



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021
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, Bucyrus, OH, US 44820-0111
(Street and Number) (City or Town, State, Country and Zip Code)

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

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

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

Internet Website Address www.omig.com

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

OFFICERS

President Mark Clarence Russell, Mr. Secretary Randy Lee Walker, Mr.
Treasurer David Gary Hendrix, Mr.

OTHER

Todd Marshall Boyer, Mr. #, Vice President Corporate Communications
Chad Philip Combs, Mr., Vice President Personal Lines Underwriting
John Richard DeLucia, Mr., Vice President Claims
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
Mendi Harris Riddle, Mrs. #, Vice President Sales
Marcella Slone Smith, Mrs., Vice President Human Resources

DIRECTORS OR TRUSTEES

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

State of Ohio SS
County of Crawford

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

Mark Clarence Russell
President and CEO

David Gary Hendrix
Treasurer and CFO

Marcella Slone Smith
Assistant Secretary

Subscribed and sworn to before me this
day of

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



ANNUAL STATEMENT FOR THE YEAR 2021 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 2021

NAIC Company Code 13072

Table with 12 columns: Line of Business, Gross Premiums (Written/Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, 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. Rows include Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 146,320

(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

19 CT



ANNUAL STATEMENT FOR THE YEAR 2021 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 2021

NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	4,913	6,189		2,166		50	101		4	6	1,079	93
2.1 Allied lines	3,830	4,150		1,639		(95)	97		(8)	9	840	72
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)	172,759	105,946		91,504	12,004	15,831	15,267	550	(3,763)	898	32,454	3,268
5.2 Commercial multiple peril (liability portion)	107,672	68,510		57,704	3,050	38,171	63,579	13,220	30,583	31,191	19,338	2,037
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	72,407	48,179		40,902		33,893	46,532		6,387	8,953	12,047	1,370
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability	2,985	2,370		1,759		110	161		56	68	657	56
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	202,288	144,347		91,890	(4,034)	74,875	129,593		9,849	15,932	33,742	3,826
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	75,039	55,653		33,841	10,728	17,804	8,419	734	1,060	394	12,470	1,419
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)	641,893	435,344		321,405	21,748	180,639	263,749	14,504	44,168	57,451	112,627	12,141
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 \$ 12,290

(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

19.1N



ANNUAL STATEMENT FOR THE YEAR 2021 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 2021

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	29,775	29,005		17,667		552	700		36	41	6,480	563
2.1 Allied lines	13,766	14,018		8,229		(94)	402		(7)	39	2,997	260
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)	1,517,948	1,418,895		758,038	240,472	(99,333)	73,904	18,279	(168,052)	4,229	330,250	28,711
5.2 Commercial multiple peril (liability portion)	1,691,551	1,564,212		826,701	752,889	1,220,625	1,177,319	98,294	347,617	586,447	367,982	31,994
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	319,753	264,828		169,106	119,840	125,618	9,293	6,324	6,548	364	69,534	6,048
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	194,894	171,121		92,092	5,560	66,386	132,168		10,089	24,422	37,932	3,686
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability	22,076	21,118		10,712		421	1,184		315	505	4,802	418
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	1,940,445	1,992,753		959,440	1,207,431	1,084,118	1,659,627	44,014	31,480	122,929	272,270	36,702
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	1,557,065	1,456,955		810,880	1,344,501	471,021	1,144,353	20,521	(69,989)	141,403	257,743	29,450
21.1 Private passenger auto physical damage	1,891,754	1,902,758		932,679	1,195,692	1,298,306	266,963	1,916	(467)	1,032	267,806	35,781
21.2 Commercial auto physical damage	790,796	710,012		428,349	555,246	450,138	54,425	18,473	13,188	2,504	129,700	14,957
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)	9,969,823	9,545,675		5,013,893	5,421,631	4,617,758	4,520,338	207,821	170,758	883,915	1,747,496	188,570
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 \$ 108,640

(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

19 ME



ANNUAL STATEMENT FOR THE YEAR 2021 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 2021

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	10,496	8,624		5,366		178	214		11	13	2,282	199
2.1 Allied lines	10,696	8,880		5,835	493	10,507	10,268	676	1,644	991	2,326	202
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)	547,535	496,619		293,954	8,139	(93,490)	30,471	1,902	(56,511)	1,755	119,120	10,356
5.2 Commercial multiple peril (liability portion)	1,074,188	1,036,457		539,902	397,317	797,130	1,156,067	195,322	424,512	594,140	233,759	20,317
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	211,042	215,630		78,234	212,538	216,087	6,536		137	256	45,909	3,992
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	156,697	139,743		72,022		39,786	100,986	325	6,690	18,661	31,175	2,964
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability	34,221	31,795		12,586		663	1,609	2,216	2,666	686	7,441	647
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	1,458,850	1,475,382		723,328	958,514	1,158,751	1,302,276	24,224	37,493	96,571	214,350	27,593
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	767,059	734,533		388,029	537,592	353,723	469,540	25,142	2,155	57,373	127,096	14,508
21.1 Private passenger auto physical damage	1,804,064	1,785,616		889,460	1,267,174	1,376,364	241,919	457	(1,364)	935	268,951	34,122
21.2 Commercial auto physical damage	348,595	327,224		179,526	296,543	296,274	29,065	9,830	9,664	1,346	57,471	6,593
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	6,423,443	6,260,503		3,188,242	3,678,310	4,155,973	3,348,951	260,094	427,097	772,727	1,109,880	121,493
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 \$ 50,765

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

19 NH



ANNUAL STATEMENT FOR THE YEAR 2021 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 2021

NAIC Company Code 13072

Table with columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, 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. Rows include Fire, Multiple peril crop, Farmowners multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 2,049,466

(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

19 OH



ANNUAL STATEMENT FOR THE YEAR 2021 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 2021

NAIC Company Code 13072

Table with 12 columns: Line of Business, Gross Premiums (Written/Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, 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. Rows include Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 110,520

(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

19.RI



ANNUAL STATEMENT FOR THE YEAR 2021 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 2021

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)												

NONE

19.TN

(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 2021 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 2021

NAIC Company Code 13072

Table with 12 columns: Line of Business, Gross Premiums (Written/Earned), Dividends, Direct Unearned Premium Reserves, Direct Losses Paid, 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. Rows include Fire, Multiple peril crop, Commercial multiple peril, etc.

(a) Finance and service charges not included in Lines 1 to 35 \$ 77,985

(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

19 VT



ANNUAL STATEMENT FOR THE YEAR 2021 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 2021

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)												

NONE

(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

19 VA



ANNUAL STATEMENT FOR THE YEAR 2021 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 2021

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)												

NONE

19.W1

(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 2021 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 2021

NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	15,711,132	15,430,063		8,070,684	7,607,688	7,808,528	1,221,859	199,311	250,174	88,257	2,671,653	297,162
2.1 Allied lines	146,002	139,874		76,548	20,886	17,792	13,714	1,326	1,107	1,323	31,949	2,761
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril	16,430,064	16,519,109		7,840,417	7,457,430	8,022,979	2,511,503	173,514	120,425	123,101	3,249,064	310,759
4. Homeowners multiple peril	12,369,319	12,658,244		6,443,462	7,002,462	7,015,709	2,269,152	107,259	76,044	75,890	2,099,016	233,954
5.1 Commercial multiple peril (non-liability portion)	20,158,396	19,100,929		9,934,843	6,176,228	1,964,369	1,816,049	176,734	(2,501,961)	105,733	4,090,717	381,277
5.2 Commercial multiple peril (liability portion)	16,858,118	16,387,318		8,089,379	5,955,832	11,318,525	17,343,178	2,321,314	5,125,565	8,459,983	3,426,649	318,856
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	1,141,154	1,062,789		527,452	491,388	480,169	38,494	12,603	12,131	1,508	239,641	21,584
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)	817	1,232		188							138	15
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	7,485,073	7,158,728		3,591,050	728,299	5,066,932	11,613,544	112,196	499,654	1,603,421	1,231,068	141,574
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability	234,333	216,701		112,414	10,260	18,000	21,257	4,948	10,640	9,061	51,295	4,432
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	29,215,965	29,771,213		12,210,588	17,688,074	19,657,520	25,435,933	1,426,937	1,518,320	1,909,272	4,428,008	552,594
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	22,633,631	21,772,029		11,078,417	10,264,130	11,035,131	22,246,137	728,424	864,548	2,663,428	3,770,832	428,094
21.1 Private passenger auto physical damage	22,012,806	22,104,850		9,540,226	14,449,992	15,345,188	2,643,353	28,845	6,307	11,988	3,374,449	416,352
21.2 Commercial auto physical damage	12,332,521	11,778,182		5,997,875	7,120,936	7,095,882	1,151,837	178,183	171,133	51,825	2,037,055	233,257
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	435,797	437,694		222,096	56,458	60,705	28,007		(10)	10	74,145	8,243
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	177,165,128	174,538,955		83,735,639	85,030,063	94,907,429	88,354,017	5,471,594	6,154,077	15,104,800	30,775,679	3,350,914
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 \$ 2,555,986

(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

19GT

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company

SCHEDULE F - PART 1

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8 Cols. 6 + 7	9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE								
34-4320350	10202	OHIO MUTUAL INSURANCE COMPANY	OH	184,618	36,379	36,379	36,379			89,293				
0199999. Affiliates - U.S. Intercompany Pooling				184,618	36,379	36,379				89,293				
0499999. Total - U.S. Non-Pool														
0799999. Total - Other (Non-U.S.)														
0899999. Total - Affiliates				184,618	36,379	36,379				89,293				
AA-9995035	00000	MUTUAL REINSURANCE BUREAU	IL	112										
1199999. Total Pools, Associations or Other Similar Facilities - Voluntary Pools				112										
1299999. Total - Pools and Associations				112										
9999999 Totals				184,730	36,379	36,379				89,293				

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

1 ID Number	2 NAIC Com- pany Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
NONE					

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 through 14 Totals	17 Ceded Balances Payable		18 Other Amounts Due to Reinsurers			
34-4320350	10202	OHIO MUTUAL INSURANCE COMPANY	OH		168,139			39,178		38,539		80,770		158,487				158,487		
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling					168,139		39,178		38,539		80,770		158,487					158,487		
0499999. Total Authorized - Affiliates - U.S. Non-Pool																				
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																				
0899999. Total Authorized - Affiliates					168,139		39,178		38,539		80,770		158,487					158,487		
06-1182357	22730	ALLIED WORLD INSURANCE COMPANY	NH		294														(8)	
36-2661954	10103	AMERICAN AGRICULTURAL INSURANCE COMPANY	IN		212			8				36		44		10			34	
06-1430254	10348	ARCH REINSURANCE COMPANY	DE		15							5		5					5	
47-0574325	32603	BERKLEY INSURANCE COMPANY	DE		6			2						2					2	
42-0234980	21415	EMPLOYERS MUTUAL CASUALTY CO	IA		102		1	8				38		47		8			39	
22-2005057	26921	EVEREST REINSURANCE COMPANY	DE		25											1			(1)	
05-0316605	21482	FACTORY MUTUAL INSURANCE COMPANY	RI		313							149		149		18			131	
42-0245840	13897	FARMERS MUTUAL HAIL INSURANCE COMPANY	IA		45			4				17		21		3			18	
13-2673100	22039	GENERAL REINSURANCE CORPORATION	DE		3,035	268	87	6,420		4,165		1,691		12,631		91		12,540	1,053	
06-0384680	11452	HARTFORD STEAM BOILER INSPECTION & INS	CT		1,162							580		580		72			508	
47-0698507	23680	ODYSSEY REINSURANCE COMPANY	CT		120											3			(3)	
52-1952955	10357	RENAISSANCE REINSURANCE US INC	MD		98			5				39		44		8			36	
13-1675535	25364	SWISS REINSURANCE AMERICA CORPORATION	NY		164			8				36		44		9			35	
13-2918573	42439	THE TOA REINSURANCE COMPANY OF AMERICA	DE		10			3						5					5	
13-3031176	38636	PARTNER REINSURANCE COMPANY OF THE U.S.	NY		15			1				6		7		1			6	
23-2423138	23850	TOKIO MARINE SPECIALTY INS CO	DE		710	2	4	10				342		358		33			325	
95-3187355	35300	ALLIANZ GLOBAL RISKS US INSURANCE CO.	IL		136											3			(3)	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers					6,462	271	91	6,469		4,165		2,941		13,937		268		13,669	1,053	
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		376											7			(7)	
1199999. Total Authorized - Pools - Voluntary Pools					376											7			(7)	
AA-1128003	00000	LLOYD'S SYNDICATE #2003	GBR		300											8			(8)	
AA-1120085	00000	LLOYD'S SYNDICATE # 1274	GBR		18															
AA-1126005	00000	LLOYD'S SYNDICATE #4000	GBR		47											1			(1)	
AA-1126609	00000	LLOYD'S SYNDICATE #0609	GBR		24											1			(1)	
AA-1128121	00000	LLOYD'S SYNDICATE #2121	GBR		15															
AA-1128791	00000	LLOYD'S SYNDICATE #2791	GBR		146											4			(4)	
AA-1120181	00000	LLOYD'S SYNDICATE #5886	GBR		80											2			(2)	
AA-1120156	00000	LLOYD'S SYNDICATE #1686	GBR		42											1			(1)	
AA-1120191	00000	CONVEX INS UK LTD	GBR		299											8			(8)	
AA-3191400	00000	CONVEX RE LTD	BMU		112											3			(3)	
1299999. Total Authorized - Other Non-U.S. Insurers					1,083											28			(28)	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					176,072	271	91	45,647		42,704		83,717		172,430		306		172,124	1,053	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool																				
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)																				
2299999. Total Unauthorized - Affiliates																				
43-0613000	23388	SHELTER MUTUAL INSURANCE COMPANY	MO		90											2			(2)	
2399999. Total Unauthorized - Other U.S. Unaffiliated Insurers					90											2			(2)	
AA-1120337	00000	ASPEN INSURANCE UK LIMITED	GBR		13							5		5		1			4	
AA-3191454	00000	AXA XL REINS LTD	BMU		69											2			(2)	
AA-3191435	00000	CONDUIT REINS LTD	BMU		80											2			(2)	
AA-3194122	00000	DAVINCI REINSURANCE LTD	BMU		150											4			(4)	
AA-3191298	00000	QATAR REINS CO LTD	BMU		90											2			(2)	

ANNUAL STATEMENT FOR THE YEAR 2021 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			
AA-3190339	00000	RENAISSANCE REINSURANCE LTD	BMU		150												4		(4)	
AA-1340004	00000	R&V VERSICHERUNG AG	DEU		524												14		(14)	
2699999. Total Unauthorized - Other Non-U.S. Insurers					1,076							5		5		29		(24)		
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					1,166							5		5		31		(26)		
3299999. Total Certified - Affiliates - U.S. Non-Pool																				
3599999. Total Certified - Affiliates - Other (Non-U.S.)																				
3699999. Total Certified - Affiliates																				
CR-1340125	00000	HANNOVER RUCKVERSICHERUNGS AG	DEU		39			3				14		17		3			14	
4099999. Total Certified - Other Non-U.S. Insurers					39			3				14		17		3			14	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)					39			3				14		17		3			14	
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)					177,277	271	91	45,650		42,704		83,736		172,452		340		172,112	1,053	
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																				
9999999 Totals					177,277	271	91	45,650		42,704		83,736		172,452		340		172,112	1,053	

ANNUAL STATEMENT FOR THE YEAR 2021 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 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk							
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29-30)	32 Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	34 Reinsurer Designation Equivalent	35 Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
34-4320350	OHIO MUTUAL INSURANCE COMPANY					158,487		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999	Total Authorized - Affiliates - U.S. Intercompany Pooling			XXX		158,487		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		158,487									XXX	
06-1182357	ALLIED WORLD INSURANCE COMPANY														3.	
36-2661954	AMERICAN AGRICULTURAL INSURANCE COMPANY				10	34		44	53	10	43			43	3.	2
06-1430254	ARCH REINSURANCE COMPANY							5	6		6			6	2.	
47-0574325	BERKLEY INSURANCE COMPANY							2	2		2			2	2.	
42-0234980	EMPLOYERS MUTUAL CASUALTY CO					8	39	47	56	8	48			48	3.	2
22-2005057	EVEREST REINSURANCE COMPANY														2.	
05-0316605	FACTORY MUTUAL INSURANCE COMPANY					18	131	149	179	18	161			161	2.	7
42-0245840	FARMERS MUTUAL HAIL INSURANCE COMPANY					3	18	21	25	3	22			22	4.	1
13-2673100	GENERAL REINSURANCE CORPORATION				1,144	11,487		12,631	15,157	1,144	14,013			14,013	1.	504
06-0384680	HARTFORD STEAM BOILER INSPECTION & INS					72	508	580	696	72	624			624	1.	22
47-0698507	ODYSSEY REINSURANCE COMPANY														3.	
52-1952955	RENAISSANCE REINSURANCE US INC					8	36	44	53	8	45			45	2.	2
13-1675535	SWISS REINSURANCE AMERICA CORPORATION					9	35	44	53	9	44			44	2.	2
13-2918573	THE TOA REINSURANCE COMPANY OF AMERICA						5	5	6		6			6	3.	
13-3031176	PARTNER REINSURANCE COMPANY OF THE U.S.					1	6	7	8	1	7			7	2.	
23-2423138	TOKIO MARINE SPECIALTY INS CO					33	325	358	430	33	397			397	1.	14
95-3187355	ALLIANZ GLOBAL RISKS US INSURANCE CO.														2.	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers			XXX		1,306	12,631	13,937	16,724	1,306	15,418			15,418	XXX	558
AA-9991222	OHIO FAIR PLAN UNDERWRITING ASSOCIATION					3	3	XXX	XXX	XXX	XXX			XXX	XXX	XXX
1099999	Total Authorized - Pools - Mandatory Pools			XXX		3	3	XXX	XXX	XXX	XXX			XXX	XXX	XXX
AA-9995035	MUTUAL REINSURANCE BUREAU														3.	
1199999	Total Authorized - Pools - Voluntary Pools			XXX											XXX	
AA-1128003	LLOYD'S SYNDICATE #2003														3.	
AA-1120085	LLOYD'S SYNDICATE # 1274														3.	
AA-1126005	LLOYD'S SYNDICATE #4000														3.	
AA-1126609	LLOYD'S SYNDICATE #0609														3.	
AA-1128121	LLOYD'S SYNDICATE #2121														3.	
AA-1128791	LLOYD'S SYNDICATE #2791														3.	
AA-1120181	LLOYD'S SYNDICATE #5886														3.	
AA-1120156	LLOYD'S SYNDICATE #1686														3.	
AA-1120191	CONVEX INS UK LTD														4.	
AA-3191400	CONVEX RE LTD														4.	
1299999	Total Authorized - Other Non-U.S. Insurers			XXX											XXX	
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			XXX		1,309	171,121	13,937	16,724	1,306	15,418			15,418	XXX	558
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool			XXX				XXX	XXX	XXX	XXX			XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2021 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 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29-30)	32 Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	34 Reinsurer Designation Equivalent	35 Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)			XXX												XXX	
2299999	Total Unauthorized - Affiliates			XXX												XXX	
43-0613000	SHELTER MUTUAL INSURANCE COMPANY																3
2399999	Total Unauthorized - Other U.S. Unaffiliated Insurers			XXX												XXX	
AA-1120337	ASPEN INSURANCE UK LIMITED				4	5			5	6	1	5	4	1	3		
AA-3191454	AXA XL REINS LTD														2		
AA-3191435	CONDUIT REINS LTD														4		
AA-3194122	DAVINCI REINSURANCE LTD														3		
AA-3191298	QATAR REINS CO LTD														3		
AA-3190339	RENAISSANCE REINSURANCE LTD														2		
AA-1340004	R&V VERSICHERUNG AG														3		
2699999	Total Unauthorized - Other Non-U.S. Insurers			XXX	4	5			5	6	1	5	4	1	XXX		
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)			XXX	4	5			5	6	1	5	4	1	XXX		
3299999	Total Certified - Affiliates - U.S. Non-Pool			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999	Total Certified - Affiliates - Other (Non-U.S.)			XXX											XXX		
3699999	Total Certified - Affiliates			XXX											XXX		
CR-1340125	HANNOVER RUCKVERSICHERUNGS AG				14	17			17	20	3	17	14	3	2		1
4099999	Total Certified - Other Non-U.S. Insurers			XXX	14	17			17	20	3	17	14	3	XXX		1
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			XXX	14	17			17	20	3	17	14	3	XXX		1
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	18	1,331			13,959	16,751	1,310	15,441	18	15,423	XXX	1	558
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999	Totals			XXX	18	1,331			13,959	16,751	1,310	15,441	18	15,423	XXX	1	558

ANNUAL STATEMENT FOR THE YEAR 2021 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											
		Current	38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38+39 +40+41	Total Due Cols. 37+42 (In total should equal Cols. 7+8)										
34-4320350	OHIO MUTUAL INSURANCE COMPANY																	
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
06-1182357	ALLIED WORLD INSURANCE COMPANY																	YES
36-2661954	AMERICAN AGRICULTURAL INSURANCE COMPANY																	YES
06-1430254	ARCH REINSURANCE COMPANY																	YES
47-0574325	BERKLEY INSURANCE COMPANY																	YES
42-0234980	EMPLOYERS MUTUAL CASUALTY CO		1					1			1							YES
22-2005057	EVEREST REINSURANCE COMPANY																	YES
05-0316605	FACTORY MUTUAL INSURANCE COMPANY																	YES
42-0245840	FARMERS MUTUAL HAIL INSURANCE COMPANY																	YES
13-2673100	GENERAL REINSURANCE CORPORATION	355						355			355							YES
06-0384680	HARTFORD STEAM BOILER INSPECTION & INS																	YES
47-0698507	ODYSSEY REINSURANCE COMPANY																	YES
52-1952955	RENAISSANCE REINSURANCE US INC																	YES
13-1675535	SWISS REINSURANCE AMERICA CORPORATION																	YES
13-2918573	THE TOA REINSURANCE COMPANY OF AMERICA																	YES
13-3031176	PARTNER REINSURANCE COMPANY OF THE U.S.																	YES
23-2423138	TOKIO MARINE SPECIALTY INS CO	6						6			6							YES
95-3187355	ALLIANZ GLOBAL RISKS US INSURANCE CO.																	YES
0999999	Total Authorized - Other U.S. Unaffiliated Insurers	362						362			362							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-1128003	LLOYD'S SYNDICATE #2003																	YES
AA-1120085	LLOYD'S SYNDICATE # 1274																	YES
AA-1126005	LLOYD'S SYNDICATE #4000																	YES
AA-1126609	LLOYD'S SYNDICATE #0609																	YES
AA-1128121	LLOYD'S SYNDICATE #2121																	YES
AA-1128791	LLOYD'S SYNDICATE #2791																	YES
AA-1120181	LLOYD'S SYNDICATE #5886																	YES
AA-1120156	LLOYD'S SYNDICATE #1686																	YES
AA-1120191	CONVEX INS UK LTD																	YES
AA-3191400	CONVEX RE LTD																	YES
1299999	Total Authorized - Other Non-U.S. Insurers																	XXX
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	362						362			362							XXX

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46+48])	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50	
		37	Overdue				43 Total Due Cols. 37+42 (In total should equal Cols. 7+8)											
		Current	38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days												42 Total Overdue Cols. 38+39 +40+41
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool																	XXX	
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)																		XXX
2299999. Total Unauthorized - Affiliates																		XXX
43-0613000 SHELTER MUTUAL INSURANCE COMPANY																		YES
2399999. Total Unauthorized - Other U.S. Unaffiliated Insurers																		XXX
AA-1120337 ASPEN INSURANCE UK LIMITED																		YES
AA-3191454 AXA XL REINS LTD																		YES
AA-3191435 CONDUIT REINS LTD																		YES
AA-3194122 DAVINCI REINSURANCE LTD																		YES
AA-3191298 QATAR REINS CO LTD																		YES
AA-3190339 RENAISSANCE REINSURANCE LTD																		YES
AA-1340004 R&V VERSICHERUNG AG																		YES
2699999. Total Unauthorized - Other Non-U.S. Insurers																		XXX
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)																		XXX
3299999. Total Certified - Affiliates - U.S. Non-Pool																		XXX
3599999. Total Certified - Affiliates - Other (Non-U.S.)																		XXX
3699999. Total Certified - Affiliates																		XXX
CR-1340125 HANNOVER RUCKVERSICHERUNGS AG																		YES
4099999. Total Certified - Other Non-U.S. Insurers																		XXX
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)																		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)		362						362		362								XXX
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																		XXX
9999999 Totals		362						362		362								XXX

ANNUAL STATEMENT FOR THE YEAR 2021 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 Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + 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	
06-1182357	ALLIED WORLD INSURANCE 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	
52-1952955	RENAISSANCE REINSURANCE US INC	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	
23-2423138	TOKIO MARINE SPECIALTY INS CO	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-1128003	LLOYD'S SYNDICATE #2003	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-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-1128791	LLOYD'S SYNDICATE #2791	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120181	LLOYD'S SYNDICATE #5886	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120156	LLOYD'S SYNDICATE #1686	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120191	CONVEX INS UK LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-3191400	CONVEX RE LTD	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	
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	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance														69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)	
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0			
		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%)	66 Total Collateral Provided (Col. 20 + Col. 21 + 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
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
43-0613000	SHELTER MUTUAL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2399999. Total Unauthorized - Other U.S. Unaffiliated Insurers			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120337	ASPEN INSURANCE UK LIMITED	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191454	AXA XL REINS LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191435	CONDUIT REINS LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194122	DAVINCI REINSURANCE LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191298	QATAR REINS CO LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190339	RENAISSANCE REINSURANCE LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340004	R&V VERSICHERUNG AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2699999. Total Unauthorized - Other Non-U.S. Insurers			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
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							
3599999. Total Certified - Affiliates - Other (Non-U.S.)			XXX						XXX	XXX							
3699999. Total Certified - Affiliates			XXX						XXX	XXX							
CR-1340125	HANNOVER RUCKVERSICHERUNGS AG	2	07/01/2015	10.0		14		1	100.0	100.0		14					
4099999. Total Certified - Other Non-U.S. Insurers			XXX				14	1	XXX	XXX		14					
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			XXX				14	1	XXX	XXX		14					
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool			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
5099999. Total Reciprocal Jurisdiction - Affiliates			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
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)			XXX				14	1	XXX	XXX		14					
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)			XXX				14	1	XXX	XXX		14					
9999999 Totals			XXX				14	1	XXX	XXX		14					

ANNUAL STATEMENT FOR THE YEAR 2021 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%)	71 Provision for Unauthorized Reinsurance		73 Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		75 Total Provision for Reinsurance			
			72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	74 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)	
34-4320350	OHIO MUTUAL INSURANCE COMPANY		XXX	XXX				XXX	XXX	
0199999	Total Authorized - Affiliates - U.S. Intercompany Pooling		XXX	XXX				XXX	XXX	
0499999	Total Authorized - Affiliates - U.S. Non-Pool		XXX	XXX				XXX	XXX	
0799999	Total Authorized - Affiliates - Other (Non-U.S.)		XXX	XXX				XXX	XXX	
0899999	Total Authorized - Affiliates		XXX	XXX				XXX	XXX	
06-1182357	ALLIED WORLD INSURANCE 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	
52-1952955	RENAISSANCE REINSURANCE US INC		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	
23-2423138	TOKIO MARINE SPECIALTY INS CO		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-1128003	LLOYD'S SYNDICATE #2003		XXX	XXX				XXX	XXX	
AA-1120085	LLOYD'S SYNDICATE # 1274		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-1128791	LLOYD'S SYNDICATE #2791		XXX	XXX				XXX	XXX	
AA-1120181	LLOYD'S SYNDICATE #5886		XXX	XXX				XXX	XXX	
AA-1120156	LLOYD'S SYNDICATE #1686		XXX	XXX				XXX	XXX	
AA-1120191	CONVEX INS UK LTD		XXX	XXX				XXX	XXX	
AA-3191400	CONVEX RE LTD		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	

ANNUAL STATEMENT FOR THE YEAR 2021 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 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)	
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	
43-0613000	SHELTER MUTUAL INSURANCE COMPANY				XXX	XXX	XXX			XXX	
2399999	Total Unauthorized - Other U.S. Unaffiliated Insurers				XXX	XXX	XXX			XXX	
AA-1120337	ASPEN INSURANCE UK LIMITED				XXX	XXX	XXX			XXX	
AA-3191454	AXA XL REINS LTD				XXX	XXX	XXX			XXX	
AA-3191435	CONDUIT REINS LTD				XXX	XXX	XXX			XXX	
AA-3194122	DAVINCI REINSURANCE LTD				XXX	XXX	XXX			XXX	
AA-3191298	QATAR REINS CO LTD				XXX	XXX	XXX			XXX	
AA-3190339	RENAISSANCE REINSURANCE LTD				XXX	XXX	XXX			XXX	
AA-1340004	R&V VERSICHERUNG AG				XXX	XXX	XXX			XXX	
2699999	Total Unauthorized - Other Non-U.S. Insurers				XXX	XXX	XXX			XXX	
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX	XXX	XXX			XXX	
3299999	Total Certified - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3599999	Total Certified - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3699999	Total Certified - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
CR-1340125	HANNOVER RUCKVERSICHERUNGS AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4099999	Total Certified - Other Non-U.S. Insurers	XXX	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	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 2021 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 2021 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 <u>Name of Reinsurer</u>	2 <u>Commission Rate</u>	3 <u>Ceded Premium</u>
1.	FACTORY MUTUAL INSURANCE COMPANY .....	.35.000	313,298
2.	GENERAL REINSURANCE CORPORATION .....	.32.500	1,194,741
3.	HARTFORD STEAM BOILER INSPECTION & INS .....	.30.000	1,161,531
4.	TOKIO MARINE SPECIALTY INS CO .....	.30.000	709,634
5.	EMPLOYERS MUTUAL CASUALTY CO .....	.26.000	101,919

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 <u>Name of Reinsurer</u>	2 <u>Total Recoverables</u>	3 <u>Ceded Premiums</u>	4 <u>Affiliated</u>
6.	GENERAL REINSURANCE CORPORATION	12,630,356	3,035,533	Yes [] No [X]
7.	HARTFORD STEAM BOILER INSPECTION & INS	579,929	1,161,531	Yes [] No [X]
8.	TOKIO MARINE SPECIALTY INS CO	357,517	709,634	Yes [] No [X]
9.	FACTORY MUTUAL INSURANCE COMPANY	149,052	313,298	Yes [] No [X]
10.	EMPLOYERS MUTUAL CASUALTY CO	46,481	101,919	Yes [] No [X]

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	365,130,664		365,130,664
2. Premiums and considerations (Line 15)	47,328,063		47,328,063
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	362,728	(362,728)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	36,554,962		36,554,962
6. Net amount recoverable from reinsurers		171,056,399	171,056,399
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	449,376,417	170,693,671	620,070,088
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	86,434,393	88,354,017	174,788,410
10. Taxes, expenses, and other obligations (Lines 4 through 8)	14,326,013		14,326,013
11. Unearned premiums (Line 9)	89,292,712	83,729,525	173,022,237
12. Advance premiums (Line 10)	1,546,506		1,546,506
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	339,614	(336,708)	2,906
15. Funds held by company under reinsurance treaties (Line 13)	1,053,163	(1,053,163)	
16. Amounts withheld or retained by company for account of others (Line 14)	346,240		346,240
17. Provision for reinsurance (Line 16)			
18. Other liabilities	9,680,324		9,680,324
19. Total liabilities excluding protected cell business (Line 26)	203,018,965	170,693,671	373,712,636
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	246,357,452	XXX	246,357,452
22. Totals (Line 38)	449,376,417	170,693,671	620,070,088

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 2021 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									
	1	2	3	4	5	6	7	8	Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	531	XXX		XXX		XXX		XXX	531	XXX		XXX		XXX		XXX		XXX
2. Premiums earned	800	XXX		XXX		XXX		XXX	800	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)	90	11.3							90	11.3								
8. Other general insurance expenses	74	9.3							74	9.3								
9. Taxes, licenses and fees																		
10. Total other expenses incurred	164	20.5							164	20.5								
11. Aggregate write-ins for deductions																		
12. Gain from underwriting before dividends or refunds	636	79.5							636	79.5								
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds	636	79.5							636	79.5								
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 2021 OF THE United Ohio Insurance Company
SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	122				122				
2. Advance premiums									
3. Reserve for rate credits									
4. Total premium reserves, current year	122				122				
5. Total premium reserves, prior year	391				391				
6. Increase in total premium reserves	(269)				(269)				
B. Contract Reserves:									
1. Additional reserves (a)									
2. Reserve for future contingent benefits									
3. Total contract reserves, current year									
4. Total contract reserves, prior year									
5. Increase in contract reserves									
C. Claim Reserves and Liabilities:									
1. Total current year									
2. Total prior year									
3. Increase									

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year									
1.2 On claims incurred during current year									
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year									
2.2 On claims incurred during current year									
3. Test:									
3.1 Line 1.1 and 2.1									
3.2 Claim reserves and liabilities, December 31, prior year									
3.3 Line 3.1 minus Line 3.2									

NONE

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written .....	.531				.531				
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written .....	.817				.817				
2. Premiums earned									
3. Incurred claims									
4. Commissions									

(a) Includes \$ premium deficiency reserve.

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 2021 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1A - HOMEOWNERS/FAROWNERS
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX	(9)						9	(9)	XXX
2. 2012.....	31,827	4,014	27,813	32,860	15,930	1,362	754	2,740		143	20,278	4,323
3. 2013.....	34,098	2,992	31,106	20,194	835	385	2	2,324		296	22,066	2,649
4. 2014.....	36,413	3,585	32,828	14,813	91	276	1	1,781		448	16,778	1,892
5. 2015.....	37,495	3,210	34,285	13,227	116	372	1	1,439		273	14,921	1,742
6. 2016.....	38,237	3,280	34,957	13,865	675	401	3	1,638		308	15,226	1,652
7. 2017.....	39,304	3,304	36,000	19,304	1,128	671	27	1,895		411	20,715	2,085
8. 2018.....	42,029	3,421	38,608	16,111	101	502	1	1,668		291	18,179	1,854
9. 2019.....	45,859	3,156	42,703	22,666	685	499	4	1,923		231	24,399	2,415
10. 2020.....	48,110	3,297	44,813	23,338	226	479		2,111		135	25,702	2,513
11. 2021.....	51,069	3,580	47,489	22,007	282	400	1	1,838		160	23,962	1,919
12. Totals	XXX	XXX	XXX	198,376	20,069	5,347	794	19,357		2,705	202,217	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	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. 2012.....	48		25				4		1			78	3
3. 2013.....	13		7									20	1
4. 2014.....													
5. 2015.....													
6. 2016.....			4									4	
7. 2017.....	94	51	57	26			11					85	8
8. 2018.....	36		30	2			16		2			82	4
9. 2019.....	179		116	5			55		5			350	12
10. 2020.....	857		628	10			167		64			1,706	17
11. 2021.....	3,439	354	2,639	123			349		469			6,419	169
12. Totals	4,666	405	3,506	166			602		541			8,744	214

	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. 2012.....	37,040	16,684	20,356	116.4	415.6	73.2			65.0	73	5
3. 2013.....	22,923	837	22,086	67.2	28.0	71.0			65.0	20	
4. 2014.....	16,870	92	16,778	46.3	2.6	51.1			65.0		
5. 2015.....	15,038	117	14,921	40.1	3.6	43.5			65.0		
6. 2016.....	15,908	678	15,230	41.6	20.7	43.6			65.0	4	
7. 2017.....	22,032	1,232	20,800	56.1	37.3	57.8			65.0	74	11
8. 2018.....	18,365	104	18,261	43.7	3.0	47.3			65.0	64	18
9. 2019.....	25,443	694	24,749	55.5	22.0	58.0			65.0	290	60
10. 2020.....	27,644	236	27,408	57.5	7.2	61.2			65.0	1,475	231
11. 2021.....	31,141	760	30,381	61.0	21.2	64.0			65.0	5,601	818
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	7,601	1,143

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	(11)						27	(11)	XXX
2. 2012.....	27,009	249	26,760	16,999	475	988	33	1,242		816	18,721	2,517
3. 2013.....	25,776	183	25,593	15,497	43	636	2	1,210		519	17,298	2,467
4. 2014.....	26,807	131	26,676	17,665		748		1,471		588	19,884	2,396
5. 2015.....	27,851	154	27,697	18,089	93	696		2,050		799	20,742	2,342
6. 2016.....	29,724	155	29,569	19,333	13	650		2,128		602	22,098	2,351
7. 2017.....	32,909	206	32,703	20,218	37	615		2,131		750	22,927	2,455
8. 2018.....	37,692	177	37,515	22,506		1,024		2,185		785	25,715	2,966
9. 2019.....	41,785	166	41,619	22,608		707		2,017		592	25,332	3,114
10. 2020.....	39,226	76	39,150	14,201		184		1,528		366	15,913	2,200
11. 2021.....	39,486	237	39,249	9,536		63		1,216		260	10,815	2,230
12. Totals	XXX	XXX	XXX	176,641	661	6,311	35	17,178		6,104	199,434	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....													
2. 2012.....													
3. 2013.....	4		2	1								5	1
4. 2014.....	76		38				8		7			129	3
5. 2015.....	42		16				2		1			61	3
6. 2016.....	406		172				32		8			618	8
7. 2017.....	289		78				44		23			434	11
8. 2018.....	1,424	1	538	1			346		93			2,399	44
9. 2019.....	4,408	1	1,470	52			656		170			6,651	106
10. 2020.....	3,664	204	2,390	56			486		363			6,643	166
11. 2021.....	6,467		7,728	572			550		1,315			15,488	779
12. Totals	16,780	206	12,432	682			2,124		1,980			32,428	1,121

	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. 2012.....	19,229	508	18,721	71.2	204.0	70.0			65.0		
3. 2013.....	17,349	46	17,303	67.3	25.1	67.6			65.0	5	
4. 2014.....	20,013		20,013	74.7		75.0			65.0	114	15
5. 2015.....	20,896	93	20,803	75.0	60.4	75.1			65.0	58	3
6. 2016.....	22,729	13	22,716	76.5	8.4	76.8			65.0	578	40
7. 2017.....	23,398	37	23,361	71.1	18.0	71.4			65.0	367	67
8. 2018.....	28,116	2	28,114	74.6	1.1	74.9			65.0	1,960	439
9. 2019.....	32,036	53	31,983	76.7	31.9	76.8			65.0	5,825	826
10. 2020.....	22,816	260	22,556	58.2	342.1	57.6			65.0	5,794	849
11. 2021.....	26,875	572	26,303	68.1	241.4	67.0			65.0	13,623	1,865
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	28,324	4,104

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2012.....	7,968	471	7,497	4,043	313	304	21	416		42	4,429	433
3. 2013.....	9,102	495	8,607	5,720	431	770	48	596		63	6,607	455
4. 2014.....	10,339	551	9,788	8,748	816	836	34	835		61	9,569	556
5. 2015.....	10,641	617	10,024	6,957	1,013	464	16	623		105	7,015	615
6. 2016.....	11,040	706	10,334	6,559	644	528	37	624		28	7,030	558
7. 2017.....	11,506	846	10,660	5,265	9	476		665		130	6,397	592
8. 2018.....	12,003	477	11,526	5,187	163	298	2	649		58	5,969	580
9. 2019.....	12,463	269	12,194	5,623	149	250	2	525		64	6,247	591
10. 2020.....	13,173	164	13,009	3,444		102		448		125	3,994	488
11. 2021.....	14,152	85	14,067	2,007		18		331		29	2,356	440
12. Totals	XXX	XXX	XXX	53,553	3,538	4,046	160	5,712		705	59,613	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 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2012.....													
3. 2013.....													
4. 2014.....													
5. 2015.....	113		74	16			20		3			194	1
6. 2016.....	163	65	77	32			25		32			200	1
7. 2017.....	250		217	8			74		11			544	5
8. 2018.....	91		1,116	26			139		63			1,383	4
9. 2019.....	1,732	85	1,212	149			363		105			3,178	21
10. 2020.....	1,572	353	2,367	72			527		191			4,232	30
11. 2021.....	2,546	103	2,930	229			584		622			6,350	109
12. Totals	6,467	606	7,993	532			1,732		1,027			16,081	171

	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. 2012.....	4,763	334	4,429	59.8	70.9	59.1			65.0		
3. 2013.....	7,086	479	6,607	77.9	96.8	76.8			65.0		
4. 2014.....	10,419	850	9,569	100.8	154.3	97.8			65.0		
5. 2015.....	8,254	1,045	7,209	77.6	169.4	71.9			65.0	171	23
6. 2016.....	8,008	778	7,230	72.5	110.2	70.0			65.0	143	57
7. 2017.....	6,958	17	6,941	60.5	2.0	65.1			65.0	459	85
8. 2018.....	7,543	191	7,352	62.8	40.0	63.8			65.0	1,181	202
9. 2019.....	9,810	385	9,425	78.7	143.1	77.3			65.0	2,710	468
10. 2020.....	8,651	425	8,226	65.7	259.1	63.2			65.0	3,514	718
11. 2021.....	9,038	332	8,706	63.9	390.6	61.9			65.0	5,144	1,206
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	13,322	2,759

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				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. 2012												
3. 2013												
4. 2014												
5. 2015												
6. 2016												
7. 2017												
8. 2018												
9. 2019												
10. 2020												
11. 2021												
12. Totals	XXX	XXX	XXX									XXX

NONE

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior													
2. 2012													
3. 2013													
4. 2014													
5. 2015													
6. 2016													
7. 2017													
8. 2018													
9. 2019													
10. 2020													
11. 2021													
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 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. 2012											
3. 2013											
4. 2014											
5. 2015											
6. 2016											
7. 2017											
8. 2018											
9. 2019											
10. 2020											
11. 2021											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	(1)						1	(1)	XXX
2. 2012.....	11,584	1,534	10,050	6,460	1,612	513	64	738		96	6,035	810
3. 2013.....	13,770	1,716	12,054	9,272	1,591	1,467	73	1,016		79	10,091	710
4. 2014.....	16,070	2,078	13,992	8,660	630	1,561	44	996		79	10,543	763
5. 2015.....	16,706	2,079	14,627	6,538	447	1,711	40	688		116	8,450	725
6. 2016.....	17,618	2,161	15,457	6,823	348	1,435	1	794		156	8,703	679
7. 2017.....	18,207	2,204	16,003	6,673	440	985	3	709		163	7,924	651
8. 2018.....	18,607	1,800	16,807	5,933	218	1,209	24	694		55	7,594	603
9. 2019.....	19,693	1,699	17,994	7,644	139	1,061	1	659		143	9,224	639
10. 2020.....	21,181	1,943	19,238	6,095	168	298	4	658		94	6,879	594
11. 2021.....	23,067	1,895	21,172	4,262	183	148	2	460		48	4,685	452
12. Totals	XXX	XXX	XXX	68,359	5,776	10,388	256	7,412		1,030	80,127	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....													
2. 2012.....	65		34				43					142	1
3. 2013.....	29		15				17		24			85	1
4. 2014.....	13		6				11		12			42	1
5. 2015.....	108		14	8			86		11			211	6
6. 2016.....	326		91	19			274		32			704	14
7. 2017.....	528		261	5			324		14			1,122	19
8. 2018.....	1,242	163	778	81			1,414		27			3,217	30
9. 2019.....	889		596	37			1,294		81			2,823	47
10. 2020.....	1,028	345	1,428	55			863		164			3,083	24
11. 2021.....	1,257	16	3,744	460			1,242		502			6,269	92
12. Totals	5,485	524	6,967	665			5,568		867			17,698	235

	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
2. 2012.....	7,853	1,676	6,177	67.8	109.3	61.5			65.0	99	43
3. 2013.....	11,840	1,664	10,176	86.0	97.0	84.4			65.0	44	41
4. 2014.....	11,259	674	10,585	70.1	32.4	75.7			65.0	19	23
5. 2015.....	9,156	495	8,661	54.8	23.8	59.2			65.0	114	97
6. 2016.....	9,775	368	9,407	55.5	17.0	60.9			65.0	398	306
7. 2017.....	9,494	448	9,046	52.1	20.3	56.5			65.0	784	338
8. 2018.....	11,297	486	10,811	60.7	27.0	64.3			65.0	1,776	1,441
9. 2019.....	12,224	177	12,047	62.1	10.4	67.0			65.0	1,448	1,375
10. 2020.....	10,534	572	9,962	49.7	29.4	51.8			65.0	2,056	1,027
11. 2021.....	11,615	661	10,954	50.4	34.9	51.7			65.0	4,525	1,744
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	11,263	6,435

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 2021 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				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. 2012	4,250	1,832	2,418	603		52		74		5	729	125
3. 2013	4,544	1,981	2,563	2,469	1,303	259		213		3	1,638	114
4. 2014	4,700	2,150	2,550	2,120	1,498	201	20	275		2	1,078	105
5. 2015	4,783	2,143	2,640	1,083	585	67		91		2	656	77
6. 2016	4,451	2,169	2,282	1,286	585	99		97		1	897	79
7. 2017	4,066	2,251	1,815	924	497	64	1	144			634	43
8. 2018	4,219	2,412	1,807	1,229	969	155	9	112		2	518	42
9. 2019	4,473	2,677	1,796	165	44	8	2	92			219	35
10. 2020	4,782	1,734	3,048	342		20		34		1	396	37
11. 2021	5,131	1,581	3,550	63		5		21			89	24
12. Totals	XXX	XXX	XXX	10,284	5,481	930	32	1,153		16	6,854	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior													
2. 2012									16			16	
3. 2013													
4. 2014													
5. 2015													
6. 2016			4	1			1		5			9	
7. 2017	146		69	1			40					254	1
8. 2018	104	59	35	29			61		16			128	3
9. 2019	995	883	500	450			158		11			331	3
10. 2020	3,033	1,724	2,127	536			500		111			3,511	7
11. 2021	171	10	716	29			332		166			1,346	12
12. Totals	4,449	2,676	3,451	1,046			1,092		325			5,595	26

	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. 2012	745		745	17.5		30.8			65.0		16
3. 2013	2,941	1,303	1,638	64.7	65.8	63.9			65.0		
4. 2014	2,596	1,518	1,078	55.2	70.6	42.3			65.0		
5. 2015	1,241	585	656	25.9	27.3	24.8			65.0		
6. 2016	1,492	586	906	33.5	27.0	39.7			65.0	3	6
7. 2017	1,387	499	888	34.1	22.2	48.9			65.0	214	40
8. 2018	1,712	1,066	646	40.6	44.2	35.7			65.0	51	77
9. 2019	1,929	1,379	550	43.1	51.5	30.6			65.0	162	169
10. 2020	6,167	2,260	3,907	129.0	130.3	128.2			65.0	2,900	611
11. 2021	1,474	39	1,435	28.7	2.5	40.4			65.0	848	498
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	4,178	1,417

ANNUAL STATEMENT FOR THE YEAR 2021 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				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. 2012												
3. 2013												
4. 2014												
5. 2015												
6. 2016												
7. 2017												
8. 2018												
9. 2019												
10. 2020												
11. 2021												
12. Totals	XXX	XXX	XXX									XXX

NONE

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior...													
2. 2012													
3. 2013													
4. 2014													
5. 2015													
6. 2016													
7. 2017													
8. 2018													
9. 2019													
10. 2020													
11. 2021													
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 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. 2012											
3. 2013											
4. 2014											
5. 2015											
6. 2016											
7. 2017											
8. 2018											
9. 2019											
10. 2020											
11. 2021											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 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 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	19		14		1		31	34	XXX
2. 2020	13,265	623	12,642	5,706		122		496		113	6,324	XXX
3. 2021	13,613	685	12,928	5,338	88	103		444		76	5,797	XXX
4. Totals	XXX	XXX	XXX	11,063	88	239		941		220	12,155	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 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior			2				1					3	
2. 2020	55		24				8		7			94	2
3. 2021	668		285	49			65		54			1,023	33
4. Totals	723		311	49			74		61			1,120	35

	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	1
2. 2020	6,418		6,418	48.4		50.8			65.0	79	15
3. 2021	6,957	137	6,820	51.1	20.0	52.8			65.0	904	119
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	985	135

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	(182)	6	24		(8)		227	(172)	XXX
2. 2020	38,820	553	38,267	22,594		207		2,384		4,200	25,185	7
3. 2021	41,830	690	41,140	26,107		119		2,409		3,327	28,635	571
4. Totals	XXX	XXX	XXX	48,519	6	350		4,785		7,754	53,648	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 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior	14		175	1			8					196	5
2. 2020	18	21	78	5			13		22			105	7
3. 2021	2,214	6	1,928	28			38		300			4,446	571
4. Totals	2,246	27	2,181	34			59		322			4,747	583

	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	188	8
2. 2020	25,316	26	25,290	65.2	4.7	66.1			65.0	70	35
3. 2021	33,115	34	33,081	79.2	4.9	80.4			65.0	4,108	338
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	4,366	381

ANNUAL STATEMENT FOR THE YEAR 2021 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed					
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments									
				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. 2020																	XXX
3. 2021																	XXX
4. 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 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded							
1. Prior					NONE												
2. 2020																	
3. 2021																	
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. 2020											
3. 2021											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2020.....	1		1									XXX
3. 2021.....	1		1									XXX
4. 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 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2020.....													
3. 2021.....													
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. 2020.....									65.0		
3. 2021.....									65.0		
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2021 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments					
				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. 2012.....	118	1	117	15		1			1	1		16	4
3. 2013.....	125	1	124	18		11			2			31	4
4. 2014.....	137	1	136	1		9						10	5
5. 2015.....	137	1	136	1		1						2	3
6. 2016.....	126	1	125	7		1						8	4
7. 2017.....	129	1	128	29		7			1			37	1
8. 2018.....	129		129	16		6			1			23	6
9. 2019.....	121		121	6		3						9	2
10. 2020.....	124	1	123						1			1	
11. 2021.....	141	1	140	7		1			1			9	3
12. Totals	XXX	XXX	XXX	100		40			7	1		146	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 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2012.....													
3. 2013.....													
4. 2014.....													
5. 2015.....													
6. 2016.....													
7. 2017.....													
8. 2018.....													
9. 2019.....	3		2				3					8	1
10. 2020.....													
11. 2021.....	3		6				3		1			13	1
12. Totals	6		8				6		1			21	2

	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. 2012.....	17	1	16	14.4	100.0	13.7			65.0		
3. 2013.....	31		31	24.8		25.0			65.0		
4. 2014.....	10		10	7.3		7.4			65.0		
5. 2015.....	2		2	1.5		1.5			65.0		
6. 2016.....	8		8	6.3		6.4			65.0		
7. 2017.....	37		37	28.7		28.9			65.0		
8. 2018.....	23		23	17.8		17.8			65.0		
9. 2019.....	17		17	14.0		14.0			65.0	5	3
10. 2020.....	1		1	0.8		0.8			65.0		
11. 2021.....	22		22	15.6		15.7			65.0	9	4
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	14	7

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 2021 OF THE United Ohio Insurance Company

SCHEDULE P - PART 2A - HOMEOWNERS/FAROWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	11 One Year	12 Two Year
1. Prior.....	1,877	1,393	887	873	893	897	879	877	833	824	(9)	(53)
2. 2012.....	18,263	17,745	17,657	17,715	17,650	17,642	17,594	17,586	17,609	17,615	6	29
3. 2013.....	XXX	21,168	20,023	19,739	19,729	19,733	19,739	19,751	19,759	19,762	3	11
4. 2014.....	XXX	XXX	16,937	15,552	15,174	15,040	15,000	15,012	15,000	14,997	(3)	(15)
5. 2015.....	XXX	XXX	XXX	14,512	13,733	13,485	13,662	13,635	13,504	13,482	(22)	(153)
6. 2016.....	XXX	XXX	XXX	XXX	15,547	14,108	14,032	13,628	13,631	13,592	(39)	(36)
7. 2017.....	XXX	XXX	XXX	XXX	XXX	19,999	19,071	18,930	18,881	18,905	24	(25)
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	17,457	16,794	16,681	16,591	(90)	(203)
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,514	23,040	22,821	(219)	(693)
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25,659	25,233	(426)	XXX
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28,074	XXX	XXX
12. Totals											(775)	(1,138)

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

1. Prior.....	12,846	11,336	9,967	9,357	9,110	8,854	8,850	8,803	8,860	8,830	(30)	27
2. 2012.....	20,164	19,301	18,278	18,091	17,644	17,595	17,546	17,499	17,480	17,479	(1)	(20)
3. 2013.....	XXX	17,709	17,856	17,378	16,468	16,513	16,219	16,134	16,107	16,093	(14)	(41)
4. 2014.....	XXX	XXX	19,508	19,302	19,241	18,694	18,563	18,626	18,576	18,535	(41)	(91)
5. 2015.....	XXX	XXX	XXX	22,043	21,350	19,300	18,911	18,953	18,821	18,752	(69)	(201)
6. 2016.....	XXX	XXX	XXX	XXX	22,874	21,481	20,611	20,549	20,526	20,580	54	31
7. 2017.....	XXX	XXX	XXX	XXX	XXX	23,631	22,272	22,080	21,071	21,207	136	(873)
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	27,766	25,316	24,469	25,836	1,367	520
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28,026	27,869	29,796	1,927	1,770
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,061	20,665	(1,396)	XXX
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,772	XXX	XXX
12. Totals											1,933	1,122

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

1. Prior.....	3,912	2,827	2,301	2,093	2,697	2,059	2,045	2,044	2,048	2,048		4
2. 2012.....	4,407	4,490	4,533	4,306	4,006	4,117	4,015	4,013	4,013	4,013		
3. 2013.....	XXX	4,813	4,370	4,390	5,601	5,350	5,391	5,995	6,003	6,011	8	16
4. 2014.....	XXX	XXX	7,989	8,437	8,389	8,700	8,573	8,842	8,734	8,734		(108)
5. 2015.....	XXX	XXX	XXX	6,772	6,858	6,538	6,279	6,796	6,535	6,583	48	(213)
6. 2016.....	XXX	XXX	XXX	XXX	5,895	6,242	6,924	6,990	6,795	6,574	(221)	(416)
7. 2017.....	XXX	XXX	XXX	XXX	XXX	6,720	6,569	6,223	6,828	6,265	(563)	42
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	6,547	5,882	6,726	6,640	(86)	758
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,663	9,485	8,795	(690)	132
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,945	7,587	1,642	XXX
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,753	XXX	XXX
12. Totals											138	215

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

1. Prior.....												
2. 2012.....												
3. 2013.....	XXX											
4. 2014.....	XXX	XXX										
5. 2015.....	XXX	XXX	XXX									
6. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
7. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	3,499	2,659	2,784	3,013	3,299	3,177	2,966	2,980	2,914	2,913	(1)	(67)
2. 2012.....	7,004	5,785	5,384	5,429	5,578	5,436	5,446	5,310	5,404	5,439	35	129
3. 2013.....	XXX	9,089	9,492	9,531	8,721	8,692	9,179	9,088	9,244	9,136	(108)	48
4. 2014.....	XXX	XXX	7,801	7,852	8,902	8,722	9,500	9,558	9,715	9,577	(138)	19
5. 2015.....	XXX	XXX	XXX	7,186	7,271	7,980	8,718	8,263	8,059	7,962	(97)	(301)
6. 2016.....	XXX	XXX	XXX	XXX	7,994	8,108	7,998	8,460	8,743	8,581	(162)	121
7. 2017.....	XXX	XXX	XXX	XXX	XXX	8,707	7,879	8,417	8,055	8,323	268	(94)
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	7,837	8,158	8,925	10,090	1,165	1,932
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,210	11,952	11,307	(645)	1,097
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,802	9,140	(662)	XXX
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,992	XXX	XXX
12. Totals											(345)	2,884

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company

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 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	11 One Year	12 Two Year
1. Prior												
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	11 One Year	12 Two Year
1. Prior												
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	11 One Year	12 Two Year
1. Prior												
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

SCHEDULE P - PART 2H - SECTION 1 - OTHER 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 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	11 One Year	12 Two Year
1. Prior	1,563	1,527	1,410	1,180	1,169	1,133	1,132	1,122	1,122	1,122		
2. 2012	667	875	631	683	703	708	692	691	685	655	(30)	(36)
3. 2013	XXX	1,191	1,226	1,579	1,693	1,768	1,469	1,424	1,425	1,425		1
4. 2014	XXX	XXX	1,210	1,344	936	806	758	812	820	803	(17)	(9)
5. 2015	XXX	XXX	XXX	1,002	899	618	768	576	568	565	(3)	(11)
6. 2016	XXX	XXX	XXX	XXX	1,386	1,217	1,114	899	793	804	11	(95)
7. 2017	XXX	XXX	XXX	XXX	XXX	1,146	849	692	751	744	(7)	52
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	758	783	514	518	4	(265)
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	532	366	447	81	(85)
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,686	3,762	76	XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,248	XXX	XXX
12. Totals											115	(448)

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	11 One Year	12 Two Year
1. Prior												
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company
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 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	11 One Year	12 Two Year
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,048	589	598	9	(450)
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,208	5,915	(293)	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,322	XXX	XXX
4. Totals											(284)	(450)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,277	1,093	1,021	(72)	(2,256)
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,876	22,884	(1,992)	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30,372	XXX	XXX
4. Totals											(2,064)	(2,256)

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Totals												

NONE

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Totals												

NONE

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior.....												
2. 2012.....												
3. 2013.....	XXX											
4. 2014.....	XXX	XXX										
5. 2015.....	XXX	XXX	XXX									
6. 2016.....	XXX	XXX	XXX	XXX								
7. 2017.....	XXX	XXX	XXX	XXX	XXX							
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company
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 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	11 One Year	12 Two Year
1. Prior	42	33	17	17	17	19	17	17	17	17		
2. 2012	29	28	16	16	16	16	16	16	16	16		
3. 2013	XXX	44	48	32	29	29	29	29	29	29		
4. 2014	XXX	XXX	34	68	9	9	9	10	10	10		
5. 2015	XXX	XXX	XXX	3	3	2	2	2	2	2		
6. 2016	XXX	XXX	XXX	XXX	3	6	5	8	8	8		
7. 2017	XXX	XXX	XXX	XXX	XXX		3	78	36	36		(42)
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	20	18	22	22		4
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	18	17	(1)	7
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	XXX	XXX
12. Totals											(1)	(31)

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

1. Prior												
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021	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	XXX			
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
3. 2021	XXX	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	XXX	XXX			
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Totals												

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company

SCHEDULE P - PART 3A - HOMEOWNERS/FAROWNERS

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		
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
1. Prior	.000	620	740	758	817	825	826	825	833	824	76	
2. 2012	14,270	16,663	17,160	17,287	17,434	17,440	17,471	17,472	17,473	17,538	3,883	437
3. 2013	XXX	15,474	19,266	19,453	19,683	19,700	19,704	19,724	19,732	19,742	2,225	423
4. 2014	XXX	XXX	13,029	14,915	14,966	14,996	14,992	14,994	14,993	14,997	1,549	343
5. 2015	XXX	XXX	XXX	10,248	12,795	13,110	13,261	13,274	13,447	13,482	1,408	334
6. 2016	XXX	XXX	XXX	XXX	11,573	13,182	13,341	13,544	13,571	13,588	1,349	303
7. 2017	XXX	XXX	XXX	XXX	XXX	14,768	18,149	18,494	18,698	18,820	1,728	349
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	12,621	15,655	16,340	16,511	1,530	320
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,486	21,932	22,476	1,958	445
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20,234	23,591	2,106	390
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,124	1,602	148

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

1. Prior	.000	4,453	7,129	8,249	8,654	8,742	8,766	8,754	8,841	8,830	577	
2. 2012	7,378	12,274	15,218	16,767	17,136	17,415	17,486	17,487	17,480	17,479	2,145	372
3. 2013	XXX	6,386	11,804	14,217	15,528	15,817	15,982	16,087	16,089	16,088	2,139	327
4. 2014	XXX	XXX	7,692	12,846	16,013	17,510	17,913	18,194	18,283	18,413	2,072	321
5. 2015	XXX	XXX	XXX	8,672	13,860	16,746	18,051	18,532	18,666	18,692	1,987	352
6. 2016	XXX	XXX	XXX	XXX	8,618	14,945	17,649	19,427	19,745	19,970	1,954	389
7. 2017	XXX	XXX	XXX	XXX	XXX	9,452	15,444	18,957	20,226	20,796	2,044	400
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	10,735	17,436	21,003	23,530	2,462	460
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,383	19,177	23,315	2,549	459
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,213	14,385	1,640	394
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,599	1,228	223

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

1. Prior	.000	1,214	1,621	1,790	1,981	2,045	2,045	2,044	2,048	2,048	66	
2. 2012	1,260	2,009	3,140	3,368	3,710	3,943	4,013	4,013	4,013	4,013	359	74
3. 2013	XXX	1,459	2,673	3,101	3,766	4,925	5,035	5,936	6,003	6,011	393	62
4. 2014	XXX	XXX	2,260	4,410	5,859	7,265	8,134	8,551	8,732	8,734	502	54
5. 2015	XXX	XXX	XXX	2,121	3,213	4,238	5,629	5,968	6,330	6,392	543	71
6. 2016	XXX	XXX	XXX	XXX	1,856	3,484	5,064	5,355	5,974	6,406	487	70
7. 2017	XXX	XXX	XXX	XXX	XXX	2,002	3,585	4,566	5,537	5,732	507	80
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1,941	3,193	4,433	5,320	500	76
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,396	4,273	5,722	501	69
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,717	3,546	407	51
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,025	300	31

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

1. Prior	.000											
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior	.000	843	1,556	2,218	2,671	3,005	2,912	2,920	2,914	2,913	122	
2. 2012	3,516	4,720	4,883	5,160	5,226	5,259	5,284	5,288	5,294	5,297	664	145
3. 2013	XXX	3,766	5,762	6,565	7,871	8,235	8,444	8,680	8,822	9,075	576	133
4. 2014	XXX	XXX	4,078	5,691	6,465	7,475	8,309	8,922	9,400	9,547	614	148
5. 2015	XXX	XXX	XXX	3,066	4,374	5,155	6,625	7,350	7,614	7,762	592	127
6. 2016	XXX	XXX	XXX	XXX	4,027	5,704	6,243	6,987	7,376	7,909	540	125
7. 2017	XXX	XXX	XXX	XXX	XXX	3,933	5,563	6,097	6,940	7,215	508	124
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	3,677	5,054	6,274	6,900	475	98
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,705	7,243	8,565	503	89
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,448	6,221	485	85
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,225	316	44

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company

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			
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021			
1. Prior	.000												
2. 2012													
3. 2013	XXX												
4. 2014	XXX	XXX											
5. 2015	XXX	XXX	XXX										
6. 2016	XXX	XXX	XXX	XXX									
7. 2017	XXX	XXX	XXX	XXX	XXX								
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

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

1. Prior	.000												
2. 2012													
3. 2013	XXX												
4. 2014	XXX	XXX											
5. 2015	XXX	XXX	XXX										
6. 2016	XXX	XXX	XXX	XXX									
7. 2017	XXX	XXX	XXX	XXX	XXX								
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior	.000											XXX	XXX
2. 2012												XXX	XXX
3. 2013	XXX											XXX	XXX
4. 2014	XXX	XXX										XXX	XXX
5. 2015	XXX	XXX	XXX									XXX	XXX
6. 2016	XXX	XXX	XXX	XXX								XXX	XXX
7. 2017	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

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

1. Prior	.000	574	749	1,047	1,063	1,123	1,122	1,122	1,122	1,122	1,122	30	
2. 2012	214	392	450	459	465	465	468	468	608	655	655	91	34
3. 2013	XXX	164	425	617	770	1,039	1,424	1,424	1,425	1,425	1,425	82	32
4. 2014	XXX	XXX	211	397	506	581	727	771	803	803	803	77	28
5. 2015	XXX	XXX	XXX	86	262	461	555	559	565	565	565	54	23
6. 2016	XXX	XXX	XXX	XXX	90	249	677	757	776	800	800	62	17
7. 2017	XXX	XXX	XXX	XXX	XXX	119	359	437	477	490	490	34	8
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	65	207	306	406	406	30	9
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	46	96	127	127	25	7
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	86	362	362	25	5
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	68	68	11	1

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

1. Prior	.000												
2. 2012													
3. 2013	XXX												
4. 2014	XXX	XXX											
5. 2015	XXX	XXX	XXX										
6. 2016	XXX	XXX	XXX	XXX									
7. 2017	XXX	XXX	XXX	XXX	XXX								
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company
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		
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	562	595	XXX	XXX
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,093	5,828	XXX	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,353	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	989	825		
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,710	22,801		
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26,226		

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2021.....	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. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior.....	.000										XXX	XXX
2. 2012.....											XXX	XXX
3. 2013.....	XXX										XXX	XXX
4. 2014.....	XXX	XXX									XXX	XXX
5. 2015.....	XXX	XXX	XXX								XXX	XXX
6. 2016.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2017.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2021.....	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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company
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			
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021			
1. Prior.....	.000	.16	.17	.17	.17	.17	.17	.17	.17	.17	.17	3	
2. 2012.....	.4	.15	.16	.16	.16	.16	.16	.16	.16	.16	.16	3	.1
3. 2013.....	XXX	.15	.16	.29	.29	.29	.29	.29	.29	.29	.29	3	.1
4. 2014.....	XXX	XXX	.8	.9	.9	.9	.9	.10	.10	.10	.10	3	.2
5. 2015.....	XXX	XXX	XXX	.2	.2	.2	.2	.2	.2	.2	.2	2	.1
6. 2016.....	XXX	XXX	XXX	XXX	.1	.5	.5	.8	.8	.8	.8	3	.1
7. 2017.....	XXX	XXX	XXX	XXX	XXX		.3	.3	.36	.36	.36	1	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	.12	.12	.22	.22	.22	5	.1
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.6	.7	.9	.9	1	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.8	.8	2	

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

1. Prior.....	.000												
2. 2012.....													
3. 2013.....	XXX												
4. 2014.....	XXX	XXX											
5. 2015.....	XXX	XXX	XXX										
6. 2016.....	XXX	XXX	XXX	XXX									
7. 2017.....	XXX	XXX	XXX	XXX	XXX								
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

SCHEDULE P - PART 3T - WARRANTY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company

SCHEDULE P - PART 4A - HOMEOWNERS/FAROWNERS

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior.....	1,047	404	63	37	27	26	6	6		
2. 2012.....	1,862	386	208	137	77	74	45	42	50	29
3. 2013.....	XXX	2,102	549	101	19	11	13	9	9	7
4. 2014.....	XXX	XXX	1,940	373	115	16	3	13	2	
5. 2015.....	XXX	XXX	XXX	1,445	376	150	154	125	21	
6. 2016.....	XXX	XXX	XXX	XXX	1,854	416	293	37	26	4
7. 2017.....	XXX	XXX	XXX	XXX	XXX	1,822	400	236	95	42
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	1,866	430	179	44
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,028	421	166
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,581	785
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,865

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

1. Prior.....	4,746	2,725	1,123	503	240	25	25	19	3	
2. 2012.....	4,893	2,345	1,091	578	272	83	47	5		
3. 2013.....	XXX	4,273	2,615	1,318	286	266	96	28	7	1
4. 2014.....	XXX	XXX	4,326	1,990	1,195	389	225	168	111	46
5. 2015.....	XXX	XXX	XXX	4,897	2,568	670	234	178	96	18
6. 2016.....	XXX	XXX	XXX	XXX	5,099	2,418	679	370	259	204
7. 2017.....	XXX	XXX	XXX	XXX	XXX	6,268	2,553	1,648	253	122
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	8,744	3,825	809	883
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,244	3,205	2,074
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,134	2,820
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,706

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

1. Prior.....	2,619	972	385	111	569	14				
2. 2012.....	1,869	1,234	822	414	92	74				
3. 2013.....	XXX	2,087	970	456	767	171	109	26		
4. 2014.....	XXX	XXX	2,922	1,814	965	604	143	200	1	
5. 2015.....	XXX	XXX	XXX	2,433	1,284	816	240	333	59	78
6. 2016.....	XXX	XXX	XXX	XXX	1,943	1,438	1,386	704	315	70
7. 2017.....	XXX	XXX	XXX	XXX	XXX	2,688	1,548	966	995	283
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	3,227	1,821	1,834	1,229
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,474	2,606	1,426
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,671	2,822
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,285

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

1. Prior.....										
2. 2012.....										
3. 2013.....	XXX									
4. 2014.....	XXX	XXX								
5. 2015.....	XXX	XXX	XXX							
6. 2016.....	XXX	XXX	XXX	XXX						
7. 2017.....	XXX	XXX	XXX	XXX	XXX					
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	2,510	969	698	437	348	143	25	27		
2. 2012.....	2,422	752	276	173	303	115	149	9	45	77
3. 2013.....	XXX	3,038	2,126	1,571	498	235	318	183	197	32
4. 2014.....	XXX	XXX	2,231	1,014	1,014	476	616	278	156	17
5. 2015.....	XXX	XXX	XXX	2,589	1,579	1,157	1,077	592	193	92
6. 2016.....	XXX	XXX	XXX	XXX	2,438	1,572	969	771	730	346
7. 2017.....	XXX	XXX	XXX	XXX	XXX	3,088	1,586	1,345	617	580
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	2,709	2,125	1,564	2,111
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,542	3,426	1,853
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,131	2,236
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,526

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XX							
6. 2016	XXX	XXX	XX	XX						
7. 2017	XXX	XXX	XX	XXX	XXX					
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XX	XXX						
7. 2017	XXX	XXX	XX	XXX	XXX					
8. 2018	XXX	XXX	XX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XX	XXX						
7. 2017	XXX	XXX	XX	XXX	XXX					
8. 2018	XXX	XXX	XX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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

1. Prior	719	495	294	42	18					
2. 2012	299	382	85	97	112	117	101	100	32	
3. 2013	XXX	794	310	419	347	370	38			
4. 2014	XXX	XXX	701	719	258	84	8	17	7	
5. 2015	XXX	XXX	XXX	678	490	141	206	10	3	
6. 2016	XXX	XXX	XXX	XXX	990	579	340	132	10	4
7. 2017	XXX	XXX	XXX	XXX	XXX	704	380	183	176	108
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	599	535	126	67
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	443	198	208
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,432	2,091
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,019

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

1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XX	XXX						
7. 2017	XXX	XXX	XX	XXX	XXX					
8. 2018	XXX	XXX	XX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company
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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	445	.13	3
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	257	32
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	301

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,475	.72	182
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,442	86
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,938

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2021	XXX	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	XXX	XXX	XXX
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX						
7. 2017	XXX	XXX	XXX	XXX	XXX					
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company
SCHEDULE P - PART 4R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	37	7				1				
2. 2012	11	13								
3. 2013	XXX	21	22	3						
4. 2014	XXX	XXX	15	58						
5. 2015	XXX	XXX	XXX	1	1					
6. 2016	XXX	XXX	XXX	XXX	(1)	1				
7. 2017	XXX	XXX	XXX	XXX	XXX			26		
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	8	6		
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	8	5
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9

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

1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX						
7. 2017	XXX	XXX	XXX	XXX	XXX					
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4T - WARRANTY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company

SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	407	39	25	4	3	3		1	1	
2. 2012	3,516	3,838	3,861	3,870	3,880	3,881	3,882	3,883	3,883	3,883
3. 2013	XXX	1,851	2,183	2,206	2,220	2,222	2,223	2,224	2,224	2,225
4. 2014	XXX	XXX	1,297	1,512	1,538	1,542	1,545	1,547	1,547	1,549
5. 2015	XXX	XXX	XXX	1,174	1,362	1,394	1,402	1,403	1,407	1,408
6. 2016	XXX	XXX	XXX	XXX	1,105	1,313	1,334	1,346	1,348	1,349
7. 2017	XXX	XXX	XXX	XXX	XXX	1,454	1,687	1,720	1,724	1,728
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1,230	1,493	1,524	1,530
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,663	1,936	1,958
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,869	2,106
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,602

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	43	16	9	7	6	3	3	3		
2. 2012	223	36	21	15	7	6	3	3	3	3
3. 2013	XXX	276	24	8	3	4	4	2	2	1
4. 2014	XXX	XXX	177	19	9	5	1	1	1	
5. 2015	XXX	XXX	XXX	185	33	11	5	3	1	
6. 2016	XXX	XXX	XXX	XXX	192	26	14	4	2	
7. 2017	XXX	XXX	XXX	XXX	XXX	213	32	11	11	8
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	228	26	6	4
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	205	26	12
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	166	17
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	169

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	229	21	19	4	2	2		1	(2)	
2. 2012	4,110	4,305	4,318	4,321	4,324	4,324	4,322	4,323	4,323	4,323
3. 2013	XXX	2,479	2,623	2,636	2,645	2,649	2,650	2,649	2,649	2,649
4. 2014	XXX	XXX	1,774	1,866	1,888	1,890	1,889	1,891	1,891	1,892
5. 2015	XXX	XXX	XXX	1,643	1,721	1,738	1,741	1,740	1,742	1,742
6. 2016	XXX	XXX	XXX	XXX	1,543	1,634	1,650	1,653	1,653	1,652
7. 2017	XXX	XXX	XXX	XXX	XXX	1,964	2,065	2,080	2,084	2,085
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1,722	1,835	1,849	1,854
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,258	2,404	2,415
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,392	2,513
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,919

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company
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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	881	343	133	60	25	10	5	1		
2. 2012	1,253	1,906	2,041	2,095	2,124	2,134	2,141	2,142	2,143	2,145
3. 2013	XXX	1,433	1,939	2,053	2,104	2,122	2,130	2,137	2,138	2,139
4. 2014	XXX	XXX	1,238	1,787	1,958	2,026	2,054	2,064	2,069	2,072
5. 2015	XXX	XXX	XXX	1,245	1,736	1,891	1,950	1,971	1,982	1,987
6. 2016	XXX	XXX	XXX	XXX	1,151	1,733	1,854	1,920	1,939	1,954
7. 2017	XXX	XXX	XXX	XXX	XXX	1,311	1,817	1,962	2,019	2,044
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1,522	2,216	2,389	2,462
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,663	2,390	2,549
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,208	1,640
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,228

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	415	157	68	13	8	6	4	2	1	
2. 2012	873	251	84	15	13	4	2	1		
3. 2013	XXX	825	191	41	20	11	6	3	1	1
4. 2014	XXX	XXX	934	193	80	31	14	6	4	3
5. 2015	XXX	XXX	XXX	720	284	75	28	12	5	3
6. 2016	XXX	XXX	XXX	XXX	1,028	227	87	26	12	8
7. 2017	XXX	XXX	XXX	XXX	XXX	847	228	73	32	11
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1,014	253	103	44
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	990	232	106
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	668	166
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	779

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	(7)	129	53	10	22	10	3		(1)	(1)
2. 2012	2,322	2,497	2,492	2,481	2,508	2,510	2,515	2,515	2,515	2,517
3. 2013	XXX	2,433	2,426	2,415	2,449	2,459	2,463	2,467	2,466	2,467
4. 2014	XXX	XXX	2,336	2,269	2,350	2,376	2,388	2,390	2,393	2,396
5. 2015	XXX	XXX	XXX	2,148	2,333	2,309	2,327	2,334	2,339	2,342
6. 2016	XXX	XXX	XXX	XXX	2,397	2,319	2,327	2,334	2,340	2,351
7. 2017	XXX	XXX	XXX	XXX	XXX	2,381	2,410	2,429	2,450	2,455
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	2,792	2,897	2,947	2,966
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,916	3,067	3,114
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,150	2,200
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,230

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company
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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	120	35	16	7	5	2	1			
2. 2012	222	309	335	345	353	357	358	359	359	359
3. 2013	XXX	248	346	364	375	388	389	392	393	393
4. 2014	XXX	XXX	301	430	462	483	494	499	501	502
5. 2015	XXX	XXX	XXX	344	464	508	527	539	542	543
6. 2016	XXX	XXX	XXX	XXX	306	429	469	479	485	487
7. 2017	XXX	XXX	XXX	XXX	XXX	313	450	487	501	507
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	311	457	486	500
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	350	470	501
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	283	407
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	300

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	51	20	7	4	2					
2. 2012	123	42	16	7	3	2	1			
3. 2013	XXX	116	38	31	20	5	5	1		
4. 2014	XXX	XXX	156	61	33	17	7	2	1	
5. 2015	XXX	XXX	XXX	175	75	31	14	4	2	1
6. 2016	XXX	XXX	XXX	XXX	154	49	15	10	4	1
7. 2017	XXX	XXX	XXX	XXX	XXX	137	49	16	7	5
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	132	33	16	4
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	118	44	21
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	109	30
11. 2021	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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	50	7	4	4	3		1			
2. 2012	389	419	424	426	430	433	433	433	433	433
3. 2013	XXX	398	439	453	456	454	455	454	455	455
4. 2014	XXX	XXX	488	537	546	554	555	555	556	556
5. 2015	XXX	XXX	XXX	549	600	607	612	614	615	615
6. 2016	XXX	XXX	XXX	XXX	499	544	552	558	559	558
7. 2017	XXX	XXX	XXX	XXX	XXX	496	572	582	588	592
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	485	561	578	580
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	509	580	591
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	429	488
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	440

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company

SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	194	43	35	19	12	9	2	1	1	
2. 2012	479	614	639	652	660	663	664	664	664	664
3. 2013	XXX	367	485	516	547	562	569	574	575	576
4. 2014	XXX	XXX	370	510	548	580	597	604	612	614
5. 2015	XXX	XXX	XXX	343	484	530	555	577	587	592
6. 2016	XXX	XXX	XXX	XXX	330	459	492	518	532	540
7. 2017	XXX	XXX	XXX	XXX	XXX	342	439	472	496	508
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	307	425	461	475
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	346	469	503
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	384	485
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	316

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	74	56	35	22	11	2	3	3	1	
2. 2012	107	31	16	7	5	3	1	1	1	1
3. 2013	XXX	127	51	46	23	12	8	3	2	1
4. 2014	XXX	XXX	155	74	57	35	18	10	3	1
5. 2015	XXX	XXX	XXX	161	86	62	39	16	6	6
6. 2016	XXX	XXX	XXX	XXX	136	66	46	33	20	14
7. 2017	XXX	XXX	XXX	XXX	XXX	116	55	37	24	19
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	127	45	33	30
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	98	56	47
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	82	24
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	92

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	132	35	20	7	3		4	1	(1)	(1)
2. 2012	678	776	794	801	808	810	810	810	810	810
3. 2013	XXX	573	653	690	701	706	710	710	710	710
4. 2014	XXX	XXX	620	715	745	760	763	762	763	763
5. 2015	XXX	XXX	XXX	573	676	710	719	720	720	725
6. 2016	XXX	XXX	XXX	XXX	544	637	660	676	677	679
7. 2017	XXX	XXX	XXX	XXX	XXX	524	602	627	643	651
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	491	560	589	603
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	503	607	639
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	532	594
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	452

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company
SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	33	11	10	7	2					
2. 2012	51	80	87	88	90	90	90	90	90	91
3. 2013	XXX	42	60	71	76	78	82	82	82	82
4. 2014	XXX	XXX	36	56	68	71	73	75	76	77
5. 2015	XXX	XXX	XXX	27	42	51	53	53	53	54
6. 2016	XXX	XXX	XXX	XXX	29	44	58	60	61	62
7. 2017	XXX	XXX	XXX	XXX	XXX	21	27	32	34	34
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	18	25	28	30
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	24	25
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	25
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	30	18	9	3		1	1			
2. 2012	38	14	5	1		1	1	1	1	
3. 2013	XXX	34	23	13		3	1			
4. 2014	XXX	XXX	42	22	1	8	4	3	1	
5. 2015	XXX	XXX	XXX	22	1	5	2	1	1	
6. 2016	XXX	XXX	XXX	XXX	7	23	7	3	2	
7. 2017	XXX	XXX	XXX	XXX	XXX	10	4	3	2	1
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	10	6	5	3
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	5	3
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	7
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	13	1	2	1	(1)	1		(1)		
2. 2012	111	123	123	121	123	125	125	125	125	125
3. 2013	XXX	94	111	114	107	112	114	114	114	114
4. 2014	XXX	XXX	90	98	92	105	104	106	105	105
5. 2015	XXX	XXX	XXX	61	62	77	77	77	77	77
6. 2016	XXX	XXX	XXX	XXX	45	81	80	78	79	79
7. 2017	XXX	XXX	XXX	XXX	XXX	35	39	43	44	43
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	31	39	42	42
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	35	35
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31	37
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24

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 2021 OF THE United Ohio Insurance Company
SCHEDULE P - PART 5R - PRODUCTS LIABILITY - OCCURRENCE
SECTION 1A

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	4	1	2							
2. 2012	1	2	3	3	3	3	3	3	3	3
3. 2013	XXX	1	2	3	3	3	3	3	3	3
4. 2014	XXX	XXX	1	2	2	2	2	3	3	3
5. 2015	XXX	XXX	XXX	1	2	2	2	2	2	2
6. 2016	XXX	XXX	XXX	XXX	1	2	3	3	3	3
7. 2017	XXX	XXX	XXX	XXX	XXX				1	1
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	4	4	5	5
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

SECTION 2A

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	2	1				1				
2. 2012	1									
3. 2013	XXX	2	1							
4. 2014	XXX	XXX	1	1						
5. 2015	XXX	XXX	XXX	1						
6. 2016	XXX	XXX	XXX	XXX	1					
7. 2017	XXX	XXX	XXX	XXX	XXX			1		
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	1
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 3A

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	4	1	1			1				
2. 2012	2	2	4	4	4	4	4	4	4	4
3. 2013	XXX	3	4	4	4	4	4	4	4	4
4. 2014	XXX	XXX	2	3	4	4	4	5	5	5
5. 2015	XXX	XXX	XXX	3	3	3	3	3	3	3
6. 2016	XXX	XXX	XXX	XXX	2	3	4	4	4	4
7. 2017	XXX	XXX	XXX	XXX	XXX			1	1	1
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	4	4	6	6
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2	2
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3

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 2021 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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	7,968	7,968	7,968	7,968	7,968	7,968	7,968	7,968	7,968	7,968	
3. 2013.....	XXX	9,102	9,102	9,102	9,102	9,102	9,102	9,102	9,102	9,102	
4. 2014.....	XXX	XXX	10,339	10,339	10,339	10,339	10,339	10,339	10,339	10,339	
5. 2015.....	XXX	XXX	XXX	10,641	10,641	10,641	10,641	10,641	10,641	10,641	
6. 2016.....	XXX	XXX	XXX	XXX	11,040	11,040	11,040	11,040	11,040	11,040	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	11,506	11,506	11,506	11,506	11,506	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	12,003	12,003	12,003	12,003	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,463	12,463	12,463	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,173	13,173	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,152	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,152
13. Earned Premiums (Sch P-Pt. 1)	7,968	9,102	10,339	10,641	11,040	11,506	12,003	12,463	13,173	14,152	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	471	471	471	471	471	471	471	471	471	471	
3. 2013.....	XXX	495	495	495	495	495	495	495	495	495	
4. 2014.....	XXX	XXX	551	551	551	551	551	551	551	551	
5. 2015.....	XXX	XXX	XXX	617	617	617	617	617	617	617	
6. 2016.....	XXX	XXX	XXX	XXX	706	706	706	706	706	706	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	846	846	846	846	846	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	477	477	477	477	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	269	269	269	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	164	164	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	85	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	85
13. Earned Premiums (Sch P-Pt. 1)	471	495	551	617	706	846	477	269	164	85	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX									
6. 2016.....	XXX	XXX									
7. 2017.....	XXX	XXX									
8. 2018.....	XXX	XXX									
9. 2019.....	XXX	XXX									
10. 2020.....	XXX	XXX									
11. 2021.....	XXX	XXX									
12. Totals.....	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX									
6. 2016.....	XXX	XXX									
7. 2017.....	XXX	XXX									
8. 2018.....	XXX	XXX									
9. 2019.....	XXX	XXX									
10. 2020.....	XXX	XXX									
11. 2021.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

ANNUAL STATEMENT FOR THE YEAR 2021 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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	11,584	11,584	11,584	11,584	11,584	11,584	11,584	11,584	11,584	11,584	
3. 2013.....	XXX	13,770	13,770	13,770	13,770	13,770	13,770	13,770	13,770	13,770	
4. 2014.....	XXX	XXX	16,070	16,070	16,070	16,070	16,070	16,070	16,070	16,070	
5. 2015.....	XXX	XXX	XXX	16,706	16,706	16,706	16,706	16,706	16,706	16,706	
6. 2016.....	XXX	XXX	XXX	XXX	17,618	17,618	17,618	17,618	17,618	17,618	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	18,207	18,207	18,207	18,207	18,207	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	18,607	18,607	18,607	18,607	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,693	19,693	19,693	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,181	21,181	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,067	23,067
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,067
13. Earned Premiums (Sch P-Pt. 1)	11,584	13,770	16,070	16,706	17,618	18,207	18,607	19,693	21,181	23,067	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	1,534	1,534	1,534	1,534	1,534	1,534	1,534	1,534	1,534	1,534	
3. 2013.....	XXX	1,716	1,716	1,716	1,716	1,716	1,716	1,716	1,716	1,716	
4. 2014.....	XXX	XXX	2,078	2,078	2,078	2,078	2,078	2,078	2,078	2,078	
5. 2015.....	XXX	XXX	XXX	2,079	2,079	2,079	2,079	2,079	2,079	2,079	
6. 2016.....	XXX	XXX	XXX	XXX	2,161	2,161	2,161	2,161	2,161	2,161	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	2,204	2,204	2,204	2,204	2,204	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	1,800	1,800	1,800	1,800	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,699	1,699	1,699	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,943	1,943	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,895	1,895
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,895
13. Earned Premiums (Sch P-Pt. 1)	1,534	1,716	2,078	2,079	2,161	2,204	1,800	1,699	1,943	1,895	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	4,250	4,250	4,250	4,250	4,250	4,250	4,250	4,250	4,250	4,250	
3. 2013.....	XXX	4,544	4,544	4,544	4,544	4,544	4,544	4,544	4,544	4,544	
4. 2014.....	XXX	XXX	4,700	4,700	4,700	4,700	4,700	4,700	4,700	4,700	
5. 2015.....	XXX	XXX	XXX	4,783	4,783	4,783	4,783	4,783	4,783	4,783	
6. 2016.....	XXX	XXX	XXX	XXX	4,451	4,451	4,451	4,451	4,451	4,451	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	4,066	4,066	4,066	4,066	4,066	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	4,219	4,219	4,219	4,219	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,473	4,473	4,473	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,782	4,782	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,131	5,131
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,131
13. Earned Premiums (Sch P-Pt. 1)	4,250	4,544	4,700	4,783	4,451	4,066	4,219	4,473	4,782	5,131	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	1,832	1,832	1,832	1,832	1,832	1,832	1,832	1,832	1,832	1,832	
3. 2013.....	XXX	1,981	1,981	1,981	1,981	1,981	1,981	1,981	1,981	1,981	
4. 2014.....	XXX	XXX	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	
5. 2015.....	XXX	XXX	XXX	2,143	2,143	2,143	2,143	2,143	2,143	2,143	
6. 2016.....	XXX	XXX	XXX	XXX	2,169	2,169	2,169	2,169	2,169	2,169	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	2,251	2,251	2,251	2,251	2,251	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	2,412	2,412	2,412	2,412	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,677	2,677	2,677	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,734	1,734	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,581	1,581
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,581
13. Earned Premiums (Sch P-Pt. 1)	1,832	1,981	2,150	2,143	2,169	2,251	2,412	2,677	1,734	1,581	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 2021 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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	118	118	118	118	118	118	118	118	118	118	
3. 2013.....	XXX	125	125	125	125	125	125	125	125	125	
4. 2014.....	XXX	XXX	137	137	137	137	137	137	137	137	
5. 2015.....	XXX	XXX	XXX	137	137	137	137	137	137	137	
6. 2016.....	XXX	XXX	XXX	XXX	126	126	126	126	126	126	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	129	129	129	129	129	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	129	129	129	129	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	121	121	121	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	124	124	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	141	141
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	141
13. Earned Premiums (Sch P-Pt. 1)	118	125	137	137	126	129	129	121	124	141	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	1	1	1	1	1	1	1	1	1	1	
3. 2013.....	XXX	1	1	1	1	1	1	1	1	1	
4. 2014.....	XXX	XXX	1	1	1	1	1	1	1	1	
5. 2015.....	XXX	XXX	XXX	1	1	1	1	1	1	1	
6. 2016.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	
11. 2021.....	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	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX									
6. 2016.....	XXX	XXX									
7. 2017.....	XXX	XXX									
8. 2018.....	XXX	XXX									
9. 2019.....	XXX	XXX									
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021.....	XXX	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX									
6. 2016.....	XXX	XXX									
7. 2017.....	XXX	XXX									
8. 2018.....	XXX	XXX									
9. 2019.....	XXX	XXX									
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021.....	XXX	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 2021 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	8,744			49,743		
2. Private Passenger Auto Liability/Medical	32,428			38,846		
3. Commercial Auto/Truck Liability/Medical	16,081			14,666		
4. Workers' Compensation						
5. Commercial Multiple Peril	17,698			22,232		
6. Medical Professional Liability - Occurrence						
7. Medical Professional Liability - Claims - Made						
8. Special Liability						
9. Other Liability - Occurrence	5,595			3,643		
10. Other Liability - Claims-Made						
11. Special Property	1,120			13,156		
12. Auto Physical Damage	4,747			42,180		
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	21			151		
20. Products Liability - Claims-Made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals	86,434			184,618		

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021
1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XX							
6. 2016	XXX	XXX	XX	XX						
7. 2017	XXX	XXX	XX	XXX	XX					
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	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 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021
1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XX							
6. 2016	XXX	XXX	XX	XX						
7. 2017	XXX	XXX	XX	XXX	XX					
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	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 2021 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	2012		
1.603	2013		
1.604	2014		
1.605	2015		
1.606	2016		
1.607	2017		
1.608	2018		
1.609	2019		
1.610	2020		
1.611	2021		
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 [] No [X]
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					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
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 2021 OF THE United Ohio Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
			86-1575957				Ohio Mutual Insurance Group, Inc.	OH	UIP	Ohio Mutual Insurance Group, Inc.	Board		Ohio Mutual Insurance Group, Inc.	NO	
			86-1550946				OMIG Holdings, Inc.	OH	UIP	Ohio Mutual Insurance Group, Inc.	Ownership	100.000	Ohio Mutual Insurance Group, Inc.	NO	
.0963	Ohio Mutual Insurance Group	10202	34-4320350				Ohio Mutual Insurance Company	OH	UDP	Ohio Mutual Insurance Company	Management	100.000	Ohio Mutual Insurance Group, Inc.	NO	
.0963	Ohio Mutual Insurance Group	13072	34-1008736				United Ohio Insurance Company	OH		Ohio Mutual Insurance Company	Ownership	100.000	Ohio Mutual Insurance Company	NO	
.0963	Ohio Mutual Insurance Group		34-1018102				United Premium Budget Service, Inc.	OH	NIA	Ohio Mutual Insurance Company	Ownership	100.000	Ohio Mutual Insurance Company	NO	
.0963	Ohio Mutual Insurance Group		34-1115309				Centurion Financial, Inc.	DE	NIA	Ohio Mutual Insurance Company	Ownership	100.000	Ohio Mutual Insurance Company	NO	
.0963	Ohio Mutual Insurance Group		34-1026454				Ohio United Agency, Inc.	OH	NIA	Ohio Mutual Insurance Company	Ownership	100.000	Ohio Mutual Insurance Company	NO	
.0963	Ohio Mutual Insurance Group	25950	01-0407315				Casco Indemnity Company	ME	IA	Ohio Mutual Insurance Company	Ownership	100.000	Ohio Mutual Insurance Company	NO	

NONE

Asterisk	
----------	--

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
10202	34-4320350	Ohio Mutual Insurance Company					320,485				320,485	(9,645,000)
13072	34-1008736	United Ohio Insurance Company					(352,100)				(352,100)	3,730,000
25950	01-0407315	Casco Indemnity Company					31,615				31,615	5,915,000
9999999 Control Totals												XXX

ANNUAL STATEMENT FOR THE YEAR 2021 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.

MARCH FILING

- | | |
|-----------------------------------------------------------------------------------------------------------------------|-----------|
| 1. Will an actuarial opinion be filed by March 1? | Responses |
| 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 |

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

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | NO |
| 12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? | NO |
| 13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | NO |
| 14. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? | NO |
| 15. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? | NO |
| 16. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? | NO |
| 17. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? | YES |
| 18. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 19. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)? | YES |
| 20. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? | YES |
| 21. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? | NO |
| 22. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 23. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | YES |
| 24. 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 |
| 25. 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 |
| 26. 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 |
| 27. 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

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? | NO |
| 29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | NO |
| 30. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | YES |
| 31. 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 |
| 32. 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 |
| 33. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1? | YES |
| 34. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? | NO |
| 35. Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1? | NO |
| 36. Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1? | NO |


AUGUST FILING

- | | |
|----------------------------------------------------------------------------------------------------------------------------------|----|
| 37. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | NO |
|----------------------------------------------------------------------------------------------------------------------------------|----|














Explanations:

- | | |
|-----|--|
| 11. | |
| 12. | |
| 13. | |
| 14. | |
| 15. | |
| 16. | |
| 18. | |
| 21. | |
| 22. | |
| 24. | |
| 25. | |
| 26. | |
| 27. | |
| 28. | |
| 29. | |
| 31. | |
| 32. | |
| 34. | |
| 35. | |
| 36. | |
| 37. | |

Bar Codes:

- | | |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 11. SIS Stockholder Information Supplement [Document Identifier 420] |  |
| 12. Financial Guaranty Insurance Exhibit [Document Identifier 240] |  |
| 13. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360] |  |
| 14. Supplement A to Schedule T [Document Identifier 455] |  |
| 15. Trusteed Surplus Statement [Document Identifier 490] |  |
| 16. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385] |  |
| 18. Medicare Part D Coverage Supplement [Document Identifier 365] |  |
| 21. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400] |  |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 22. Bail Bond Supplement [Document Identifier 500] 
- 24. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224] 
- 25. Relief from the one-year cooling off period for independent CPA [Document Identifier 225] 
- 26. Relief from the Requirements for Audit Committees [Document Identifier 226] 
- 27. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555] 
- 28. Credit Insurance Experience Exhibit [Document Identifier 230] 
- 29. Long-Term Care Experience Reporting Forms [Document Identifier 306] 
- 31. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216] 
- 32. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217] 
- 34. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290] 
- 35. Private Flood Insurance Supplement [Document Identifier 560] 
- 36. Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565] 
- 37. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223] 

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols: 1 - 2)	4 Net Admitted Assets
2504. CAIP Settlement Receivable	40,358		40,358	
2597. Summary of remaining write-ins for Line 25 from overflow page	40,358		40,358	

NONE



SUPPLEMENT FOR THE YEAR 2021 OF THE United Ohio Insurance Company

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2021
(To Be Filed by March 1)

NAIC Group Code 0963

NAIC Company Code 13072

Company Name United Ohio Insurance Company

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

1. Monoline Policies

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

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes [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: \$ 30,376

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
\$	\$	\$	\$	%	%