .....		
1.603	2012 .....		
1.604	2013 .....		
1.605	2014 .....		
1.606	2015 .....		
1.607	2016 .....		
1.608	2017 .....		
1.609	2018 .....		
1.610	2019 .....		
1.611	2020 .....		
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 2020 OF THE United Ohio Insurance Company

## SCHEDULE Y

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

[illegible]

# NONE

Asterisk	



# ANNUAL STATEMENT FOR THE YEAR 2020 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 2020 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
37.	Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1? .....	NO
AUGUST FILING		
38.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	NO
Explanations:		
12.		
13.		
14.		
15.		
16.		
17.		
19.		
22.		
23.		
25.		
26.		
27.		
28.		
29.		
30.		
32.		
33.		
35.		
36.		
37.		
38.		

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]
	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Ohio Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	 <div>130722020400000000</div>
23. Bail Bond Supplement [Document Identifier 500]	 <div>130722020500000000</div>
25. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 <div>130722020224000000</div>
26. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 <div>130722020225000000</div>
27. Relief from the Requirements for Audit Committees [Document Identifier 226]	 <div>130722020226000000</div>
28. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]	 <div>130722020555000000</div>
29. Credit Insurance Experience Exhibit [Document Identifier 230]	 <div>130722020230000000</div>
30. Long-Term Care Experience Reporting Forms [Document Identifier 306]	 <div>130722020306000000</div>
32. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 <div>130722020216000000</div>
33. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 <div>130722020217000000</div>
35. Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 290]	 <div>130722020290000000</div>
36. Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 300]	 <div>130722020300000000</div>
37. Private Flood Insurance Supplement [Document Identifier 560]	 <div>130722020560000000</div>
38. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	 <div>130722020223000000</div>

**OVERFLOW PAGE FOR WRITE-INS**

**NONE**



For The Year Ended December 31, 2020  
To Be Filed by March 1  
(A) Financial Impact

[illegible]

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



SUPPLEMENT FOR THE YEAR 2020 OF THE United Ohio Insurance Company

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2020  
(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:\$23,718

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
\$	\$	\$	\$	%	%