



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

# ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021  
OF THE CONDITION AND AFFAIRS OF THE

## Utica National Insurance Company of Ohio

NAIC Group Code 0201 0201 NAIC Company Code 13998 Employer's ID Number 27-2764004  
(Current) (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH  
Country of Domicile United States of America

Incorporated/Organized 04/06/2010 Commenced Business 12/22/2010

Statutory Home Office 2 Easton Oval, Suite 225, Columbus, OH, US 43219  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 180 Genesee Street  
(Street and Number)  
New Hartford, NY, US 13413 800-598-8422  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address Post Office Box 530, Utica, NY, US 135030530  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 180 Genesee Street  
(Street and Number)  
New Hartford, NY, US 13413 800-598-8422  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.uticanational.com

Statutory Statement Contact Rose Ann Greig, 315-734-2420  
(Name) (Area Code) (Telephone Number)  
rose.greig@uticanational.com 315-734-2994  
(E-mail Address) (FAX Number)

### OFFICERS

Chairman & CEO Richard Patrick Creedon Treasurer Brian Wade Miller Jr.  
President & COO Kristen Holly Martin Secretary Louisa Suzanne Ruffine

### OTHER

### DIRECTORS OR TRUSTEES

John Martin Anderson Jolene Marie Casatelli Paul Lewis Cohen  
Richard Patrick Creedon Steven Paul Guzski Kristen Holly Martin  
Louisa Suzanne Ruffine

State of New York SS  
County of Oneida

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.

Kristen Holly Martin  
President & COO

Elizabeth Mary Miller  
CFO & Treasurer

Louisa Suzanne Ruffine  
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 UTICA NATIONAL INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0201

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2021

NAIC Company Code 13998

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. 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 \$ .....
(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 UTICA NATIONAL INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0201

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2021

NAIC Company Code 13998

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like 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 \$

(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 GA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0201

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2021

NAIC Company Code 13998

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like 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 \$

(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 MA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0201

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2021

NAIC Company Code 13998

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Commercial multiple peril, Workers' compensation, and various auto liability types.

(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 NH



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0201

BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2021

NAIC Company Code 13998

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, Private crop, Private flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability and liability portions), Mortgage guaranty, Ocean and inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health, Credit accident and health, Collectively renewable accident and health, Non-cancelable accident and health, Guaranteed renewable accident and health, Non-renewable for stated reasons only, Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other accident and health, Federal employees health benefits plan premium, Workers' compensation, Other Liability - occurrence and claims made, Excess workers' compensation, Products liability, Private and commercial auto no-fault and physical damage, Aircraft, Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, International, Warranty, Aggregate write-ins for other lines of business, and a TOTALS row.

(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 NJ



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0201

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2021

NAIC Company Code 13998

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

19.NY

(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 UTICA NATIONAL INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0201

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2021

NAIC Company Code 13998

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. 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 \$

(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 UTICA NATIONAL INSURANCE COMPANY OF OHIO

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0201

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2021

NAIC Company Code 13998

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												1,079
2.1 Allied lines												.87
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)	470,288	465,790	30,303	240,091	52,914	102,870	64,945	3,699	5,133	2,346	80,461	11,880
5.2 Commercial multiple peril (liability portion)	508,351	388,057	13,640	279,912	230,800	440,795	590,100	59,316	154,449	247,245	83,397	16,066
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												192
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												0
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	2,825,612	2,547,925		1,098,037	1,606,393	1,741,598	3,080,841	117,502	151,601	333,341	344,268	106,935
17.1 Other Liability - occurrence	756,110	727,983		378,540		14,447	533,206		1,349	4,887	105,747	1,438
17.2 Other Liability - claims made												153
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												(1,873)
19.3 Commercial auto no-fault (personal injury protection)	38,997	50,923	24	19,163	7,453	8,589	4,104	311	1,341	1,205	6,477	1,026
19.4 Other commercial auto liability	1,307,789	1,380,247	2,900	649,382	239,858	905,295	839,220	9,528	44,611	61,789	213,468	28,099
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	530,523	745,420	413	246,951	343,610	424,173	92,414	13,287	14,085	8,322	89,286	17,017
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												(1)
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	6,437,670	6,306,345	47,279	2,912,076	2,481,028	3,637,767	5,204,829	203,642	372,569	659,135	921,231	183,972
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

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

19.PA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0201

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2021

NAIC Company Code 13998

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 .....												215
2.1 Allied lines .....												3
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) .....	192,440	126,578		148,497		3,811	3,853		78	78	29,177	2,087
5.2 Commercial multiple peril (liability portion) .....	48,479	29,434		26,446		10,472	10,535		2,146	2,148	6,916	1,593
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												58
10. Financial guaranty .....												
11. Medical professional liability .....												
12. Earthquake .....												0
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 .....	160,404	153,460		64,310	114,169	336,110	241,450	11,966	20,525	9,868	17,042	12,323
17.1 Other Liability - occurrence .....												(218)
17.2 Other Liability - claims made .....												(3)
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) .....												(18)
19.4 Other commercial auto liability .....	12,151	10,616		3,635		982	1,500		94	137	1,694	352
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....	8,069	6,431		2,449		(139)	(134)	168	236	70	1,150	91
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												0
27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....	421,542	326,518		245,337	114,169	351,237	257,205	12,134	23,080	12,300	55,979	16,483
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

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

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

19.TN



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0201

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2021

NAIC Company Code 13998

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like 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 \$

(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 GT

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**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								
0499999. Total - U.S. Non-Pool														
0799999. Total - Other (Non-U.S.)														
0899999. Total - Affiliates														
AA-9992118	00000	National Workers Comp Reinsurance Pool	NY	152	67	67				42				
1099999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools														
1299999. Total - Pools and Associations														
9999999 Totals														

**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
<b>NONE</b>					

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**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		
15-0476880	25976	Utica Mutual Insurance Company	NY		107,782			64,555	4,339	28,172	13,343	54,371		164,780			164,780		
0199999		Total Authorized - Affiliates - U.S. Intercompany Pooling			107,782			64,555	4,339	28,172	13,343	54,371		164,780			164,780		
0499999		Total Authorized - Affiliates - U.S. Non-Pool																	
0799999		Total Authorized - Affiliates - Other (Non-U.S.)																	
0899999		Total Authorized - Affiliates			107,782			64,555	4,339	28,172	13,343	54,371		164,780			164,780		
1499999		Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			107,782			64,555	4,339	28,172	13,343	54,371		164,780			164,780		
1899999		Total Unauthorized - Affiliates - U.S. Non-Pool																	
2199999		Total Unauthorized - Affiliates - Other (Non-U.S.)																	
2299999		Total Unauthorized - Affiliates																	
2899999		Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)																	
3299999		Total Certified - Affiliates - U.S. Non-Pool																	
3599999		Total Certified - Affiliates - Other (Non-U.S.)																	
3699999		Total Certified - Affiliates																	
4299999		Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)																	
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)			107,782			64,555	4,339	28,172	13,343	54,371		164,780			164,780		
5899999		Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																	
9999999		Totals			107,782			64,555	4,339	28,172	13,343	54,371		164,780			164,780		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**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)
15-0476880	Utica Mutual Insurance Company					164,780		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0199999	Total Authorized - Affiliates - U.S. Intercompany Pooling			XXX		164,780		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		164,780								XXX			
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			XXX		164,780								XXX			
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool			XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)			XXX										XXX			
2299999	Total Unauthorized - Affiliates			XXX										XXX			
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)			XXX										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			
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			XXX										XXX			
4699999	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool			XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4999999	Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)			XXX										XXX			
5099999	Total Reciprocal Jurisdiction - Affiliates			XXX										XXX			
5699999	Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)			XXX										XXX			
5799999	Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)			XXX		164,780								XXX			
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)			XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
9999999	Totals			XXX		164,780								XXX			

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**SCHEDULE F - PART 3 (Continued)**

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46+48])	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
		37 Current	38 Overdue				42 Total Overdue Cols. 38+39 +40+41	43 Total Due Cols. 37+42 (In total should equal Cols. 7+8)										
			39 1 - 29 Days	40 30 - 90 Days	41 91 - 120 Days	42 Over 120 Days												
.15-0476880	Utica 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
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)																	XXX
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool																	XXX
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)																	XXX
2299999	Total Unauthorized - Affiliates																	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
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)																	XXX
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																	XXX
9999999	Totals																	XXX

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**SCHEDULE F - PART 3 (Continued)**

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance													Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
		54	55	56	57	58	59	60	61	62	63	64	65	66	67	68		
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67		
15-0476880	Utica 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	
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	
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)			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	
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	
3299999	Total Certified - Affiliates - U.S. Non-Pool			XXX				XXX	XXX									
3599999	Total Certified - Affiliates - Other (Non-U.S.)			XXX				XXX	XXX									
3699999	Total Certified - Affiliates			XXX				XXX	XXX									
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			XXX				XXX	XXX									
4699999	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool			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	
5099999	Total Reciprocal Jurisdiction - Affiliates			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	
5799999	Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)			XXX				XXX	XXX									
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)			XXX				XXX	XXX									
9999999	Totals			XXX				XXX	XXX									

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**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 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 Jurisdiction 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)	
15-0476880	Utica 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		
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		XXX	XXX				XXX	XXX		
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX		XXX		
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX		XXX		
2299999	Total Unauthorized - Affiliates				XXX	XXX	XXX		XXX		
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		
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 UTICA NATIONAL INSURANCE COMPANY OF OHIO

**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
<b>NONE</b>				
Total				

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**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.	.....	.....	.....
2.	.....	.....	.....
3.	.....	.....	.....
4.	.....	.....	.....
5.	.....	.....	.....

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.	Utica Mutual Insurance Company .....	164,780	107,782	Yes [ X ] No [ ]
7.	.....	.....	.....	Yes [ ] No [ ]
8.	.....	.....	.....	Yes [ ] No [ ]
9.	.....	.....	.....	Yes [ ] No [ ]
10.	.....	.....	.....	Yes [ ] No [ ]

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 UTICA NATIONAL INSURANCE COMPANY OF OHIO

**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) .....	25,369,297		25,369,297
2. Premiums and considerations (Line 15) .....			
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....			
4. Funds held by or deposited with reinsured companies (Line 16.2) .....			
5. Other assets .....	3,392,984		3,392,984
6. Net amount recoverable from reinsurers .....		164,779,928	164,779,928
7. Protected cell assets (Line 27) .....			
8. Totals (Line 28) .....	28,762,281	164,779,928	193,542,208
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....		110,409,285	110,409,285
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	5,144,280		5,144,280
11. Unearned premiums (Line 9) .....		54,370,643	54,370,643
12. Advance premiums (Line 10) .....			
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12) .....			
15. Funds held by company under reinsurance treaties (Line 13) .....			
16. Amounts withheld or retained by company for account of others (Line 14) .....	543,598		543,598
17. Provision for reinsurance (Line 16) .....			
18. Other liabilities .....			
19. Total liabilities excluding protected cell business (Line 26) .....	5,687,878	164,779,928	170,467,805
20. Protected cell liabilities (Line 27) .....			
21. Surplus as regards policyholders (Line 37) .....	23,074,403	XXX	23,074,403
22. Totals (Line 38) .....	28,762,281	164,779,928	193,542,208

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: Utica National Insurance Company of Ohio (NAIC 13998) has a reinsurance agreement with its parent company, Utica Mutual Insurance Company (NAIC 25976). Under this agreement, Utica National Insurance Company of Ohio cedes 100% of all insurance business to Utica Mutual Insurance Company. ....

Schedule H - Part 1 - Analysis of Underwriting Operations

**NONE**

Schedule H - Part 2 - Reserves and Liabilities

**NONE**

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

**NONE**

Schedule H - Part 4 - Reinsurance

**NONE**

Schedule H - Part 5 - Health Claims

**NONE**

Schedule P - Part 1A - Homeowners/Farmowners

**NONE**

Schedule P - Part 1B - Private Passenger Auto Liability/Medical

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO**  
**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						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.....	263	263		178	178	7	7					12
4. 2014.....	5,697	5,697		991	991	60	60			4		455
5. 2015.....	8,958	8,958		2,326	2,326	170	170	6	6	12		718
6. 2016.....	8,528	8,528		5,451	5,451	453	453	5	5	7		747
7. 2017.....	8,715	8,715		2,406	2,406	207	207	8	8	16		710
8. 2018.....	9,828	9,828		2,202	2,202	256	256	0	0	3		675
9. 2019.....	12,376	12,376		2,618	2,618	125	125	1	1	21		870
10. 2020.....	15,392	15,392		2,276	2,276	100	100	25	25	16		727
11. 2021.....	18,358	18,358		2,436	2,436	34	34	6	6	27		923
12. Totals	XXX	XXX	XXX	20,884	20,884	1,412	1,412	51	51	106		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. 2014.....			253	253			49	49	20	20			
5. 2015.....	254	254	274	274	15	15	53	53	22	22			1
6. 2016.....	276	276	459	459	23	23	89	89	37	37			4
7. 2017.....	462	462	652	652	18	18	126	126	53	53			4
8. 2018.....	657	657	978	978	60	60	190	190	79	79			13
9. 2019.....	985	985	1,704	1,704	120	120	330	330	138	138			33
10. 2020.....	1,715	1,715	2,550	2,550	97	97	494	494	206	206			44
11. 2021.....	2,567	2,567			63	63			0	0			247
12. Totals	6,915	6,915	6,871	6,871	396	396	1,332	1,332	555	555			346

	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.....											
3. 2013.....	185	185		70.4	70.4						
4. 2014.....	1,373	1,373		24.1	24.1						
5. 2015.....	3,121	3,121		34.8	34.8						
6. 2016.....	6,793	6,793		79.7	79.7						
7. 2017.....	3,932	3,932		45.1	45.1						
8. 2018.....	4,422	4,422		45.0	45.0						
9. 2019.....	6,021	6,021		48.7	48.7						
10. 2020.....	7,464	7,464		48.5	48.5						
11. 2021.....	5,105	5,105		27.8	27.8						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX									XXX
2. 2012	382	382		281	281	30	30					6
3. 2013	3,369	3,369		1,483	1,483	122	122			11		97
4. 2014	6,931	6,931		2,684	2,684	187	187			83		214
5. 2015	13,645	13,645		4,303	4,303	379	379	2	2	125		440
6. 2016	18,398	18,398		7,026	7,026	620	620	1	1	396		544
7. 2017	23,522	23,522		5,543	5,543	521	521	23	23	148	0	682
8. 2018	25,218	25,218		6,814	6,814	682	682	0	0	164		798
9. 2019	24,062	24,062		4,664	4,664	418	418	0	0	69	(1)	792
10. 2020	22,535	22,535		4,801	4,801	519	519	7	7	5	0	755
11. 2021	20,343	20,343		1,974	1,974	80	80	6	6	3		658
12. Totals	XXX	XXX	XXX	39,572	39,572	3,557	3,557	39	40	1,004	(1)	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2012	155	155	149	149	10	10	25	25	14	14			1
3. 2013	40	40	39	39	4	4	6	6	4	4			3
4. 2014	94	94	90	90	2	2	15	15	8	8			2
5. 2015	451	451	434	434	23	23	72	72	41	41			10
6. 2016	1,869	1,869	1,798	1,798	53	53	298	298	169	169			13
7. 2017	902	902	868	868	52	52	144	144	82	82			16
8. 2018	2,764	2,764	2,657	2,657	136	136	441	441	250	250			43
9. 2019	1,577	1,577	1,509	1,509	125	125	250	250	142	142			45
10. 2020	4,528	4,528	4,351	4,351	213	213	718	718	407	407			97
11. 2021	3,136	3,136	3,025	3,025	285	285	497	497	282	282			314
12. Totals	15,517	15,517	14,920	14,920	902	902	2,468	2,468	1,399	1,399			544

	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	665	665		174.0	174.0						
3. 2013	1,698	1,698		50.4	50.4						
4. 2014	3,079	3,079		44.4	44.4						
5. 2015	5,706	5,706		41.8	41.8						
6. 2016	11,833	11,833		64.3	64.3						
7. 2017	8,134	8,134	0	34.6	34.6						
8. 2018	13,744	13,744		54.5	54.5						
9. 2019	8,685	8,686	(1)	36.1	36.1						
10. 2020	15,545	15,545	0	69.0	69.0						
11. 2021	9,285	9,285		45.6	45.6						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO**  
**SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2012.....												
3. 2013.....	693	693		293	293	8	8	4	4			17
4. 2014.....	20,137	20,137		5,493	5,493	1,181	1,181	29	29	377		724
5. 2015.....	36,275	36,275		10,191	10,191	3,655	3,655	79	79	701		1,273
6. 2016.....	36,066	36,066		8,859	8,859	2,043	2,043	43	43	438		1,034
7. 2017.....	36,821	36,821		11,775	11,775	1,794	1,794	78	78	167		1,106
8. 2018.....	37,680	37,680		7,082	7,082	1,891	1,891	51	51	358		991
9. 2019.....	38,957	38,957		9,128	9,128	1,424	1,424	163	163	231		1,013
10. 2020.....	41,711	41,711		8,604	8,604	1,093	1,093	313	313	514		981
11. 2021.....	46,383	46,383		4,966	4,966	459	459	69	69	94		839
12. Totals	XXX	XXX	XXX	66,392	66,392	13,548	13,548	829	829	2,880		XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2012.....													
3. 2013.....													
4. 2014.....	5	5	5	5	2	2	2	2	0	0			1
5. 2015.....	1,290	1,290	1,493	1,493	165	165	662	662	143	143			17
6. 2016.....	1,120	1,120	1,296	1,296	235	235	575	575	124	124			20
7. 2017.....	1,272	1,272	1,473	1,473	192	192	653	653	141	141			29
8. 2018.....	3,426	3,426	3,965	3,965	374	374	1,758	1,758	380	380			45
9. 2019.....	3,246	3,246	3,757	3,757	718	718	1,666	1,666	366	366			102
10. 2020.....	2,459	2,459	2,846	2,846	676	676	1,262	1,262	286	286			115
11. 2021.....	5,405	5,405	6,257	6,257	596	596	2,774	2,774	627	627			369
12. Totals	18,221	18,221	21,091	21,091	2,958	2,958	9,353	9,353	2,069	2,069			698

	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.....											
3. 2013.....	304	304		43.9	43.9						
4. 2014.....	6,719	6,719		33.4	33.4						
5. 2015.....	17,677	17,677		48.7	48.7						
6. 2016.....	14,295	14,295		39.6	39.6						
7. 2017.....	17,379	17,379		47.2	47.2						
8. 2018.....	18,927	18,927		50.2	50.2						
9. 2019.....	20,467	20,467		52.5	52.5						
10. 2020.....	17,538	17,538		42.0	42.0						
11. 2021.....	21,153	21,153		45.6	45.6						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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 UTICA NATIONAL INSURANCE COMPANY OF OHIO**  
**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.....												
3. 2013.....	456	456										1
4. 2014.....	6,474	6,474										1
5. 2015.....	9,143	9,143										4
6. 2016.....	8,982	8,982		3,351	3,351							6
7. 2017.....	8,607	8,607										6
8. 2018.....	8,564	8,564										2
9. 2019.....	8,826	8,826				8	8					4
10. 2020.....	9,602	9,602		38	38	0	0	0	0			3
11. 2021.....	10,417	10,417										2
12. Totals	XXX	XXX	XXX	3,389	3,389	8	8	0	0			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2012.....													
3. 2013.....													1
4. 2014.....													
5. 2015.....													
6. 2016.....													
7. 2017.....	500	500	8,126	8,126			81	81	170	170			3
8. 2018.....													
9. 2019.....					3	3							1
10. 2020.....													
11. 2021.....													
12. Totals	500	500	8,126	8,126	3	3	81	81	170	170			5

	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.....	3,351	3,351		37.3	37.3						
7. 2017.....	8,877	8,877		103.1	103.1						
8. 2018.....											
9. 2019.....	11	11		0.1	0.1						
10. 2020.....	38	38		0.4	0.4						
11. 2021.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO**  
**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.....	1	1										
5. 2015.....	2	2										
6. 2016.....	0	0										
7. 2017.....	22	22										3
8. 2018.....	11	11										
9. 2019.....	103	103										
10. 2020.....	250	250		30	30	40	40	2	2			4
11. 2021.....	364	364				9	9	4	4			5
12. Totals	XXX	XXX	XXX	30	30	49	49	6	6			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		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.....	55	55	74	74	24	24	22	22	3	3			1
11. 2021.....													2
12. Totals	55	55	74	74	24	24	22	22	3	3			3

	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.....	251	251		100.3	100.3						
11. 2021.....	13	13		3.6	3.6						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO**  
**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	2	3	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	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX									XXX
2. 2020	28	28		200	200	10	10	5	5			XXX
3. 2021	124	124										XXX
4. Totals	XXX	XXX	XXX	200	200	10	10	5	5			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2020					6	6							
3. 2021			0	0			3	3	2	2			
4. Totals			0	0	6	6	3	3	2	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	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. 2020	220	220		777.8	777.8						
3. 2021	6	6		4.6	4.6						
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**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						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	0	0	2	2	0	0	5	XXX	
2. 2020.....	4,421	4,421		1,965	1,965	87	87	7	7	666	593	
3. 2021.....	5,285	5,285		2,582	2,582	78	78	4	4	394	781	
4. Totals	XXX	XXX	XXX	4,547	4,547	167	167	11	11	1,066	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.....	11	11	(3)	(3)	1	1	1	1	0	0			5
2. 2020.....	49	49	(12)	(12)			4	4	2	2			16
3. 2021.....	524	524	(133)	(133)	2	2	48	48	22	22			148
4. Totals	584	584	(148)	(148)	3	3	53	53	25	25			169

	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.....	2,102	2,102		47.6	47.6						
3. 2021.....	3,127	3,127		59.2	59.2						
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1K - Fidelity/Surety

**NONE**

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

**NONE**

Schedule P - Part 1M - International

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO**  
**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.....												
3. 2013.....	0	0										
4. 2014.....	2	2										
5. 2015.....	2	2										
6. 2016.....	2	2										
7. 2017.....	2	2										
8. 2018.....	2	2										
9. 2019.....	0	0										
10. 2020.....	0	0										
11. 2021.....												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		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. 2014.....													
5. 2015.....													
6. 2016.....													
7. 2017.....													
8. 2018.....													
9. 2019.....													
10. 2020.....													
11. 2021.....			0	0			0	0	0	0			
12. Totals			0	0			0	0	0	0			

	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.....	0	0									
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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**

Schedule P - Part 2A - Homeowners/Farmowners

**N O N E**

Schedule P - Part 2B - Private Passenger Auto Liability/Medical

**N O N E**

Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical

**N O N E**

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

**N O N E**

Schedule P - Part 2E - Commercial Multiple Peril

**N O N E**

Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence

**N O N E**

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

**N O N E**

Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

**N O N E**

Schedule P - Part 2H - Section 1 - Other Liability - Occurrence

**N O N E**

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

**N O N E**

Schedule P - Part 2I - Special Property

**N O N E**

Schedule P - Part 2J - Auto Physical Damage

**NONE**

Schedule P - Part 2K - Fidelity/Surety

**NONE**

Schedule P - Part 2L - Other (Including Credit, Accident and Health)

**NONE**

Schedule P - Part 2M - International

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

**NONE**

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

**NONE**

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

**NONE**

Schedule P - Part 2T - Warranty

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**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												
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 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

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 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

1. Prior	.000												
2. 2012													
3. 2013	XXX											10	2
4. 2014	XXX	XXX										220	235
5. 2015	XXX	XXX	XXX									313	404
6. 2016	XXX	XXX	XXX	XXX								325	418
7. 2017	XXX	XXX	XXX	XXX	XXX							326	380
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						304	358
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					375	462
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				293	390
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		262	414

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

1. Prior	.000												
2. 2012												5	
3. 2013	XXX											84	10
4. 2014	XXX	XXX										173	39
5. 2015	XXX	XXX	XXX									345	85
6. 2016	XXX	XXX	XXX	XXX								411	120
7. 2017	XXX	XXX	XXX	XXX	XXX							509	157
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						544	211
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					538	209
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				460	198
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		211	133

**SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL**

1. Prior	.000												
2. 2012													
3. 2013	XXX											5	12
4. 2014	XXX	XXX										318	405
5. 2015	XXX	XXX	XXX									542	714
6. 2016	XXX	XXX	XXX	XXX								434	580
7. 2017	XXX	XXX	XXX	XXX	XXX							466	611
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						409	537
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					390	521
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				270	596
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		170	300

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**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				

**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				

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

**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								3
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				1	2
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				3

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**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	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

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000				
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			291	286
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		287	346

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

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

**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

**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

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**

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence

**N O N E**

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made

**N O N E**

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 3T - Warranty

**N O N E**

Schedule P - Part 4A - Homeowners/Farmowners

**N O N E**

Schedule P - Part 4B - Private Passenger Auto Liability/Medical

**N O N E**

Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical

**N O N E**

Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)

**N O N E**

Schedule P - Part 4E - Commercial Multiple Peril

**N O N E**

Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence

**N O N E**

Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made

**N O N E**

Schedule P - Part 4G - Special Liability

**NONE**

Schedule P - Part 4H - Section 1 - Other Liability - Occurrence

**NONE**

Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made

**NONE**

Schedule P - Part 4I - Special Property

**NONE**

Schedule P - Part 4J - Auto Physical Damage

**NONE**

Schedule P - Part 4K - Fidelity/Surety

**NONE**

Schedule P - Part 4L - Other (Including Credit, Accident and Health)

**NONE**

Schedule P - Part 4M - International

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

**NONE**

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

**NONE**

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

**NONE**

Schedule P - Part 4T - Warranty

**N O N E**

Schedule P - Part 5A - Homeowners/Farmowners - Section 1

**N O N E**

Schedule P - Part 5A - Homeowners/Farmowners - Section 2

**N O N E**

Schedule P - Part 5A - Homeowners/Farmowners - Section 3

**N O N E**

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 1

**N O N E**

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 2

**N O N E**

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 3

**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO  
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										
2. 2012										
3. 2013	XXX		6	9	10	10	10	10	10	10
4. 2014	XXX	XXX	133	206	216	219	220	220	220	220
5. 2015	XXX	XXX	XXX	234	296	303	307	309	312	313
6. 2016	XXX	XXX	XXX	XXX	195	281	300	307	313	325
7. 2017	XXX	XXX	XXX	XXX	XXX	210	289	308	319	326
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	205	289	302	304
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	234	349	375
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	182	293
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	262

**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										
2. 2012										
3. 2013	XXX		4	1						
4. 2014	XXX	XXX	112	9	2					
5. 2015	XXX	XXX	XXX	103	16	9	5	5	3	1
6. 2016	XXX	XXX	XXX	XXX	141	43	24	18	14	4
7. 2017	XXX	XXX	XXX	XXX	XXX	113	26	16	9	4
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	98	15	13	13
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	160	48	33
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	162	44
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	247

**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										
2. 2012										
3. 2013	XXX		12	12	12	12	12	12	12	12
4. 2014	XXX	XXX	413	447	452	454	455	455	455	455
5. 2015	XXX	XXX	XXX	677	709	714	715	717	718	718
6. 2016	XXX	XXX	XXX	XXX	677	733	739	743	745	747
7. 2017	XXX	XXX	XXX	XXX	XXX	653	690	701	708	710
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	617	657	671	675
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	764	850	870
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	673	727
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	923

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 5D - WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

**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										
2. 2012			3	4	4	5	5	5	5	5
3. 2013	XXX		52	66	70	75	78	80	84	84
4. 2014	XXX	XXX	39	114	143	150	158	172	172	173
5. 2015	XXX	XXX	XXX	93	242	289	314	325	337	345
6. 2016	XXX	XXX	XXX	XXX	120	285	349	380	398	411
7. 2017	XXX	XXX	XXX	XXX	XXX	138	379	456	487	509
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	183	457	518	544
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	235	468	538
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	224	460
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	211

**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										
2. 2012			3	2	2	1	1	1	1	1
3. 2013	XXX		28	16	13	9	6	6	2	3
4. 2014	XXX	XXX	117	41	19	14	8	4	4	2
5. 2015	XXX	XXX	XXX	206	77	45	27	20	15	10
6. 2016	XXX	XXX	XXX	XXX	236	95	46	28	18	13
7. 2017	XXX	XXX	XXX	XXX	XXX	328	100	49	28	16
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	368	104	56	43
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	289	85	45
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	293	97
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	314

**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										
2. 2012			6	6	6	6	6	6	6	6
3. 2013	XXX		89	92	93	94	94	96	96	97
4. 2014	XXX	XXX	172	189	199	202	204	214	214	214
5. 2015	XXX	XXX	XXX	350	391	414	424	429	436	440
6. 2016	XXX	XXX	XXX	XXX	424	489	511	525	536	544
7. 2017	XXX	XXX	XXX	XXX	XXX	556	621	656	672	682
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	697	767	783	798
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	669	757	792
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	653	755
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	658

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**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										
2. 2012										
3. 2013	XXX		5	5	5	5	5	5	5	5
4. 2014	XXX	XXX	125	260	284	300	310	316	318	318
5. 2015	XXX	XXX	XXX	297	465	508	523	532	538	542
6. 2016	XXX	XXX	XXX	XXX	218	369	406	421	429	434
7. 2017	XXX	XXX	XXX	XXX	XXX	251	414	439	456	466
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	218	348	390	409
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	217	345	390
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	147	270
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	170

**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										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX	270	86	37	23	13	7	1	1
5. 2015	XXX	XXX	XXX	368	106	61	45	29	22	17
6. 2016	XXX	XXX	XXX	XXX	337	107	55	34	30	20
7. 2017	XXX	XXX	XXX	XXX	XXX	336	103	71	40	29
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	286	124	68	45
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	320	142	102
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	380	115
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	369

**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										
2. 2012										
3. 2013	XXX		16	16	16	17	17	17	17	17
4. 2014	XXX	XXX	592	698	706	718	721	723	723	724
5. 2015	XXX	XXX	XXX	1,106	1,219	1,248	1,264	1,267	1,271	1,273
6. 2016	XXX	XXX	XXX	XXX	881	984	1,016	1,024	1,033	1,034
7. 2017	XXX	XXX	XXX	XXX	XXX	989	1,077	1,096	1,101	1,106
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	852	964	979	991
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	877	975	1,013
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	886	981
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	839

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 UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**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										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX				1	2	2
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	1	1
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior										
2. 2012										
3. 2013	XXX				1	1	1	1	1	1
4. 2014	XXX	XXX			1					
5. 2015	XXX	XXX	XXX		1	1				
6. 2016	XXX	XXX	XXX	XXX	2	2	1			
7. 2017	XXX	XXX	XXX	XXX	XXX		3	3	3	3
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
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	

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**SCHEDULE P - PART 5H - OTHER LIABILITY - CLAIMS-MADE**

**SECTION 1B**

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.....										
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	1	1
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2B**

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.....										
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	2	1
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

**SECTION 3B**

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.....										
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	3	3	3	3	3
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	4	4
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A

**NONE**

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

**NONE**

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

Schedule P - Part 5T - Warranty - Section 1

**NONE**

Schedule P - Part 5T - Warranty - Section 2

**NONE**

Schedule P - Part 5T - Warranty - Section 3

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO  
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.....											
3. 2013.....	XXX	263	1,255	1,248	1,248	1,248	1,248	1,246	1,246	1,246	
4. 2014.....	XXX	XXX	4,705	8,750	8,744	8,741	8,741	8,739	8,739	8,739	
5. 2015.....	XXX	XXX	XXX	4,920	9,052	9,040	9,040	9,039	9,039	9,039	
6. 2016.....	XXX	XXX	XXX	XXX	4,402	8,529	8,546	8,546	8,546	8,546	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	4,603	9,018	9,017	9,017	9,017	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	5,398	11,084	11,067	11,067	(1)
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,693	13,219	13,234	15
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,883	17,813	8,930
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,414	9,414
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,358
13. Earned Premiums (Sch P-Pt. 1)		263	5,697	8,958	8,528	8,715	9,828	12,376	15,392	18,358	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	263	1,255	1,248	1,248	1,248	1,248	1,246	1,246	1,246	
4. 2014.....	XXX	XXX	4,705	8,750	8,744	8,741	8,741	8,739	8,739	8,739	
5. 2015.....	XXX	XXX	XXX	4,920	9,052	9,040	9,040	9,039	9,039	9,039	
6. 2016.....	XXX	XXX	XXX	XXX	4,402	8,529	8,546	8,546	8,546	8,546	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	4,603	9,018	9,017	9,017	9,017	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	5,398	11,084	11,067	11,067	(1)
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,693	13,219	13,234	15
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,883	17,813	8,930
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,414	9,414
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,358
13. Earned Premiums (Sch P-Pt. 1)		263	5,697	8,958	8,528	8,715	9,828	12,376	15,392	18,358	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.....	382	1,563	1,590	1,587	1,587	1,587	1,587	1,587	1,587	1,587	
3. 2013.....	XXX	2,189	4,749	4,620	4,620	4,614	4,614	4,614	4,614	4,614	
4. 2014.....	XXX	XXX	4,343	8,783	8,794	8,792	8,792	8,792	8,790	8,790	
5. 2015.....	XXX	XXX	XXX	9,337	16,622	16,918	16,948	16,935	16,935	16,935	
6. 2016.....	XXX	XXX	XXX	XXX	11,102	20,627	20,740	20,739	20,702	20,702	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	13,709	24,759	25,052	24,982	25,124	142
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	14,024	25,042	24,990	24,980	(11)
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,766	22,972	22,333	(639)
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,490	21,186	8,696
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,154	12,154
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20,343
13. Earned Premiums (Sch P-Pt. 1)	382	3,369	6,931	13,645	18,398	23,522	25,218	24,062	22,535	20,343	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.....	382	1,563	1,590	1,587	1,587	1,587	1,587	1,587	1,587	1,587	
3. 2013.....	XXX	2,189	4,749	4,620	4,620	4,614	4,614	4,614	4,614	4,614	
4. 2014.....	XXX	XXX	4,343	8,783	8,794	8,792	8,792	8,792	8,790	8,790	
5. 2015.....	XXX	XXX	XXX	9,337	16,622	16,918	16,948	16,935	16,935	16,935	
6. 2016.....	XXX	XXX	XXX	XXX	11,102	20,627	20,740	20,739	20,702	20,702	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	13,709	24,759	25,052	24,982	25,124	142
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	14,024	25,042	24,990	24,980	(11)
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,766	22,972	22,333	(639)
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,490	21,186	8,696
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,154	12,154
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20,343
13. Earned Premiums (Sch P-Pt. 1)	382	3,369	6,931	13,645	18,398	23,522	25,218	24,062	22,535	20,343	XXX

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO**  
**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.....											
3. 2013.....	XXX	693	2,764	2,760	2,760	2,760	2,760	2,760	2,760	2,760	
4. 2014.....	XXX	XXX	18,067	34,780	34,739	34,739	34,739	34,739	34,739	34,739	
5. 2015.....	XXX	XXX	XXX	19,564	38,178	38,175	38,175	38,175	38,175	38,175	
6. 2016.....	XXX	XXX	XXX	XXX	17,493	36,221	36,244	36,244	36,244	36,244	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	18,098	37,443	37,344	37,344	37,344	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	18,312	38,149	38,118	38,118	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,218	39,857	39,868	11
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,103	43,376	22,274
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,099	24,099
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	46,383
13. Earned Premiums (Sch P-Pt. 1)		693	20,137	36,275	36,066	36,821	37,680	38,957	41,711	46,383	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	693	2,764	2,760	2,760	2,760	2,760	2,760	2,760	2,760	
4. 2014.....	XXX	XXX	18,067	34,780	34,739	34,739	34,739	34,739	34,739	34,739	
5. 2015.....	XXX	XXX	XXX	19,564	38,178	38,175	38,175	38,175	38,175	38,175	
6. 2016.....	XXX	XXX	XXX	XXX	17,493	36,221	36,244	36,244	36,244	36,244	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	18,098	37,443	37,344	37,344	37,344	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	18,312	38,149	38,118	38,118	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,218	39,857	39,868	11
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,103	43,376	22,274
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,099	24,099
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	46,383
13. Earned Premiums (Sch P-Pt. 1)		693	20,137	36,275	36,066	36,821	37,680	38,957	41,711	46,383	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.....											
3. 2013.....	XXX	456	2,179	2,179	2,179	2,177	2,177	2,175	2,175	2,175	
4. 2014.....	XXX	XXX	4,751	8,895	8,895	8,893	8,893	8,891	8,891	8,891	
5. 2015.....	XXX	XXX	XXX	4,999	9,292	9,290	9,303	9,301	9,301	9,301	
6. 2016.....	XXX	XXX	XXX	XXX	4,689	8,586	8,586	8,584	8,584	8,584	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	4,717	8,692	8,692	8,692	8,692	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	4,575	8,611	8,617	8,617	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,797	9,217	9,217	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,175	10,103	4,928
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,489	5,489
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,417
13. Earned Premiums (Sch P-Pt. 1)		456	6,474	9,143	8,982	8,607	8,564	8,826	9,602	10,417	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.....											
3. 2013.....	XXX	456	2,179	2,179	2,179	2,177	2,177	2,175	2,175	2,175	
4. 2014.....	XXX	XXX	4,751	8,895	8,895	8,893	8,893	8,891	8,891	8,891	
5. 2015.....	XXX	XXX	XXX	4,999	9,292	9,290	9,303	9,301	9,301	9,301	
6. 2016.....	XXX	XXX	XXX	XXX	4,689	8,586	8,586	8,584	8,584	8,584	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	4,717	8,692	8,692	8,692	8,692	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	4,575	8,611	8,617	8,617	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,797	9,217	9,217	0
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,175	10,103	4,928
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,489	5,489
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,417
13. Earned Premiums (Sch P-Pt. 1)		456	6,474	9,143	8,982	8,607	8,564	8,826	9,602	10,417	XXX

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**SCHEDULE P - PART 6H - OTHER 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 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	1	1	1	1	1	1	1	1	
5. 2015.....	XXX	XXX	XXX	2	2	2	2	2	2	2	
6. 2016.....	XXX	XXX	XXX	XXX	20	20	20	20	20	20	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	1	2	2	2	2	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	10	35	35	35	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	78	178	178	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	150	322	172
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	192	192
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	364
13. Earned Premiums (Sch P-Pt. 1)			1	2	0	22	11	103	250	364	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 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	1	1	1	1	1	1	1	1	
5. 2015.....	XXX	XXX	XXX	2	2	2	2	2	2	2	
6. 2016.....	XXX	XXX	XXX	XXX	20	20	20	20	20	20	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	1	2	2	2	2	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	10	35	35	35	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	78	178	178	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	150	322	172
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	192	192
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	364
13. Earned Premiums (Sch P-Pt. 1)			1	2	0	22	11	103	250	364	XXX

**SCHEDULE P - PART 6M - INTERNATIONAL  
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 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									
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		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 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									
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		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

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 UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**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 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	0	2	2	2	2	2	2	2	2	
4. 2014.....	XXX	XXX	0	2	2	2	2	2	2	2	
5. 2015.....	XXX	XXX	XXX	0	2	2	2	2	2	2	
6. 2016.....	XXX	XXX	XXX	XXX	0	2	2	2	2	2	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	0	2	2	2	2	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021.....	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)		0	2	2	2	2	2	0	0		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 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	0	2	2	2	2	2	2	2	2	
4. 2014.....	XXX	XXX	0	2	2	2	2	2	2	2	
5. 2015.....	XXX	XXX	XXX	0	2	2	2	2	2	2	
6. 2016.....	XXX	XXX	XXX	XXX	0	2	2	2	2	2	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	0	2	2	2	2	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021.....	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)		0	2	2	2	2	2	0	0		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 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									
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		
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 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									
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		
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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts

**NONE**

Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts

**NONE**

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

**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 [ ]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? ..... Yes [ ] No [ ]
- 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 [ ]
- 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 [ X ] No [ ]
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? ..... Yes [ X ] No [ ]
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? ..... Yes [ ] No [ X ]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.  
 Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for:  
 (in thousands of dollars) 5.1 Fidelity .....  
 5.2 Surety .....

6. Claim count information is reported per claim or per claimant (Indicate which) ..... per claimant.....  
 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 [ ] No [ X ]

- 7.2 (An extended statement may be attached.)  
 #3.Adjusting & Other Expenses - The ADO payments in this statement are actual accident year claim payments. The ADO reserves are a combination of actual accident year data and BULK estimates determined by actuarial data. ....

Schedule T - Part 2 - Interstate Compact

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**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	Relation-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)	*
.0201	Utica National Insurance Group	25796	15-0476880				Utica Mutual Insurance Company	NY	DDP		Board of Directors	0.000		NO	
.0201	Utica National Insurance Group	25984	13-5274760				Graphic Arts Mutual Insurance Company	NY	IA	Utica Mutual Insurance Company	Management	0.000	Utica Mutual Insurance Company	NO	
.0201	Utica National Insurance Group	12475	31-4290270				Republic-Franklin Insurance Company	OH	IA	Utica Mutual Insurance Company	Ownership	94.000	Utica Mutual Insurance Company	NO	1
.0201	Utica National Insurance Group	10687	16-1486064				Utica National Assurance Company	NY	IA	Utica Mutual Insurance Company	Ownership	100.000	Utica Mutual Insurance Company	NO	
.0201	Utica National Insurance Group	43478	75-1771221				Utica National Insurance Company of Texas	TX	IA	Utica Mutual Insurance Company	Ownership	100.000	Utica Mutual Insurance Company	NO	
.0201	Utica National Insurance Group	13998	27-2764004				Utica National Insurance Company of Ohio	OH	IA	Utica Mutual Insurance Company	Ownership	100.000	Utica Mutual Insurance Company	NO	
.0201	Utica National Insurance Group	43451	75-1783406				Utica Specialty Risk Insurance Company	TX	IA	Utica Mutual Insurance Company	Ownership	100.000	Utica Mutual Insurance Company	NO	
.0201	Utica National Insurance Group	10990	75-2833000				Utica Lloyd's of Texas	TX	IA	Utica Lloyds Inc.	Attorney-In-Fact	0.000	Utica Mutual Insurance Company	NO	2
			06-1592900				Utica Lloyd's, Inc.	TX	NIA	Utica Mutual Insurance Company	Ownership	100.000	Utica Mutual Insurance Company	NO	
			16-0985531				Uni-Service Operations Corporation	NY	NIA	Utica Mutual Insurance Company	Ownership	100.000	Utica Mutual Insurance Company	NO	
.0201	Utica National Insurance Group	14249	36-2748795				Founders Insurance Company	IL	IA	Utica Mutual Insurance Company	Ownership	100.000	Utica Mutual Insurance Company	NO	
.0201	Utica National Insurance Group	18180	38-2613776				Founders Insurance Company of Michigan	MI	IA	Founders Insurance Company	Ownership	100.000	Utica Mutual Insurance Company	NO	
			36-3250110				Pillar Premium Finance Company	IL	NIA	Founders Insurance Company	Ownership	100.000	Utica Mutual Insurance Company	NO	
			16-1228033				Uni-Service Life Agency, Inc.	NY	NIA	Utica Mutual Insurance Company	Ownership	100.000	Utica Mutual Insurance Company	NO	
			16-1313450				Utica National Group Foundation, Inc.	NY	DTH		Other	0.000		NO	3
			85-2225088				201 Lafayette Street, LLC	NY	NIA	Utica Mutual Insurance Company	Ownership	100.000	Utica Mutual Insurance Company	NO	

Asterisk	Explanation
1	Owned 6% by Graphic Arts Mutual Insurance Company.
2	A Texas Lloyd's association of twelve underwriters under the sponsorship of the Utica Mutual Insurance Company.
3	Shares common management with the group.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**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)
25976	15-0476880	Utica Mutual Insurance Company					25,949,376	31,284,532	*		57,233,907	(1,315,566,891)
25984	13-5274760	Graphic Arts Mutual Insurance Company							*			210,623,340
12475	31-4290270	Republic-Franklin Insurance Company							*			456,131,589
10687	16-1486064	Utica National Assurance Company							*			177,117,049
43478	75-1771221	Utica National Insurance Company of Texas							*			221,317,677
13998	27-2764004	Utica National Insurance Company of Ohio					(20,932,674)	(29,818,585)			(50,751,259)	164,779,928
43451	75-1783406	Utica Specialty Risk Insurance Company					(2,272,300)	(11,523,376)			(13,795,677)	25,829,334
10990	75-2833000	Utica Lloyd's of Texas					(2,744,402)	10,057,430			7,313,028	53,357,390
14249	36-2748795	Founders Insurance Company					71,278		*		71,278	6,410,584
18180	38-2613776	Founders Insurance Company of Michigan					(71,278)				(71,278)	
9999999 Control Totals												
									XXX			



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO  
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**

- |   | Responses |
|---|-----------|
| 1. Will an actuarial opinion be filed by March 1? .....   | YES       |
| 2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....                   | YES       |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? .....                           | YES       |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? ..... | YES       |

**APRIL FILING**

- |  |     |
|--|-----|
| 5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? ..... | YES |
| 6. Will Management's Discussion and Analysis be filed by April 1? .....                                  | YES |
| 7. Will the Supplemental Investment Risk Interrogatories be filed by April 1? .....                      | YES |

**MAY FILING**

- |  |     |
|--|-----|
| 8. Will this company be included in a combined annual statement which is filed with the NAIC by May 1? ..... | YES |
|--|-----|

**JUNE FILING**

- |  |     |
|--|-----|
| 9. Will an audited financial report be filed by June 1? .....  | YES |
| 10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? ..... | YES |

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? .....  | NO  |
| 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? .....  | NO  |
| 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? .....   | YES |
| 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. |  |
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**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]   |  |
| 17. Reinsurance Summary Supplemental Filing [Document Identifier 401]          |  |

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

18. Medicare Part D Coverage Supplement [Document Identifier 365]



21. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]



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]



30. Accident and Health Policy Experience Exhibit [Document Identifier 210]



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]



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**



SUPPLEMENT FOR THE YEAR 2021 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

# DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

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

NAIC Group Code 0201

NAIC Company Code 13998

Company Name UTICA NATIONAL INSURANCE COMPANY OF OHIO

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: ..... \$ ..... 166,935

2.32 Amount estimated using reasonable assumptions: ..... \$ .....

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
\$ .....	\$ .....	\$ .....	\$ .....	..... %	..... %