



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE

United Ohio Insurance Company

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

OFFICERS

President Mark Clarence Russell, Mr. Secretary Thomas Eugene Woolley, Mr. #
Treasurer David Gary Hendrix, Mr.

OTHER		
Todd Marshall Boyer, Mr., Vice President Corporate Communications	Chad Philip Combs, Mr., Vice President Personal Lines Underwriting	John Richard DeLucia, Mr., Vice President Claims
David Alan Grove, Mr., Vice President Product Management	Gary Thomas Johnson, Mr., Vice President Commercial Lines Underwriting	Susan Elizabeth Kent, Mrs., Vice President Business Analytics
James Brady McCormack, Mr., Vice President Information Systems	Mendi Harris Riddle, Mrs., Vice President Sales	Marcella Sloane Smith, Mrs., Chief Administrative Officer

DIRECTORS OR TRUSTEES

Neeru Arora Ms. # Karen Riley Haefling, Ms. Albert Michael Heister, Mr.
Dawn Kink Ms. # Susan Porter, Ms. John Redon Purse, Mr.
Mark Clarence Russell, Mr. Charles Salf, Mr. Thomas Eugene Wcolley, Mr.

State of Ohio County of Crawford SS SS

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

Mark Clarence Russell
President and CEO

David Gary Hendrix
Treasurer and CFO

Marcella Sloane Smith
Assistant Secretary

Subscribed and sworn to before me this
day of

a. Is this an original filing?

b. If no,

1. State the amendment number.....
2. Date filed



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0963	BUSINESS IN THE STATE OF	Connecticut	DURING THE YEAR 2022								NAIC Company Code	13072
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire	10,774	8,975		4,985		(58)	101		(4)	6	2,253	.198	
2.1 Allied Lines	21,429	16,317		10,987		(100)	235		(32)		4,482	.393	
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)	1,132,168	1,045,772		593,212	355,103	340,909	75,818	6,275	4,749	3,758	236,567	.20,747	
5.2 Commercial Multiple Peril (Liability Portion)	1,814,179	1,812,350		889,696	1,494,112	155,662	2,925,650	648,969	271,540	1,457,788	378,955	33,244	
6. Mortgage Guaranty													
8. Ocean Marine													
9. Inland Marine		1,194	2,104			(79)						248	.22
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence	294,356	290,709		147,744	1,801,662	(69,592)	327,765	420	(140,141)	26,488	48,142	.5,394	
17.2 Other Liability - Claims-Made													
17.3 Excess Workers Compensation													
18.1 Products Liability - Occurrence	6,514	4,616		4,791		442	657		(28)	64	1,363	.119	
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability	8,216,386	8,020,858		4,039,677	7,594,239	7,684,328	10,981,923	1,003,546	1,418,027	1,230,398	1,139,569	150,563	
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability		2,141,210	2,169,014		1,124,487	561,723	623,404	2,369,841	174,890	173,443	274,994	339,135	.39,237
21.1 Private Passenger Auto Physical Damage	6,087,061	5,809,302		2,990,171	4,403,078	4,923,002	4,245,790	4,703	6,577	4,677	857,148	111,543	
21.2 Commercial Auto Physical Damage		763,915	758,741		396,010	402,822	433,892	86,844	8,268	8,734	3,037	120,884	13,998
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	20,489,186	19,938,758		10,201,160	16,612,739	14,091,810	18,014,624	1,847,071	1,742,861	3,001,210	3,128,746	375,458	
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ 155,205

(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 2022 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0963	BUSINESS IN THE STATE OF Indiana		DURING THE YEAR 2022								NAIC Company Code	13072
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	23,265		4,875		20,556		87	188		5		11	3,923
2.1 Allied Lines	4,248		3,190		2,697		(50)	46		(9)			.426
2.2 Multiple Peril Crop .....													.78
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmers Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)	355,482		269,476		177,511	14,539	27,844	28,572		.526		1,423	65,094
5.2 Commercial Multiple Peril (Liability Portion)	266,511		195,479		128,737	42,480	193,206	214,305	1,868	60,332		89,656	46,000
6. Mortgage Guaranty													4,884
8. Ocean Marine													
9. Inland Marine													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence	148,126		112,050		76,977		113,962	160,495		3,971		12,924	22,684
17.2 Other Liability - Claims-Made													2,714
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence	4,202		3,192		2,768		249	409		(29)		40	.885
18.2 Products Liability - Claims-Made .....													.77
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability	317,004		257,783		151,112	49,905	149,291	228,980	2,090	12,139		25,982	49,942
21.1 Private Passenger Auto Physical Damage													5,809
21.2 Commercial Auto Physical Damage	125,425		100,323		58,943	37,735	52,885	23,569	3,161	3,596		.828	19,655
22. Aircraft (all perils)													2,298
23. Fidelity													
24. Surety													
26. Burglary and Theft .....	.578		31		.546		2	2					.92
27. Boiler and Machinery													11
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX		XXX		XXX		XXX			XXX		XXX	XXX
32. Reins nonproportional assumed liability	XXX		XXX		XXX		XXX			XXX		XXX	XXX
33. Reins nonproportional assumed financial lines	XXX		XXX		XXX		XXX			XXX		XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	1,244,841		946,399		619,847	144,659	537,476	656,566	7,119	80,531		130,864	209,162
DETAILS OF WRITE-INS													22,811
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 \$ 26,185

(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 2022 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0963	BUSINESS IN THE STATE OF	Maine	DURING THE YEAR 2022								NAIC Company Code	13072
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire		59,193	45,918		30,942		(203)	497		(13)	28	12,324	1,085
2.1 Allied Lines		26,254	19,836		14,647		2,359	9,733		7,776		5,466	.481
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)		1,957,868	1,747,060		968,847		243,853	374,654		204,705		9,498	15,507
5.2 Commercial Multiple Peril (Liability Portion)		2,149,296	1,926,778		1,049,219		265,892	838,905		1,750,331		109,650	453,116
6. Mortgage Guaranty													
8. Ocean Marine													
9. Inland Marine		362,528	329,832		201,802		136,098	215,573		88,769		9,109	16,367
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence		245,628	201,508		136,212		7,850	148,217		272,535		(2,398)	22,025
17.2 Other Liability - Claims-Made													
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence		39,256	28,799		21,169			2,671		3,855		(130)	374
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability		1,896,389	1,919,853		935,976		1,204,113	1,088,038		1,543,552		63,729	113,041
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability		1,944,953	1,743,759		1,012,073		424,461	898,379		1,618,270		17,919	61,446
21.1 Private Passenger Auto Physical Damage		1,965,465	1,917,582		980,562		1,844,482	1,873,043		295,524		2,120	2,192
21.2 Commercial Auto Physical Damage		1,048,029	927,212		549,166		518,769	599,778		135,434		14,170	16,409
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property		XXX	XXX		XXX		XXX	XXX		XXX		XXX	XXX
32. Reins nonproportional assumed liability		XXX	XXX		XXX		XXX	XXX		XXX		XXX	XXX
33. Reins nonproportional assumed financial lines		XXX	XXX		XXX		XXX	XXX		XXX		XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)		11,694,859	10,808,137		5,900,615		4,647,877	6,048,788		5,921,248		226,195	675,498
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ 107,035

(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 2022 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0963	BUSINESS IN THE STATE OF New Hampshire		DURING THE YEAR 2022							NAIC Company Code	13072	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	11,142	11,218		5,290	4,579	4,475	110		(6)	6	2,316	.204	
2.1 Allied Lines	10,768	11,060		5,542	17,272	7,131	128	.701	(291)		2,238	.197	
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)	633,362	609,398		317,918	52,865	72,967	50,572	4,399	5,159	2,516	131,683	11,606	
5.2 Commercial Multiple Peril (Liability Portion)	1,193,616	1,162,014		571,503	575,459	270,887	851,494	92,766	(53,090)	448,284	248,134	21,873	
6. Mortgage Guaranty													
8. Ocean Marine													
9. Inland Marine	198,583	197,293		79,524	219,099	275,882	63,319	3,502	8,682	5,436	41,257	3,639	
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence	168,777	159,220		81,579		89,670	190,655	150	(2,925)	15,585	32,276	3,093	
17.2 Other Liability - Claims-Made													
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence	28,798	28,104		13,281		1,326	2,936	1,275	.874	.285	5,979	.528	
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability	1,432,657	1,445,494		710,491	1,346,417	1,092,496	1,048,355	22,431	42,695	116,834	197,553	26,253	
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability	909,407	845,558		451,878	121,169	224,597	572,969	5,453	12,325	64,246	141,726	16,664	
21.1 Private Passenger Auto Physical Damage	1,886,540	1,832,966		.943,034	.941,551	1,012,027	312,394	.340	.575	1,169	262,947	34,570	
21.2 Commercial Auto Physical Damage	440,707	404,125		216,109	329,355	357,340	57,051	10,234	10,886	1,998	68,566	8,076	
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	6,914,357	6,706,450		3,396,149	3,607,766	3,408,798	3,149,983	141,251	24,884	656,359	1,134,675	126,703	
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ 49,155

(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 2022 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0963	BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2022									NAIC Company Code	13072
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
		1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire	16,970,244	16,204,656			8,793,783	11,494,033	12,005,891	1,730,499	301,632	310,199	96,609	2,713,672	310,974	
2.1 Allied Lines	94,297	91,785			51,081	10,323	9,121	1,029	700	485		19,744	1,728	
2.2 Multiple Peril Crop														
2.3 Federal Flood														
2.4 Private Crop														
2.5 Private Flood														
3. Farmowners Multiple Peril	16,568,807	16,502,427			7,906,797	11,696,163	11,804,662	2,620,001	200,177	349,923	272,847	3,110,219	303,617	
4. Homeowners Multiple Peril	12,216,574	12,240,905			6,419,131	10,466,696	10,492,728	2,295,183	155,720	135,427	55,597	1,952,938	223,864	
5.1 Commercial Multiple Peril (Non-Liability Portion)	15,362,947	14,736,720			7,498,344	7,854,252	9,258,975	2,830,730	210,399	244,401	117,117	2,868,062	281,520	
5.2 Commercial Multiple Peril (Liability Portion)	9,479,701	9,289,218			4,384,788	1,981,008	2,299,181	7,200,993	810,087	1,135,980	3,784,880	1,709,964	173,712	
6. Mortgage Guaranty														
8. Ocean Marine														
9. Inland Marine	251,755	256,222			115,138	74,712	79,698	17,191		1,116	2,114	1,475	44,071	4,614
10. Financial Guaranty														
11.1 Medical Professional Liability - Occurrence														
11.2 Medical Professional Liability - Claims-Made														
12. Earthquake														
13.1 Comprehensive (hospital and medical) ind (b)														
13.2 Comprehensive (hospital and medical) group (b)														
14. Credit A&H (Group and Individual)														
15.1 Vision Only (b)														
15.2 Dental Only (b)														
15.3 Disability Income (b)														
15.4 Medicare Supplement (b)														
15.5 Medicaid Title XIX (b)														
15.6 Medicare Title XVIII (b)														
15.7 Long-Term Care (b)														
15.8 Federal Employees Health Benefits Plan (b)														
15.9 Other Health (b)	464	575			77							73	9	
16. Workers' Compensation														
17.1 Other Liability - Occurrence	6,748,553	6,520,927			3,212,625	6,141,327	6,332,332	8,940,543	82,351	(441,120)	786,366	1,017,876	123,665	
17.2 Other Liability - Claims-Made														
17.3 Excess Workers' Compensation														
18.1 Products Liability - Occurrence	139,217	139,771			65,854	9,000	36,264	38,740	21,985	20,855	3,762	29,205	2,551	
18.2 Products Liability - Claims-Made														
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)														
19.2 Other Private Passenger Auto Liability	8,954,732	8,892,049			2,277,314	4,982,806	4,315,222	4,294,901	147,500	133,439	371,455	1,245,654	164,092	
19.3 Commercial Auto No-Fault (Personal Injury Protection)														
19.4 Other Commercial Auto Liability	14,725,584	14,303,844			7,081,980	7,631,335	6,753,371	14,537,389	392,631	154,166	1,591,527	2,302,222	269,841	
21.1 Private Passenger Auto Physical Damage	5,890,211	5,760,746			1,512,616	3,968,901	4,159,392	717,650	21,442	25,624	7,995	858,616	107,936	
21.2 Commercial Auto Physical Damage	9,278,595	8,882,531			4,502,350	5,612,259	5,996,159	1,129,898	120,890	126,287	38,279	1,433,170	170,027	
22. Aircraft (all perils)														
23. Fidelity														
24. Surety														
26. Burglary and Theft	443,762	438,845			226,969	8,844	(13,413)	5,747		1	11	71,069	8,131	
27. Boiler and Machinery														
28. Credit														
29. International														
30. Warranty														
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business	117,125,443	114,261,221			54,048,847	71,931,659	73,529,583	46,360,494	2,466,630	2,197,781	7,127,920	19,376,555	2,146,281	
DETAILS OF WRITE-INS														
3401.														
3402.														
3403.														
3498. Summary of remaining write-ins for Line 34 from overflow page														
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)														

(a) Finance and service charges not included in Lines 1 to 35 \$ 1,971,925

(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 2022 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0963	BUSINESS IN THE STATE OF Rhode Island		DURING THE YEAR 2022							NAIC Company Code	13072	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire		4,003	2,390		2,111		(4)	36			2	.838	.73
2.1 Allied Lines		6,005	3,264		3,314		4,275	4,273		63		1,257	.110
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)		1,927,628	1,894,441		930,636		710,595	1,070,684		477,650		25,804	.43,091
5.2 Commercial Multiple Peril (Liability Portion)		2,310,393	2,310,481		1,106,686		798,241	1,121,789		3,270,152		282,942	539,886
6. Mortgage Guaranty													
8. Ocean Marine													
9. Inland Marine		28,110	28,789				5,016			.931		1.920	
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence		641,986	428,875				.384,219		1,600		457,320		717,894
17.2 Other Liability - Claims-Made													
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence		12,204	9,490				8,424			.747		1,235	
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability		5,900,971	6,105,590				2,963,161		3,438,371		4,114,525		5,319,527
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability													
21.1 Private Passenger Auto Physical Damage		3,435,208	3,125,076				1,802,672		1,059,011		1,436,548		2,560,988
21.2 Commercial Auto Physical Damage		3,714,715	3,653,354				1,923,950		2,957,154		3,258,755		723,970
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft		50	50				45			(3)			
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property		XXX	XXX				XXX		XXX		XXX		XXX
32. Reins nonproportional assumed liability		XXX	XXX				XXX		XXX		XXX		XXX
33. Reins nonproportional assumed financial lines		XXX	XXX				XXX		XXX		XXX		XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)		19,206,707	18,662,135				9,760,199		9,452,337		12,041,180		13,365,660
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ 102,565

(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 2022 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0963	BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR 2022							NAIC Company Code	13072	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire													
2.1 Allied Lines													
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)													
5.2 Commercial Multiple Peril (Liability Portion)													
6. Mortgage Guaranty													
8. Ocean Marine													
9. Inland Marine													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence													
17.2 Other Liability - Claims-Made													
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence													
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability													
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.
32. Reins nonproportional assumed liability	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.
33. Reins nonproportional assumed financial lines	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)													
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0963	BUSINESS IN THE STATE OF	Vermont	DURING THE YEAR 2022								NAIC Company Code	13072
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	39,465	34,465		18,605		(1,627)		377		(124)		21	8,212
2.1 Allied Lines	16,952	15,353		8,027		4,876		5,192		(31)		3,526	.311
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4. Private Crop													
2.5 Private Flood													
3. Farmersowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)	1,263,055	1,143,536		634,483	267,177	305,587	101,240	6,845	8,248	5,040	262,332	23,145	
5.2 Commercial Multiple Peril (Liability Portion)	1,244,137	1,099,987		620,277	34,141	1,179,823	1,998,372	59,692	436,892	809,578	253,712	22,798	
6. Mortgage Guaranty													
8. Ocean Marine													
9. Inland Marine	280,179	297,004		137,078	299,500	309,909	19,800	18,025	19,357	1,700	58,199	5,134	
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence	186,926	170,358		102,399	12,337	1,144,110	1,254,900	7,719	109,356	125,662	34,272	3,425	
17.2 Other Liability - Claims-Made													
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence	32,177	26,871		17,652	5,000	1,851	2,975	1,035	(1,286)	.289	6,712	.590	
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability	2,391,667	2,481,958		1,210,969	1,763,796	1,625,708	1,838,249	37,972	97,071	204,982	312,294	43,826	
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability	1,133,461	1,047,041		568,968	199,774	371,589	767,502	19,136	32,857	86,506	176,702	20,770	
21.1 Private Passenger Auto Physical Damage	3,469,414	3,456,227		1,773,122	2,643,854	2,673,978	489,203	3,526	3,577	1,825	458,926	63,576	
21.2 Commercial Auto Physical Damage	859,310	777,423		436,057	480,383	510,094	88,165	21,592	21,966	3,080	133,657	15,747	
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)	10,916,743	10,550,223		5,527,637	5,705,962	8,125,898	6,565,975	175,542	727,883	1,238,683	1,708,544	200,045	
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ 75,810

(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 2022 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0963	BUSINESS IN THE STATE OF	Virginia	DURING THE YEAR 2022								NAIC Company Code	13072
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire													
2.1 Allied Lines													
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmowners Multiple Peril													
4. Homeowners Multiple Peril													
5.1 Commercial Multiple Peril (Non-Liability Portion)													
5.2 Commercial Multiple Peril (Liability Portion)													
6. Mortgage Guaranty													
8. Ocean Marine													
9. Inland Marine													
10. Financial Guaranty													
11.1 Medical Professional Liability - Occurrence													
11.2 Medical Professional Liability - Claims-Made													
12. Earthquake													
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation													
17.1 Other Liability - Occurrence													
17.2 Other Liability - Claims-Made													
17.3 Excess Workers' Compensation													
18.1 Products Liability - Occurrence													
18.2 Products Liability - Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)													
19.2 Other Private Passenger Auto Liability													
19.3 Commercial Auto No-Fault (Personal Injury Protection)													
19.4 Other Commercial Auto Liability													
21.1 Private Passenger Auto Physical Damage													
21.2 Commercial Auto Physical Damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft													
27. Boiler and Machinery													
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.
32. Reins nonproportional assumed liability	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.
33. Reins nonproportional assumed financial lines	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.
34. Aggregate Write-Ins for Other Lines of Business													
35. Total (a)													
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

961

(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 2022 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0963	BUSINESS IN THE STATE OF	Grand Total	3	4	5	6	7	8	9	10	11	12	
		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		1	2	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	NAIC Company Code	13072
Line of Business		Direct Premiums Written	Direct Premiums Earned											
1. Fire	17,118,086	16,312,497			8,876,272		11,498,612		12,008,561	1,731,808	301,632	310,057	96,683	2,743,538
2.1 Allied Lines	179,953	160,805			95,695		34,229		34,984	14,469	1,401	1,401	77	37,600
2.2 Multiple Peril Crop														3,298
2.3 Federal Flood														
2.4. Private Crop														
2.5 Private Flood														
3. Farmowners Multiple Peril	16,568,807	16,502,427			7,906,797		11,696,163		11,804,662	2,620,001	200,177	349,923	272,847	3,110,219
4. Homeowners Multiple Peril	12,216,574	12,240,905			6,419,131		10,466,696		10,492,728	2,295,183	155,720	135,427	55,597	1,952,938
5.1 Commercial Multiple Peril (Non-Liability Portion)	22,632,510	21,446,403			11,120,951		9,498,384		11,451,620	3,769,287	263,220	321,681	164,194	4,373,626
5.2 Commercial Multiple Peril (Liability Portion)	18,457,833	17,796,307			8,750,906		5,191,333		6,059,453	18,211,297	2,005,974	2,844,656	9,298,664	3,566,326
6. Mortgage Guaranty														338,233
8. Ocean Marine														
9. Inland Marine		1,122,349	1,111,244				538,558	729,409	881,914	190,999	31,752	46,642	16,397	225,015
10. Financial Guaranty														20,567
11.1 Medical Professional Liability - Occurrence														
11.2 Medical Professional Liability - Claims-Made														
12. Earthquake														
13.1 Comprehensive (hospital and medical) ind (b)														
13.2 Comprehensive (hospital and medical) group (b)														
14. Credit A&H (Group and Individual)														
15.1 Vision Only (b)														
15.2 Dental Only (b)														
15.3 Disability Income (b)														
15.4 Medicare Supplement (b)														
15.5 Medicaid Title XIX (b)														
15.6 Medicare Title XVIII (b)														
15.7 Long-Term Care (b)														
15.8 Federal Employees Health Benefits Plan (b)														
15.9 Other Health (b)		464	575				77						73	9
16. Workers' Compensation														
17.1 Other Liability - Occurrence	8,434,352	7,883,647			4,141,755		7,964,776		8,216,019	11,864,787	90,640	(465,714)	1,047,067	1,317,337
17.2 Other Liability - Claims-Made														154,556
17.3 Excess Workers' Compensation														
18.1 Products Liability - Occurrence	262,368	240,843			133,939		14,000		43,550	50,807	24,295	20,168	4,934	54,869
18.2 Products Liability - Claims-Made														4,808
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)														
19.2 Other Private Passenger Auto Liability	28,792,802	28,865,802			12,137,588		20,329,742		19,920,317	25,026,507	1,342,480	2,123,327	2,690,119	4,060,040
19.3 Commercial Auto No-Fault (Personal Injury Protection)														527,618
19.4 Other Commercial Auto Liability	24,606,827	23,492,075			12,193,170		10,047,378		10,457,179	22,655,939	666,944	521,993	2,518,478	3,877,783
21.1 Private Passenger Auto Physical Damage	23,013,406	22,430,177			10,123,455		16,759,020		17,900,197	3,784,531	44,772	52,271	19,486	3,279,900
21.2 Commercial Auto Physical Damage	13,741,415	12,950,690			6,788,600		7,864,413		8,525,763	1,813,186	186,655	197,073	62,243	2,142,647
22. Aircraft (all perils)														
23. Fidelity														
24. Surety														
26. Burglary and Theft	444,390	438,926			227,560		8,844		(13,414)	5,749	1	11	71,171	8,143
27. Boiler and Machinery														
28. Credit														
29. International														
30. Warranty														
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business														
35. Total (a)	187,592,136	181,873,323			89,454,454		112,102,999		117,783,533	94,034,550	5,315,662	6,457,582	16,246,720	30,813,082
DETAILS OF WRITE-INS														
3401.														
3402.														
3403.														
3498. Summary of remaining write-ins for Line 34 from overflow page														
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)														

(a) Finance and service charges not included in Lines 1 to 35 \$ 2,487,880

(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 2022 OF THE United Ohio Insurance Company

SCHEDULE F - PART 1

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8	9	10	11	12	13	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE								
34-4320350	10202	OHIO MUTUAL INSURANCE COMPANY	OH	201,139		44,167	44,167				99,610			
0199999. Affiliates - U.S. Intercompany Pooling				201,139		44,167	44,167				99,610			
0499999. Total - U.S. Non-Pool														
0799999. Total - Other (Non-U.S.)														
0899999. Total - Affiliates				201,139		44,167	44,167				99,610			
AA-9995035	00000	MUTUAL REINSURANCE BUREAU	IL	120										
1199999. Total Pools, Associations or Other Similar Facilities - Voluntary Pools				120										
1299999. Total - Pools and Associations				120										
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9999999 Totals				201,259		44,167	44,167				99,610			

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated or (Cancelled) during Current Year

NONE

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties	
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 through 14 Totals	17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers					
34-4320350 ..	10202 ..	OHIO MUTUAL INSURANCE COMPANY	OH.....		175,425			40,739		41,493		85,857		168,089					168,089		
0199999 ..		Total Authorized - Affiliates - U.S. Intercompany Pooling			175,425			40,739		41,493		85,857		168,089					168,089		
0499999 ..		Total Authorized - Affiliates - U.S. Non-Pool																			
0799999 ..		Total Authorized - Affiliates - Other (Non-U.S.)																			
0899999 ..		Total Authorized - Affiliates			175,425			40,739		41,493		85,857		168,089					168,089		
06-1182357 ..	22730 ..	ALLIED WORLD INSURANCE COMPANY	NH.....		413	.27	1	19		46									30		.63
36-2661954 ..	10103 ..	AMERICAN AGRICULTURAL INSURANCE COMPANY	IN.....		276	.18		16		17		37							20		.68
06-1430254 ..	10348 ..	ARCH REINSURANCE COMPANY	DE.....		230	.24	1	10		25		9							18		.51
47-0574325 ..	32603 ..	BERKLEY INSURANCE COMPANY	DE.....					4													.4
42-0234980 ..	21415 ..	EMPLOYERS MUTUAL CASUALTY CO	IA.....		121	.9		.9				43							9		.52
05-0316605 ..	21482 ..	FACTORY MUTUAL INSURANCE COMPANY	RI.....		319	.3						153							19		.137
42-0245840 ..	13897 ..	FARMERS MUTUAL HAIL INSURANCE COMPANY	IA.....		.49	4		.4				18							26		.22
13-2673100 ..	22039 ..	GENERAL REINSURANCE CORPORATION	DE.....		4,750	764	41	2,886		8,052		2,238		13,981					252		13,729
06-0384680 ..	11452 ..	HARTFORD STEAM BOILER INSPECTION & INS	CT.....		1,299	.85		.49				646							780		.703
47-0698507 ..	23680 ..	ODYSSEY REINSURANCE COMPANY	CT.....		167	12	1	.8		20								41		.13	
52-1952955 ..	10357 ..	RENAISSANCE REINSURANCE US INC	MD.....		127	10		.4		16		45							75		.66
13-1675535 ..	25364 ..	SWISS REINSURANCE AMERICA CORPORATION	NY.....		207	15		14		15									70		.55
13-2918573 ..	42439 ..	THE TOA REINSURANCE COMPANY OF AMERICA	DE.....		.11	1		.6										4		.10	
13-3031176 ..	38636 ..	PARTNER REINSURANCE COMPANY OF THE U.S.	NY.....		.17	1		.1										6		.7	
23-2423138 ..	23850 ..	TOKIO MARINE SPECIALTY INS CO	DE.....		714	9		.80				344		433					33		.400
95-3187355 ..	35300 ..	ALLIANZ GLOBAL RISKS US INSURANCE CO.	IL.....		183	.17	1	.7		17								42		.14	
43-0613000 ..	23388 ..	SHELTER MUTUAL INSURANCE COMPANY	MO.....		125	.22	1	.6		15								44		.32	
0999999 ..		Total Authorized - Other U.S. Unaffiliated Insurers			9,008	1,021	46	3,123		8,223				3,569					15,982		527
AA-999122 ..	32573 ..	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	OH.....			12								6				6		3	
1099999 ..		Total Authorized - Pools - Mandatory Pools												6				6		3	
AA-9995035 ..	00000 ..	MUTUAL REINSURANCE BUREAU	IL.....		414														22		(22)
1199999 ..		Total Authorized - Pools - Voluntary Pools			414																(22)
AA-1120157 ..	00000 ..	LLOYD'S SYNDICATE #1729	GBR.....		.75	9		.4		.10								23		.7	
AA-1128001 ..	00000 ..	LLOYD'S SYNDICATE #2001	GBR.....		.86	12	1	.5		12								30		.8	
AA-1120085 ..	00000 ..	LLOYD'S SYNDICATE # 1274	GBR.....		.19													1		(1)	
AA-1126609 ..	00000 ..	LLOYD'S SYNDICATE #0609	GBR.....		.37	5		.2		5								12		.3	
AA-1128121 ..	00000 ..	LLOYD'S SYNDICATE #2121	GBR.....		.16													1		(1)	
AA-1128791 ..	00000 ..	LLOYD'S SYNDICATE #2791	GBR.....		154	12		.5		12								29		.19	
AA-1120181 ..	00000 ..	LLOYD'S SYNDICATE #5886	GBR.....		108	12	1	.5		12								30		.21	
AA-1120156 ..	00000 ..	LLOYD'S SYNDICATE #1686	GBR.....		.83	9		.4		10								23		.16	
AA-1120171 ..	00000 ..	LLOYD'S SYNDICATE #1856	GBR.....		112	.18	1	.7		18								44		.32	
1299999 ..		Total Authorized - Other Non-U.S. Insurers			690	77	3	32		79								191		58	
1499999 ..		Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			185,549	1,098	49	43,894		49,795				89,432					184,268		610
1899999 ..		Total Unauthorized - Affiliates - U.S. Non-Pool																			
2199999 ..		Total Unauthorized - Affiliates - Other (Non-U.S.)																			
2299999 ..		Total Unauthorized - Affiliates																			
AA-1120337 ..	00000 ..	ASPEN INSURANCE UK LIMITED	GBR.....		.14	1								5				6		1	
AA-3191435 ..	00000 ..	CONDUIT REINS LTD	BMU.....		146	.68	3	.7		17								95		.21	
AA-3194122 ..	00000 ..	DAVINCI REINSURANCE LTD	BMU.....		200	14	1	10		23								48		.15	
AA-1340028 ..	00000 ..	DEVK RUCKVERSICHERUNGS UND BETEILIGUNGS AG	DEU.....		.83	6		.4		10								20		.6	
AA-3191298 ..	00000 ..	ANTARES REINS CO LTD	BMU.....		118	9	1	.6		15								31		.9	
AA-3190339 ..	00000 ..	RENAISSANCE REINSURANCE LTD	BMU.....		133	9		.6										15		10	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties	
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 through 14 Totals	17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers				
AA-1340004 ..	.00000	R&V VERSICHERUNG AG	DEU.....		732	95	3	39		98					235	67		168		
2699999. Total Unauthorized - Other Non-U.S. Insurers					1,426	202	8	72		163		5			450		129		321	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					1,426	202	8	72		163		5			450		129		321	
3299999. Total Certified - Affiliates - U.S. Non-Pool																				
3599999. Total Certified - Affiliates - Other (Non-U.S.)																				
3699999. Total Certified - Affiliates																				
CR-1340125 ..	.00000	HANNOVER RUCKVERSICHERUNGS AG	DEU.....		145	17		9		13		17			56		12		.44	
4099999. Total Certified - Other Non-U.S. Insurers					145	17		9		13		17			56		12		.44	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)					145	17		9		13		17			56		12		.44	
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool																				
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)																				
5099999. Total Reciprocal Jurisdiction - Affiliates																				
RJ-1120191 ..	.00000	CONVEX INS UK LTD	GBR.....		434	47	2	19		49					117		36		.81	
RJ-3191400 ..	.00000	CONVEX RE LTD	BMU.....		158	9		6		15					30		11		.19	
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers					592	56	2	25		64					147		47		100	
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)					592	56	2	25		64					147		47		100	
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)					187,712	1,373	59	44,000		50,035		89,454			184,921		798		184,123	1,480
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																				
9999999 Totals					187,712	1,373	59	44,000		50,035		89,454			184,921		798		184,123	1,480

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3 (Continued)Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Credit Risk)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk										Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	
		21	22	23	24				Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Recoverable (Col. 28 * 120%)	30	31	32	33	34	35	36
34-4320350 ..	OHIO MUTUAL INSURANCE COMPANY .....	.....	.....	.....	.....	.....	168,089	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling	XXX	.....	.....	.....	168,089	.....	.....	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
0799999. Total Authorized - Affiliates - Other (Non-U.S.)	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....	.....
0899999. Total Authorized - Affiliates	XXX	.....	.....	.....	168,089	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	.....	.....
06-1182357 .. ALLIED WORLD INSURANCE COMPANY	30	63	.....	93	112	30	82	.....	.....	.....	82	3	.....	.....	.....	2
36-2661954 .. AMERICAN AGRICULTURAL INSURANCE COMPANY	20	68	88	106	20	20	86	.....	.....	.....	86	3	.....	.....	.....	2
06-1430254 .. ARCH RE INSURANCE COMPANY	18	51	69	83	18	18	65	.....	.....	.....	65	2	.....	.....	.....	1
47-0574325 .. BERKLEY INSURANCE COMPANY	4	4	4	5	5	5	5	.....	.....	.....	5	2	.....	.....	.....	.....
42-0234980 .. EMPLOYERS MUTUAL CASUALTY CO	9	52	61	73	9	9	64	.....	.....	.....	64	3	.....	.....	.....	2
05-0316605 .. FACTORY MUTUAL INSURANCE COMPANY	19	137	156	187	19	19	168	.....	.....	.....	168	2	.....	.....	.....	4
42-0245840 .. FARMERS MUTUAL HAIL INSURANCE COMPANY	4	22	26	31	4	4	27	.....	.....	.....	27	4	.....	.....	.....	1
13-2673100 .. GENERAL REINSURANCE CORPORATION	1,732	12,249	13,981	16,777	1,732	1,732	15,045	.....	.....	.....	15,045	1	.....	.....	.....	241
06-0384680 .. HARTFORD STEAM BOILER INSPECTION & INS	77	703	780	936	77	77	859	.....	.....	.....	859	1	.....	.....	.....	14
47-0698507 .. ODYSSEY REINSURANCE COMPANY	13	28	41	49	13	13	36	.....	.....	.....	36	3	.....	.....	.....	1
52-1952955 .. RENAISSANCE REINSURANCE US INC	9	66	75	90	9	9	81	.....	.....	.....	81	2	.....	.....	.....	2
13-1675535 .. SWISS REINSURANCE AMERICA CORPORATION	15	55	70	84	15	15	69	.....	.....	.....	69	2	.....	.....	.....	1
13-2918573 .. THE TOA REINSURANCE COMPANY OF AMERICA	1	10	11	13	1	1	12	.....	.....	.....	12	3	.....	.....	.....	.....
13-3031176 .. PARTNER REINSURANCE COMPANY OF THE U.S.	1	7	8	10	1	1	9	.....	.....	.....	9	2	.....	.....	.....	.....
23-2423138 .. TOKIO MARINE SPECIALTY INS CO	33	400	433	520	33	33	487	.....	.....	.....	487	1	.....	.....	.....	8
95-3187355 .. ALLIANZ GLOBAL RISKS US INSURANCE CO.	14	28	42	50	14	14	36	.....	.....	.....	36	2	.....	.....	.....	1
43-0613000 .. SHELTER MUTUAL INSURANCE COMPANY	12	32	44	53	12	12	41	.....	.....	.....	41	3	.....	.....	.....	1
0999999. Total Authorized - Other U.S. Unaffiliated Insurers	XXX	.....	.....	2,007	13,975	15,982	19,178	2,007	17,171	17,171	.....	.....	.....	17,171	XXX	.....	.....	281	
AA-999122 .. OHIO FAIR PLAN UNDERWRITING ASSOCIATION	3	3	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	XXX	XXX	XXX	XXX	XXX	
1099999. Total Authorized - Pools - Mandatory Pools	XXX	.....	.....	3	3	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	XXX	XXX	XXX	XXX	XXX	
AA-9995035 .. MUTUAL REINSURANCE BUREAU	3	.....	.....	.....
1199999. Total Authorized - Pools - Voluntary Pools	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....
AA-1120157 .. LLOYD'S SYNDICATE #1729	7	16	23	28	7	21	21	.....	.....	.....	21	3	.....	.....	.....	1
AA-1120001 .. LLOYD'S SYNDICATE #2001	8	22	30	36	8	28	28	.....	.....	.....	28	3	.....	.....	.....	1
AA-1120085 .. LLOYD'S SYNDICATE # 1274	3	9	12	14	3	11	11	.....	.....	.....	3	3	.....	.....	.....	1
AA-1126609 .. LLOYD'S SYNDICATE #0609	10	19	29	35	10	25	25	.....	.....	.....	25	3	.....	.....	.....	1
AA-1128121 .. LLOYD'S SYNDICATE #2121	9	21	30	36	9	27	27	.....	.....	.....	27	3	.....	.....	.....	1
AA-1128791 .. LLOYD'S SYNDICATE #2791	7	16	23	28	7	21	21	.....	.....	.....	21	3	.....	.....	.....	1
AA-1120181 .. LLOYD'S SYNDICATE #5886	12	32	44	53	12	41	41	.....	.....	.....	41	3	.....	.....	.....	1
AA-1120156 .. LLOYD'S SYNDICATE #1686	21	3	.....	.....	1
AA-1120171 .. LLOYD'S SYNDICATE #1856	41	3	.....	.....	1
1299999. Total Authorized - Other Non-U.S. Insurers	XXX	.....	.....	56	135	191	229	56	173	173	.....	.....	.....	173	XXX	.....	.....	5	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	XXX	.....	.....	2,066	182,202	16,173	19,408	2,063	17,345	17,345	.....	.....	.....	17,345	XXX	.....	.....	286	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool	XXX	.....	.....	.....	.....	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	XXX	XXX	XXX	XXX	XXX	
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	.....	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3 (Continued)Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Credit Risk)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk												
		21	22	23	24				Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Recoverable (Col. 28 * 120%)	30	31	32	33	34	35	36
2299999. Total Unauthorized - Affiliates					XXX															XXX	
AA-1120337 .. ASPEN INSURANCE UK LIMITED		5				6							6	7	1	6	5	1	3		
AA-3191435 .. CONDUIT REINS LTD			74		0001		95						95	114	21	93	74	19	4		2
AA-3194122 .. DAVINCI REINSURANCE LTD		33					48						48	58	15	43	33	10	3		1
AA-1340028 .. DEV RUCKVERSICHERUNGS UND Beteiligungs AG			14		0002		20						20	24	6	18	14	4	2		
AA-3191298 .. ANTARES REINS CO LTD			22		0003		31						31	37	9	28	22	6	4		1
AA-3190339 .. RENAISSANCE REINSURANCE LTD		5					15						15	18	10	8	5	3	2		
AA-1340004 .. R&V VERSICHERUNG AG			168		0004		235						235	282	67	215	168	47	3		5
2699999. Total Unauthorized - Other Non-U.S. Insurers		43	278	XXX			450						450	540	129	411	321	90	XXX	9	3
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		43	278	XXX			450						450	540	129	411	321	90	XXX	9	3
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX									XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX																	
3699999. Total Certified - Affiliates				XXX																	
CR-1340125 .. HANNOVER RUCKVERSICHERUNGS AG						12	44						56	67	12	55		55	2		1
4099999. Total Certified - Other Non-U.S. Insurers				XXX			12	44					56	67	12	55		55	XXX		1
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX			12	44					56	67	12	55		55	XXX		1
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool				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		
RJ-1120191 .. CONVEX INS UK LTD						36	81						117	140	36	104		104	4		3
RJ-3191400 .. CONVEX RE LTD						11	19						30	36	11	25		25	4		1
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers				XXX			47	100					147	176	47	129		129	XXX		4
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)				XXX			47	100					147	176	47	129		129	XXX		4
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		43	278	XXX			2,575	182,346					16,826	20,191	2,251	17,940	321	17,619	XXX	9	294
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)				XXX									XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
9999999 Totals		43	278	XXX			2,575	182,346					16,826	20,191	2,251	17,940	321	17,619	XXX	9	294

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3 (Continued)

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

(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute	48	49	50	51	52	53											
		37 Current	Overdue																									
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38+39 +40+41																					
34-432030 ..	OHIO MUTUAL INSURANCE COMPANY																		YES									
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling																			XXX									
0499999. Total Authorized - Affiliates - U.S. Non-Pool																			XXX									
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																			XXX									
0899999. Total Authorized - Affiliates																			XXX									
06-1182357 ..	ALLIED WORLD INSURANCE COMPANY	28							28										YES									
36-2661954 ..	AMERICAN AGRICULTURAL INSURANCE COMPANY	18							18										YES									
06-1430254 ..	ARCH REINSURANCE COMPANY	25							25										YES									
47-0574325 ..	BERKLEY INSURANCE COMPANY	9							9										YES									
42-0234980 ..	EMPLOYERS MUTUAL CASUALTY CO	3							3										YES									
05-0316605 ..	FACTORY MUTUAL INSURANCE COMPANY	4							4										YES									
42-0245840 ..	FARMERS MUTUAL HAIL INSURANCE COMPANY	805							805										YES									
13-2673100 ..	GENERAL REINSURANCE CORPORATION	85							85										YES									
06-0384680 ..	HARTFORD STEAM BOILER INSPECTION & INS	13							13										YES									
47-0698507 ..	ODYSSEY REINSURANCE COMPANY	10							10										YES									
52-1952955 ..	RENAISSANCE REINSURANCE US INC	15							15										YES									
13-1675535 ..	SWISS REINSURANCE AMERICA CORPORATION	1							1										YES									
13-2918573 ..	THE TOA REINSURANCE COMPANY OF AMERICA	1							1										YES									
13-3031176 ..	PARTNER REINSURANCE COMPANY OF THE U.S.	9							9										YES									
23-2423138 ..	TOKIO MARINE SPECIALTY INS CO	18							18										YES									
95-3187355 ..	ALLIANZ GLOBAL RISKS US INSURANCE CO.	23							23										YES									
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		1,067							1,067										XXX									
AA-999122 ..	OHIO FAIR PLAN UNDERWRITING ASSOCIATION									1,067									YES									
1099999. Total Authorized - Pools - Mandatory Pools																			XXX									
AA-9995035 ..	MUTUAL REINSURANCE BUREAU																		YES									
1199999. Total Authorized - Pools - Voluntary Pools																			XXX									
AA-1120157 ..	LLOYD'S SYNDICATE #1729	9							9										YES									
AA-1128001 ..	LLOYD'S SYNDICATE #2001	13							13										YES									
AA-1120085 ..	LLOYD'S SYNDICATE # 1274	5							5										YES									
AA-1126609 ..	LLOYD'S SYNDICATE #0609	12							12										YES									
AA-1128121 ..	LLOYD'S SYNDICATE #2121	13							13										YES									
AA-1128791 ..	LLOYD'S SYNDICATE #2791	9							9										YES									
AA-1120181 ..	LLOYD'S SYNDICATE #5886	19							19										YES									
AA-1120156 ..	LLOYD'S SYNDICATE #1686	19							19										YES									
AA-1120171 ..	LLOYD'S SYNDICATE #1856	1,147							1,147										XXX									
1299999. Total Authorized - Other Non-U.S. Insurers		80							80										XXX									
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)										1,147									XXX									
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool																			XXX									

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3 (Continued)

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

(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Current	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute	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/[Col. 46+48])	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50										
			37 Overdue	Overdue																								
				38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38+39 +40+41																				
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)																		XXX										
2299999. Total Unauthorized - Affiliates																		XXX										
AA-1120337 .. ASPEN INSURANCE UK LIMITED		1							1				1						YES.....									
AA-3191435 .. CONDUIT REINS LTD		71							71				71						YES.....									
AA-3194122 .. DAVINCI REINSURANCE LTD		15							15				15						YES.....									
AA-1340028 .. DEV RUCKVERSICHERUNGS UND BETEILIGUNGS AG .....		.6							.6				.6						YES.....							
AA-3191298 .. ANTARES REINS CO LTD		10							10				10						YES.....									
AA-3190339 .. RENAISSANCE REINSURANCE LTD .....		.9							.9				.9						YES.....							
AA-1340004 .. R&V VERSICHERUNG AG		98							98				98						YES.....									
2699999. Total Unauthorized - Other Non-U.S. Insurers		210							210				210						XXX									
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		210							210				210						XXX									
3299999. Total Certified - Affiliates - U.S. Non-Pool																			XXX									
3599999. Total Certified - Affiliates - Other (Non-U.S.)																			XXX									
3699999. Total Certified - Affiliates																			XXX									
CR-1340125 .. HANNOVER RUCKVERSICHERUNGS AG		17							17				17						YES.....									
4099999. Total Certified - Other Non-U.S. Insurers		17							17				17						XXX									
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		17							17				17						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									
RJ-1120191 .. CONVEX INS UK LTD		49							49				49						YES.....									
RJ-3191400 .. CONVEX RE LTD		9							.9				.9						YES.....									
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers		58							58				58						XXX									
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		58							58				58						XXX									
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		1,432							1,432				1,432						XXX									
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																			XXX									
9999999 Totals		1,432							1,432				1,432						XXX									

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3 (Continued)

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

(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance																Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)		
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0	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	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. 45 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67				
34-4320350 ..	OHIO MUTUAL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
0499999. Total Authorized - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
0899999. Total Authorized - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
06-1182357 ..	ALLIED WORLD INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
36-2661954 ..	AMERICAN AGRICULTURAL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
06-1430254 ..	ARCH RE INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
47-0574325 ..	BERKLEY INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
42-0234980 ..	EMPLOYERS MUTUAL CASUALTY CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
05-0316605 ..	FACTORY MUTUAL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
42-0245840 ..	FARMERS MUTUAL HAIL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13-2673100 ..	GENERAL REINSURANCE CORPORATION	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
06-0384680 ..	HARTFORD STEAM BOILER INSPECTION & INS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
47-0698507 ..	ODYSSEY REINSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
52-1952955 ..	RENAISSANCE REINSURANCE US INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13-1675535 ..	SWISS RE INSURANCE AMERICA CORPORATION	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13-2918573 ..	THE TOA REINSURANCE COMPANY OF AMERICA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13-3031176 ..	PARTNER REINSURANCE COMPANY OF THE U.S.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
23-2423138 ..	TOKIO MARINE SPECIALTY INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
95-3187355 ..	ALLIANZ GLOBAL RISKS US INSURANCE CO.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
43-0613000 ..	SHELTER MUTUAL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-999122 ..	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
1099999. Total Authorized - Pools - Mandatory Pools		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-9995035 ..	MUTUAL REINSURANCE BUREAU	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
1199999. Total Authorized - Pools - Voluntary Pools		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1120157 ..	LLOYD'S SYNDICATE #1729	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1128001 ..	LLOYD'S SYNDICATE #2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1120085 ..	LLOYD'S SYNDICATE # 1274	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1126609 ..	LLOYD'S SYNDICATE #0609	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1128121 ..	LLOYD'S SYNDICATE #2121	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1128791 ..	LLOYD'S SYNDICATE #2791	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1120181 ..	LLOYD'S SYNDICATE #5886	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1120156 ..	LLOYD'S SYNDICATE #1686	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1120171 ..	LLOYD'S SYNDICATE #1856	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
1299999. Total Authorized - Other Non-U.S. Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3 (Continued)

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

(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance															Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)			
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0	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	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67			
2299999. Total Unauthorized - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1120337 .. ASPEN INSURANCE UK LIMITED		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-3191435 .. CONDUIT REINS LTD		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-3194122 .. DAVINCI REINSURANCE LTD		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1340028 .. DEVK RUCKVERSICHERUNGS UND BETEILIGUNGS AG		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-3191298 .. ANTARES REINS CO LTD		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-3190339 .. RENAISSANCE RE INSURANCE LTD		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1340004 .. R&V VERSICHERUNG AG		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2699999. Total Unauthorized - Other Non-U.S. Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
3299999. Total Certified - Affiliates - U.S. Non-Pool		XXX						XXX	XXX											
3599999. Total Certified - Affiliates - Other (Non-U.S.)		XXX						XXX	XXX											
3699999. Total Certified - Affiliates		XXX						XXX	XXX											
CR-1340125 .. HANNOVER RUCKVERSICHERUNGS AG	2 ..	07/01/2015 ..	10.0	44								44								
4099999. Total Certified - Other Non-U.S. Insurers		XXX		44				XXX	XXX			44								
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		XXX		44				XXX	XXX			44								
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
5099999. Total Reciprocal Jurisdiction - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
RJ-1120191 .. CONVEX INS UK LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
RJ-3191400 .. CONVEX RE LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		XXX		44				XXX	XXX			44								
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		XXX						XXX	XXX											
9999999 Totals		XXX		44				XXX	XXX			44								

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3 (Continued)

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

(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Col. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
34-4320350 ..	OHIO MUTUAL INSURANCE COMPANY	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling			XXX.....	XXX.....				XXX.....	XXX.....	
0499999. Total Authorized - Affiliates - U.S. Non-Pool			XXX.....	XXX.....				XXX.....	XXX.....	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)			XXX.....	XXX.....				XXX.....	XXX.....	
0899999. Total Authorized - Affiliates			XXX.....	XXX.....				XXX.....	XXX.....	
06-1182357 ..	ALLIED WORLD INSURANCE COMPANY	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	
36-2661954 ..	AMERICAN AGRICULTURAL INSURANCE COMPANY	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	
06-1430254 ..	ARCI REINSURANCE COMPANY	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	
47-0574325 ..	BERKLEY INSURANCE COMPANY	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	
42-0234980 ..	EMPLOYERS MUTUAL CASUALTY CO	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	
05-0316605 ..	FACTORY MUTUAL INSURANCE COMPANY	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	
42-0245840 ..	FARMERS MUTUAL HAIL INSURANCE COMPANY	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	
13-2673100 ..	GENERAL REINSURANCE CORPORATION	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	
06-0384680 ..	HARTFORD STEAM BOILER INSPECTION & INS	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	
47-0698507 ..	ODYSSEY REINSURANCE COMPANY	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	
52-1952955 ..	RENAISSANCE REINSURANCE US INC	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	
13-1675535 ..	SWISS REINSURANCE AMERICA CORPORATION	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	
13-2918573 ..	THE TOA REINSURANCE COMPANY OF AMERICA	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	
13-3031176 ..	PARTNER REINSURANCE COMPANY OF THE U.S.	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	
23-2423138 ..	TOKIO MARINE SPECIALTY INS CO	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	
95-3187355 ..	ALLIANZ GLOBAL RISKS US INSURANCE CO.	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	
43-0613000 ..	SHELTER MUTUAL INSURANCE COMPANY	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		XXX.....	XXX.....					XXX.....	XXX.....	
AA-9991222 ..	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	XXX.....	XXX.....					XXX.....	XXX.....	
1099999. Total Authorized - Pools - Mandatory Pools		XXX.....	XXX.....					XXX.....	XXX.....	
AA-9995035 ..	MUTUAL REINSURANCE BUREAU	XXX.....	XXX.....					XXX.....	XXX.....	
1199999. Total Authorized - Pools - Voluntary Pools		XXX.....	XXX.....					XXX.....	XXX.....	
AA-1120157 ..	LLOYD'S SYNDICATE #1729	XXX.....	XXX.....					XXX.....	XXX.....	
AA-1128001 ..	LLOYD'S SYNDICATE #2001	XXX.....	XXX.....					XXX.....	XXX.....	
AA-1120085 ..	LLOYD'S SYNDICATE # 1274	XXX.....	XXX.....					XXX.....	XXX.....	
AA-1126609 ..	LLOYD'S SYNDICATE #0609	XXX.....	XXX.....					XXX.....	XXX.....	
AA-1128121 ..	LLOYD'S SYNDICATE #2121	XXX.....	XXX.....					XXX.....	XXX.....	
AA-1128791 ..	LLOYD'S SYNDICATE #2791	XXX.....	XXX.....					XXX.....	XXX.....	
AA-1120181 ..	LLOYD'S SYNDICATE #5886	XXX.....	XXX.....					XXX.....	XXX.....	
AA-1120156 ..	LLOYD'S SYNDICATE #1686	XXX.....	XXX.....					XXX.....	XXX.....	
AA-1120171 ..	LLOYD'S SYNDICATE #1856	XXX.....	XXX.....					XXX.....	XXX.....	
1299999. Total Authorized - Other Non-U.S. Insurers		XXX.....	XXX.....					XXX.....	XXX.....	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		XXX.....	XXX.....					XXX.....	XXX.....	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool					XXX.....	XXX.....	XXX.....		XXX.....	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3 (Continued)

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

(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
				72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	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 (Col. 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)	
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)					XXX	XXX	XXX			XXX	
2299999. Total Unauthorized - Affiliates					XXX	XXX	XXX			XXX	
AA-1120337 .. ASPEN INSURANCE UK LIMITED					XXX	XXX	XXX			XXX	
AA-3191435 .. CONDUIT REINS LTD					XXX	XXX	XXX			XXX	
AA-3194122 .. DAVINCI REINSURANCE LTD					XXX	XXX	XXX			XXX	
AA-1340028 .. DEVK RUCKVERSICHERUNGS UND BETEILIGUNGS AG					XXX	XXX	XXX			XXX	
AA-3191298 .. ANTARES REINS CO LTD					XXX	XXX	XXX			XXX	
AA-3190339 .. RENAISSANCE REINSURANCE LTD					XXX	XXX	XXX			XXX	
AA-1340004 .. R&V VERSICHERUNG AG					XXX	XXX	XXX			XXX	
2699999. Total Unauthorized - Other Non-U.S. Insurers					XXX	XXX	XXX			XXX	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					XXX	XXX	XXX			XXX	
3299999. Total Certified - Affiliates - U.S. Non-Pool					XXX	XXX	XXX			XXX	
3599999. Total Certified - Affiliates - Other (Non-U.S.)					XXX	XXX	XXX			XXX	
3699999. Total Certified - Affiliates					XXX	XXX	XXX			XXX	
CR-1340125 .. HANNOVER RUCKVERSICHERUNGS AG					XXX	XXX	XXX			XXX	
4099999. Total Certified - Other Non-U.S. Insurers					XXX	XXX	XXX			XXX	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)					XXX	XXX	XXX			XXX	
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool					XXX	XXX				XXX	
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)					XXX	XXX				XXX	
5099999. Total Reciprocal Jurisdiction - Affiliates					XXX	XXX				XXX	
RJ-1120191 .. CONVEX INS UK LTD					XXX	XXX				XXX	
RJ-3191400 .. CONVEX RE LTD					XXX	XXX				XXX	
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers					XXX	XXX				XXX	
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)					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 2022 OF THE United Ohio Insurance Company

SCHEDULE F - PART 4

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	<u>1</u> Name of Reinsurer	<u>2</u> Commission Rate	<u>3</u> Ceded Premium
1.	FACTORY MUTUAL INSURANCE COMPANY	35.000	319,041
2.	GENERAL REINSURANCE CORPORATION	32.500	1,434,300
3.	HARTFORD STEAM BOILER INSPECTION & INS	30.000	1,299,078
4.	TOKIO MARINE SPECIALTY INS CO	30.000	713,515
5.	RENAISSANCE REINSURANCE US INC	26.000	126,511

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.

	<u>1</u> Name of Reinsurer	<u>2</u> Total Recoverables	<u>3</u> Ceded Premiums	<u>4</u> Affiliated
6.	GENERAL REINSURANCE CORPORATION	13,982,434	4,749,741	Yes [] No [X]
7.	HARTFORD STEAM BOILER INSPECTION & INS	780,068	1,299,078	Yes [] No [X]
8.	TOKIO MARINE SPECIALTY INS CO	433,759	713,515	Yes [] No [X]
9.	R&V VERSICHERUNG AG	235,470	732,427	Yes [] No [X]
10.	FACTORY MUTUAL INSURANCE COMPANY	155,551	319,041	Yes [] No [X]

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	351,154,895		351,154,895
2. Premiums and considerations (Line 15)	52,719,839		52,719,839
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	1,431,761	(1,431,761)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	45,984,286		45,984,286
6. Net amount recoverable from reinsurers		182,638,951	182,638,951
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	451,290,781	181,207,190	632,497,971
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	101,243,471	94,034,550	195,278,021
10. Taxes, expenses, and other obligations (Lines 4 through 8)	9,477,112		9,477,112
11. Unearned premiums (Line 9)	99,609,608	89,448,283	189,057,891
12. Advance premiums (Line 10)	1,445,002		1,445,002
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	798,422	(795,479)	2,943
15. Funds held by company under reinsurance treaties (Line 13)	1,480,164	(1,480,164)	
16. Amounts withheld or retained by company for account of others (Line 14)	281,943		281,943
17. Provision for reinsurance (Line 16)			
18. Other liabilities	6,007,472		6,007,472
19. Total liabilities excluding protected cell business (Line 26)	220,343,194	181,207,190	401,550,384
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	230,947,587	XXX	230,947,587
22. Totals (Line 38)	451,290,781	181,207,190	632,497,971

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?

Yes [] No []

If yes, give full explanation: Ohio Mutual Insurance Company and its wholly owned subsidiaries, United Ohio Insurance Company and Casco Indemnity Company, entered into a pooling agreement whereby all underwriting results are pooled and then split 27% to Ohio Mutual, 65% to United Ohio, and 8% to Casco Indemnity.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

	Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1. Premiums written	302	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. Premiums earned	373	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Incurred claims														
4. Cost containment expenses														
5. Incurred claims and cost containment expenses (Lines 3 and 4)														
6. Increase in contract reserves														
7. Commissions (a) .....	.47	12.6												
8. Other general insurance expenses														
9. Taxes, licenses and fees														
10. Total other expenses incurred .....	.47	12.6												
11. Aggregate write-ins for deductions														
12. Gain from underwriting before dividends or refunds	326	87.4												
13. Dividends or refunds														
14. Gain from underwriting after dividends or refunds	326	87.4												
DETAILS OF WRITE-INS														
1101.														
1102.														
1103.														
1198. Summary of remaining write-ins for Line 11 from overflow page														
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)														

	Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1. Premiums written		XXX		XXX		XXX		XXX		XXX		XXX
2. Premiums earned		XXX		XXX		XXX		XXX		XXX		XXX
3. Incurred claims												
4. Cost containment expenses												
5. Incurred claims and cost containment expenses (Lines 3 and 4)												
6. Increase in contract reserves												
7. Commissions (a) .....											.47	12.6
8. Other general insurance expenses												
9. Taxes, licenses and fees												
10. Total other expenses incurred .....											.47	12.6
11. Aggregate write-ins for deductions												
12. Gain from underwriting before dividends or refunds											326	87.4
13. Dividends or refunds												
14. Gain from underwriting after dividends or refunds											326	87.4
DETAILS OF WRITE-INS												
1101.												
1102.												
1103.												
1198. Summary of remaining write-ins for Line 11 from overflow page												
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)												

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)**PART 2. - RESERVES AND LIABILITIES**

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A. Premium Reserves:													
1. Unearned premiums	50												50
2. Advance premiums													
3. Reserve for rate credits													
4. Total premium reserves, current year	50												50
5. Total premium reserves, prior year	122												122
6. Increase in total premium reserves	(72)												(72)
B. Contract Reserves:													
1. Additional reserves (a)													
2. Reserve for future contingent benefits													
3. Total contract reserves, current year													
4. Total contract reserves, prior year													
5. Increase in contract reserves													
C. Claim Reserves and Liabilities:													
1. Total current year													
2. Total prior year													
3. Increase													

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
1. Claims paid during the year:													
1.1 On claims incurred prior to current year													
1.2 On claims incurred during current year													
2. Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year													
2.2 On claims incurred during current year													
3. Test:													
3.1 Lines 1.1 and 2.1													
3.2 Claim reserves and liabilities, December 31, prior year													
3.3 Line 3.1 minus Line 3.2													

PART 4. - REINSURANCE

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A. Reinsurance Assumed:													
1. Premiums written	302												302
2. Premiums earned													
3. Incurred claims													
4. Commissions													
B. Reinsurance Ceded:													
1. Premiums written	464												464
2. Premiums earned													
3. Incurred claims													
4. Commissions													

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Comprehensive (Hospital and Medical) Individual	2 Comprehensive (Hospital and Medical) Group	3 Medicare Supplement	4 Vision Only	5 Dental Only	6 Federal Employees Health Benefits Plan	7 Medicare Title XVIII	8 Medicaid Title XIX	9 Credit A&H	10 Disability Income	11 Long-Term Care	12 Other Health	13 Total
A. Direct:													
1. Incurred claims
2. Beginning claim reserves and liabilities
3. Ending claim reserves and liabilities
4. Claims paid
B. Assumed Reinsurance:													
1. Incurred claims
2. Beginning claim reserves and liabilities
3. Ending claim reserves and liabilities
4. Claims paid
C. Ceded Reinsurance:													
1. Incurred claims
2. Beginning claim reserves and liabilities
3. Ending claim reserves and liabilities
4. Claims paid
D. Net:													
1. Incurred claims
2. Beginning claim reserves and liabilities
3. Ending claim reserves and liabilities
4. Claims paid
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses
2. Beginning reserves and liabilities
3. Ending reserves and liabilities
4. Paid claims and cost containment expenses

None

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 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.....	47.....	.....	3.....	.....	2.....	.....	2.....	52.....	XXX.....
2. 2013.....	34,098.....	2,992.....	31,106.....	20,194.....	835.....	385.....	2.....	2,324.....	.....	.296.....	22,066.....	2,648.....
3. 2014.....	36,413.....	3,585.....	32,828.....	14,812.....	91.....	276.....	1.....	1,781.....	.....	.449.....	16,777.....	1,892.....
4. 2015.....	37,495.....	3,210.....	34,285.....	13,227.....	116.....	372.....	1.....	1,439.....	.....	.273.....	14,921.....	1,742.....
5. 2016.....	38,237.....	3,280.....	34,957.....	13,865.....	675.....	401.....	3.....	1,638.....	.....	.308.....	15,226.....	1,652.....
6. 2017.....	39,304.....	3,304.....	36,000.....	19,306.....	1,130.....	723.....	33.....	1,895.....	.....	.411.....	20,761.....	2,083.....
7. 2018.....	42,029.....	3,421.....	38,608.....	16,181.....	101.....	513.....	1.....	1,671.....	.....	.291.....	18,263.....	1,851.....
8. 2019.....	45,859.....	3,156.....	42,703.....	23,381.....	766.....	570.....	7.....	1,947.....	.....	.345.....	25,125.....	2,410.....
9. 2020.....	48,110.....	3,297.....	44,813.....	24,189.....	292.....	489.....	.....	2,142.....	.....	.145.....	26,528.....	2,499.....
10. 2021.....	51,069.....	3,580.....	47,489.....	26,171.....	494.....	532.....	3.....	2,137.....	.....	.249.....	28,343.....	1,768.....
11. 2022.....	56,890.....	5,512.....	51,378.....	39,221.....	6,269.....	716.....	222.....	2,603.....	.....	144.....	36,049.....	324.....
12. Totals	XXX	XXX	XXX	210,594	10,769	4,980	273	19,579	.....	2,913	224,111	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	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....	3.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3.....	1.....
2. 2013.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2014.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2015.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2016.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2017.....	182.....	81.....	93.....	41.....	.....	17.....	.....	.....	.....	.....	170.....	6.....	.....
7. 2018.....	33.....	.....	11.....	.....	.....	7.....	.....	1.....	.....	.....	52.....	1.....	.....
8. 2019.....	64.....	.....	47.....	3.....	.....	23.....	.....	6.....	.....	.....	137.....	7.....	.....
9. 2020.....	47.....	.....	234.....	13.....	.....	64.....	.....	9.....	.....	.....	341.....	3.....	.....
10. 2021.....	754.....	178.....	707.....	50.....	.....	164.....	.....	82.....	.....	.....	1,479.....	18.....	.....
11. 2022.....	6,997.....	285.....	4,706.....	580.....	.....	760.....	.....	706.....	.....	.....	12,304.....	324.....	.....
12. Totals	8,080.....	544.....	5,798.....	687.....	.....	1,035.....	.....	804.....	.....	.....	14,486.....	360.....	.....

	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
	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.....	XXX.....	XXX.....	3.....	.....
2. 2013.....	22,903.....	837.....	22,066.....	67.2.....	28.0.....	70.9.....	.....	.....	65.0.....	.....	.....
3. 2014.....	16,869.....	92.....	16,777.....	46.3.....	2.6.....	51.1.....	.....	.....	65.0.....	.....	.....
4. 2015.....	15,038.....	117.....	14,921.....	40.1.....	3.6.....	43.5.....	.....	.....	65.0.....	.....	.....
5. 2016.....	15,904.....	678.....	15,226.....	41.6.....	20.7.....	43.6.....	.....	.....	65.0.....	.....	.....
6. 2017.....	22,216.....	1,285.....	20,931.....	56.5.....	38.9.....	58.1.....	.....	.....	65.0.....	153.....	17.....
7. 2018.....	18,417.....	102.....	18,315.....	43.8.....	3.0.....	47.4.....	.....	.....	65.0.....	44.....	8.....
8. 2019.....	26,038.....	776.....	25,262.....	56.8.....	24.6.....	59.2.....	.....	.....	65.0.....	108.....	29.....
9. 2020.....	27,174.....	305.....	26,869.....	56.5.....	9.3.....	60.0.....	.....	.....	65.0.....	268.....	73.....
10. 2021.....	30,547.....	725.....	29,822.....	59.8.....	20.3.....	62.8.....	.....	.....	65.0.....	1,233.....	246.....
11. 2022.....	55,709.....	7,356.....	48,353.....	97.9.....	133.5.....	94.1.....	.....	.....	65.0.....	10,838.....	1,466.....
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	12,647.....	1,839.....

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 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.....	(11).....	.....	.....	.....	.....	.....	.....	11.....	(11).....
2. 2013.....	25,776	183	25,593	15,492	43	636	2	1,210	.....	.524	.17,293	2,467
3. 2014.....	26,807	131	26,676	17,698	.....	751	.....	1,472	.....	.595	19,921	2,395
4. 2015.....	27,851	154	27,697	18,158	93	703	.....	2,052	.....	.800	20,820	2,340
5. 2016.....	29,724	155	29,569	19,593	13	655	.....	2,137	.....	.606	22,372	2,346
6. 2017.....	32,909	206	32,703	20,256	37	645	.....	2,132	.....	.758	22,996	2,452
7. 2018.....	37,692	177	37,515	23,155	.....	1,299	.....	2,207	.....	.797	26,661	2,945
8. 2019.....	41,785	166	41,619	25,389	.....	1,296	.....	2,110	.....	.636	28,795	3,057
9. 2020.....	39,226	76	39,150	17,441	196	465	2	1,630	.....	.441	19,338	2,110
10. 2021.....	39,486	237	39,249	17,617	38	216	.....	1,576	.....	.439	19,371	1,629
11. 2022.....	39,527	256	39,271	11,469	.....	46	.....	1,187	.....	177	12,702	838
12. Totals	XXX	XXX	XXX	186,257	420	6,712	4	17,713	.....	5,784	210,258	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	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2013.....	4	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	6	1
3. 2014.....	44	.....	22	.....	.....	4	.....	2	.....	.....	.....	.72	2
4. 2015.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	1	1
5. 2016.....	116	.....	81	.....	.....	13	.....	9	.....	.....	.....	.219	3
6. 2017.....	275	.....	88	.....	.....	29	.....	2	.....	.....	.....	.394	8
7. 2018.....	874	1	402	1	.....	237	.....	.27	.....	.....	.....	1,538	.23
8. 2019.....	2,286	1	.979	1	.....	.419	.....	115	.....	.....	.....	3,797	49
9. 2020.....	2,457	.....	1,065	20	.....	.542	.....	121	.....	.....	.....	4,165	.76
10. 2021.....	3,754	.....	2,855	139	.....	.788	.....	417	.....	.....	.....	7,675	178
11. 2022.....	9,026	.....	8,210	166	.....	803	.....	1,371	.....	.....	.....	19,244	838
12. Totals	18,836	2	13,704	327	.....	2,835	.....	2,065	.....	.....	.....	37,111	1,179

	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
	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. 2013.....	17,344	.45	17,299	.67.3	24.6	.67.6	.....	.....	.65.0	6	.....
3. 2014.....	19,993	.....	19,993	.74.6	.....	.74.9	.....	.....	.65.0	.66	6
4. 2015.....	20,914	.93	20,821	.75.1	.60.4	.75.2	.....	.....	.65.0	.....	1
5. 2016.....	22,604	.13	22,591	.76.0	.8.4	.76.4	.....	.....	.65.0	.197	22
6. 2017.....	23,427	.37	23,390	.71.2	.18.0	.71.5	.....	.....	.65.0	.363	31
7. 2018.....	28,201	2	28,199	.74.8	.1.1	.75.2	.....	.....	.65.0	1,274	264
8. 2019.....	32,594	2	32,592	.78.0	.1.2	.78.3	.....	.....	.65.0	3,263	534
9. 2020.....	23,721	218	23,503	.60.5	.286.8	.60.0	.....	.....	.65.0	3,502	663
10. 2021.....	27,223	177	27,046	.68.9	.74.7	.68.9	.....	.....	.65.0	6,470	1,205
11. 2022.....	32,112	166	31,946	.81.2	.64.8	.81.3	.....	.....	.65.0	17,070	2,174
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	XXX	32,211	4,900

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....									XXX.....	
2. 2013.....	9,102	.495	8,607	5,476	.360	792	.16	590			63	6,482	
3. 2014.....	10,339	.551	9,788	8,748	.816	836	.34	835			61	9,569	
4. 2015.....	10,641	.617	10,024	7,155	1,013	468	.16	630			106	7,224	
5. 2016.....	11,040	.706	10,334	6,662	.742	535	.41	624			28	7,038	
6. 2017.....	11,506	.846	10,660	5,446	.9	512		671			130	6,620	
7. 2018.....	12,003	.477	11,526	5,261	.163	330	.2	652			60	6,078	
8. 2019.....	12,463	.269	12,194	7,390	.234	405	.2	582			97	8,141	
9. 2020.....	13,173	.164	13,009	4,207		196		474			136	4,877	
10. 2021.....	14,152	.85	14,067	3,626		.76		408			64	4,110	
11. 2022	15,270	99	15,171	2,070		24		266			27	2,360	
12. Totals	XXX	XXX	XXX	56,041	3,337	4,174	111	5,732			772	62,499	
												XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing 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						
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded						
1. Prior.....																
2. 2013.....																
3. 2014.....																
4. 2015.....																
5. 2016.....	98		48									163	1			
6. 2017.....	68		91	20								177	3			
7. 2018.....	52		514	.71								.558	2			
8. 2019.....	675		406	66								1,297	10			
9. 2020.....	1,286	360	904	.87								2,147	.17			
10. 2021.....	2,215	105	2,663	303								5,141	29			
11. 2022	1,956		3,750	233								6,574	118			
12. Totals	6,350	465	8,376	780								16,072	180			

	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
	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. 2013.....	6,858	.376	6,482	.75.3	.76.0	.75.3				.65.0	
3. 2014.....	10,419	.850	9,569	.100.8	.154.3	.97.8				.65.0	
4. 2015.....	8,268	1,029	7,239	.77.7	.166.8	.72.2				.65.0	.15
5. 2016.....	7,984	.783	7,201	.72.3	.110.9	.69.7				.65.0	.146
6. 2017.....	6,826	.29	6,797	.59.3	.3.4	.63.8				.65.0	.139
7. 2018.....	6,872	.236	6,636	.57.3	.49.5	.57.6				.65.0	.495
8. 2019.....	9,740	.302	9,438	.78.2	.112.3	.77.4				.65.0	.1,015
9. 2020.....	7,471	.447	7,024	.56.7	.272.6	.54.0				.65.0	.1,743
10. 2021.....	9,659	.408	9,251	.68.3	.480.0	.65.8				.65.0	.4,470
11. 2022	9,167	233	8,934	60.0	235.4	58.9				.65.0	5,473
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX				XXX	13,481
											2,591

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								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. 2013.....													
3. 2014.....													
4. 2015.....													
5. 2016.....													
6. 2017.....													
7. 2018.....													
8. 2019.....													
9. 2020.....													
10. 2021.....													
11. 2022.....													
12. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing 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. 2013.....																
3. 2014.....																
4. 2015.....																
5. 2016.....																
6. 2017.....																
7. 2018.....																
8. 2019.....																
9. 2020.....																
10. 2021.....																
11. 2022.....																
12. Totals																

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)				Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 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. 2013.....												
3. 2014.....												
4. 2015.....												
5. 2016.....												
6. 2017.....												
7. 2018.....												
8. 2019.....												
9. 2020.....												
10. 2021.....												
11. 2022.....												
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX			

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 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.....			3						3	
2. 2013.....	13,770	1,716	12,054	9,272	1,591	1,495	73	1,016		79	10,119	710	
3. 2014.....	16,070	2,078	13,992	8,658	.630	1,564	44	.996		81	10,544	763	
4. 2015.....	16,706	2,079	14,627	6,552	.447	1,766	40	.689		.116	8,520	727	
5. 2016.....	17,618	2,161	15,457	6,879	.348	1,523	1	.796		.156	8,849	675	
6. 2017.....	18,207	2,204	16,003	6,783	.440	1,134	3	.713		.164	8,187	642	
7. 2018.....	18,607	1,800	16,807	6,134	.218	1,435	28	.701		.55	8,024	591	
8. 2019.....	19,693	1,699	17,994	8,057	.139	1,432	1	.674		.263	10,023	624	
9. 2020.....	21,181	1,943	19,238	7,069	.512	465	35	.682		.109	7,669	582	
10. 2021.....	23,067	1,895	21,172	5,586	.183	306	7	.541		.114	6,243	393	
11. 2022	25,508	2,335	23,173	6,510	660	228	26	507		30	6,559	141	
12. Totals	XXX	XXX	XXX	71,500	5,168	11,351	258	7,315		1,167	84,740	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.....	65												65	1			
2. 2013.....	29		15				17						61	1			
3. 2014.....	13		6				11						30	1			
4. 2015.....	148		75				146		2				371	8			
5. 2016.....	189		128	4			237		7				557	10			
6. 2017.....	328		156	11			240		14				727	10			
7. 2018.....	1,145	163	621	78			1,413		26				2,964	18			
8. 2019.....	761		538	16			1,130		69				2,482	32			
9. 2020.....	269		1,364	.74			570		.71				2,200	12			
10. 2021.....	479		1,325	133			840		131				2,642	33			
11. 2022	2,855	502	3,778	444			1,547		590				7,824	141			
12. Totals	6,281	665	8,006	760			6,151		910				19,923	267			

	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
	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.....	65	
2. 2013.....	11,844	1,664	10,180	.86.0	97.0	.84.5			.65.0	44	17
3. 2014.....	11,248	674	10,574	.70.0	32.4	.75.6			.65.0	19	11
4. 2015.....	9,378	487	8,891	.56.1	23.4	.60.8			.65.0	223	148
5. 2016.....	9,759	353	9,406	.55.4	16.3	.60.9			.65.0	313	244
6. 2017.....	9,368	454	8,914	.51.5	20.6	.55.7			.65.0	.473	254
7. 2018.....	11,475	487	10,988	.61.7	27.1	.65.4			.65.0	1,525	1,439
8. 2019.....	12,661	156	12,505	.64.3	9.2	.69.5			.65.0	1,283	1,199
9. 2020.....	10,490	621	9,869	.49.5	32.0	.51.3			.65.0	1,559	641
10. 2021.....	9,208	323	8,885	.39.9	17.0	.42.0			.65.0	1,671	971
11. 2022	16,015	1,632	14,383	62.8	69.9	62.1			.65.0	5,687	2,137
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	12,862	7,061

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 2022 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 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. 2013.....	4,544	1,981	2,563	2,469	1,303	259		213		3	1,638	114	
3. 2014.....	4,700	2,150	2,550	2,120	1,498	201	20	275		2	1,078	105	
4. 2015.....	4,783	2,143	2,640	1,083	585	67		91		2	656	78	
5. 2016.....	4,451	2,169	2,282	1,286	585	99		97		1	897	79	
6. 2017.....	4,066	2,251	1,815	.924	.497	73	1	144			643	43	
7. 2018.....	4,219	2,412	1,807	1,330	.969	184	9	120		2	656	40	
8. 2019.....	4,473	2,677	1,796	1,480	1,242	11	5	101			345	33	
9. 2020.....	4,782	1,734	3,048	3,281	1,590	32		136		1	1,859	36	
10. 2021.....	5,131	1,581	3,550	.826	.145	17		85			783	16	
11. 2022	5,625	2,000	3,625	81		4		159			244	8	
12. Totals	XXX	XXX	XXX	14,880	8,414	947	35	1,421		11	8,799	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2013.....													
3. 2014.....													1
4. 2015.....													1
5. 2016.....													
6. 2017.....	146		73				.3				.222		1
7. 2018.....	68	59	48	.36			42		6		69		1
8. 2019.....	104	94	99	60			12		8		69		1
9. 2020.....	788	358	1,205	1,096			35		80		.654		6
10. 2021.....	85	10	2,904	1,286			213		51		1,957		4
11. 2022	797	325	1,953	1,231			432		139		1,765		8
12. Totals	1,988	846	6,282	3,709			737		284		4,736		22

	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
	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. 2013.....	2,941	1,303	1,638	.64.7	65.8	63.9			.65.0		
3. 2014.....	2,596	1,518	1,078	.55.2	70.6	42.3			.65.0		
4. 2015.....	1,241	585	656	.25.9	27.3	24.8			.65.0		
5. 2016.....	1,482	585	.897	.33.3	27.0	.39.3			.65.0		
6. 2017.....	1,363	498	.865	.33.5	22.1	.47.7			.65.0	.219	3
7. 2018.....	1,798	1,073	.725	.42.6	44.5	.40.1			.65.0	.21	.48
8. 2019.....	1,815	1,401	.414	.40.6	52.3	.23.1			.65.0	.49	.20
9. 2020.....	5,557	3,044	2,513	116.2	175.5	.82.4			.65.0	.539	115
10. 2021.....	4,181	1,441	2,740	.81.5	91.1	.77.2			.65.0	1,693	264
11. 2022	3,565	1,556	2,009	63.4	77.8	.55.4			.65.0	1,194	571
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	3,715	1,021

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 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. 2013.....													
3. 2014.....													
4. 2015.....													
5. 2016.....													
6. 2017.....													
7. 2018.....													
8. 2019.....													
9. 2020.....													
10. 2021.....													
11. 2022.....													
12. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2013.....													
3. 2014.....													
4. 2015.....													
5. 2016.....													
6. 2017.....													
7. 2018.....													
8. 2019.....													
9. 2020.....													
10. 2021.....													
11. 2022.....													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 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. 2013.....											
3. 2014.....											
4. 2015.....											
5. 2016.....											
6. 2017.....											
7. 2018.....											
8. 2019.....											
9. 2020.....											
10. 2021.....											
11. 2022.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	(55)		13		(1)		79	(43)	XXX	
2. 2021	13,613	685	12,928	6,049	88	149		500		144	6,610	XXX	
3. 2022	14,323	883	13,440	8,274	829	188	44	541		57	8,130	XXX	
4. Totals	XXX	XXX	XXX	14,268	917	350	44	1,040		280	14,697	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			1				2					3				
2. 2021	50		15				12		8			85	3			
3. 2022	1,266	15	325	41			81		78			1,694	68			
4. Totals	1,316	15	341	41			95		86			1,782	71			

	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	1	2
2. 2021	6,783	88	6,695	49.8	12.8	51.8			65.0	65	20
3. 2022	10,753	929	9,824	75.1	105.2	73.1			65.0	1,535	159
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1,601	181

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	14.....	1.....	26.....	.....	2.....	.....	237.....	41.....	XXX.....
2. 2021.....	41,830.....	690.....	41,140.....	27,671.....	4.....	163.....	.....	2,605.....	.....	5,812.....	30,435.....	6.....
3. 2022	45,583	975	44,608	33,187	465	132	14	2,494	.....	3,608	35,334	769
4. Totals	XXX	XXX	XXX	60,872	470	321	14	5,101	.....	9,657	65,810	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing 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.....	22.....	18.....	52.....	5.....	.....	11.....	.....	.....	.....	.....	.....	62.....	7.....
2. 2021.....	24.....	6.....	65.....	1.....	.....	11.....	.....	31.....	.....	.....	.....	124.....	6.....
3. 2022	3,818	3	2,700	51	.....	53	.....	392	.....	.....	.....	6,909	769
4. Totals	3,864	27	2,817	57	.....	75	.....	423	.....	.....	.....	7,095	782

	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.....		XXX.....	11.....
2. 2021.....	30,570.....	11.....	30,559.....	73.1.....	1.6.....	74.3.....	.....	.....	65.0.....	82.....	42.....
3. 2022	42,776	533	42,243	93.8	54.7	94.7	.....	.....	65.0	6,464	445
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,597	498

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE P - PART 1K - FIDELITY/SURETY

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 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. 2021.....												XXX.....	
3. 2022												XXX	
4. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing 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. 2021.....																
3. 2022																
4. Totals																

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....
2. 2021.....											
3. 2022											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....									XXX.....	
2. 2021.....	1.....		1.....									XXX.....	
3. 2022												XXX	
4. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing 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. 2021.....																
3. 2022																
4. Totals																

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....
2. 2021.....										65.0	
3. 2022										65.0	
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 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. 2013.....	125	1	124	18		11		2				31.....4	
3. 2014.....	137	1	136	1		23						24.....6	
4. 2015.....	137	1	136	1		1						2.....3	
5. 2016.....	126	1	125	7		1						.8.....4	
6. 2017.....	129	1	128	29		7		1				37.....1	
7. 2018.....	129		129	16		6		1				23.....6	
8. 2019.....	121		121	9		4						13.....1	
9. 2020.....	124	1	123					1				.1.....	
10. 2021.....	141	1	140	13		2		1				16.....2	
11. 2022	157	1	156										
12. Totals	XXX	XXX	XXX	94		55		6				155 XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2013.....													
3. 2014.....	16											16	1
4. 2015.....													
5. 2016.....													
6. 2017.....													
7. 2018.....													
8. 2019.....													
9. 2020.....													
10. 2021.....			8				3		1			12	
11. 2022			9						1			10	
12. Totals	16		17				3		2			38	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 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
	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. 2013.....	31		31	24.8		25.0			.65.0		
3. 2014.....	40		40	29.2		29.4			.65.0		16
4. 2015.....	2		2	1.5		1.5			.65.0		
5. 2016.....	8		8	6.3		6.4			.65.0		
6. 2017.....	37		37	28.7		28.9			.65.0		
7. 2018.....	23		23	17.8		17.8			.65.0		
8. 2019.....	13		13	10.7		10.7			.65.0		
9. 2020.....	1		1	0.8		0.8			.65.0		
10. 2021.....	28		28	19.9		20.0			.65.0	8	4
11. 2022	10		10	6.4		6.4			.65.0	9	1
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	33	5

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

N O N E

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

N O N E

Schedule P - Part 1T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company
SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$'000 OMITTED)										DEVELOPMENT	
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	11 One Year	12 Two Year
1. Prior.....	1,855	1,261	1,305	1,260	1,256	1,190	1,180	1,159	1,156	1,132	(24)	(27)
2. 2013.....	21,168	20,023	19,739	19,729	19,733	19,739	19,751	19,759	19,762	19,742	(20)	(17)
3. 2014.....	XXX	16,937	15,552	15,174	15,040	15,000	15,012	15,000	14,997	14,996	(1)	(4)
4. 2015.....	XXX	XXX	14,512	13,733	13,485	13,662	13,635	13,504	13,482	13,482		(22)
5. 2016.....	XXX	XXX	XXX	15,547	14,108	14,032	13,628	13,631	13,592	13,588	(4)	(43)
6. 2017.....	XXX	XXX	XXX	XXX	19,999	19,071	18,930	18,881	18,905	19,036	131	155
7. 2018.....	XXX	XXX	XXX	XXX	XXX	17,457	16,794	16,681	16,591	16,643	52	(38)
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	23,514	23,040	22,821	23,309	488	269
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25,659	25,233	24,718	(515)	(941)
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28,074	27,603	(471)	XXX
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45,044	XXX	XXX
										12. Totals	(364)	(668)

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

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

1.	Prior	4,094	3,611	3,176	3,480	2,953	2,837	2,834	2,838	2,838	2,838		
2.	2013	4,813	4,370	4,390	5,601	5,350	5,391	5,995	6,003	6,011	5,892	(119)	(111)
3.	2014	XXX	7,989	8,437	8,389	8,700	8,573	8,842	8,734	8,734	8,734		
4.	2015	XXX	XXX	6,772	6,858	6,538	6,279	6,796	6,535	6,583	6,594	11	59
5.	2016	XXX	XXX	XXX	5,895	6,242	6,924	6,990	6,795	6,574	6,577	3	(218)
6.	2017	XXX	XXX	XXX	XXX	6,720	6,569	6,223	6,828	6,265	6,113	(152)	(715)
7.	2018	XXX	XXX	XXX	XXX	XXX	6,547	5,882	6,726	6,640	5,978	(662)	(748)
8.	2019	XXX	XXX	XXX	XXX	XXX	XXX	8,663	9,485	8,795	8,731	(64)	(754)
9.	2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,945	7,587	6,493	(1,094)	548
10.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,753	8,675	922	XXX
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,098	XXX	XXX
										12. Totals	(1,155)		(1,939)

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

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1.	Prior..	2,881	2,605	2,879	3,314	3,050	2,849	2,727	2,755	2,789	2,715	(74)	(40)
2.	2013..	9,089	9,492	9,531	8,721	8,692	9,179	9,088	9,244	9,136	9,164	28	(80)
3.	2014..	XXX	7,801	7,852	8,902	8,722	9,500	9,558	9,715	9,577	9,578	1	(137)
4.	2015..	XXX	XXX	7,186	7,271	7,980	8,718	8,263	8,059	7,962	8,200	238	141
5.	2016..	XXX	XXX	XXX	7,994	8,108	7,998	8,460	8,743	8,581	8,603	22	(140)
6.	2017..	XXX	XXX	XXX	XXX	8,707	7,879	8,417	8,055	8,323	8,187	(136)	132
7.	2018..	XXX	XXX	XXX	XXX	XXX	7,837	8,158	8,925	10,090	10,261	171	1,336
8.	2019..	XXX	XXX	XXX	XXX	XXX	XXX	10,210	11,952	11,307	11,762	455	(190)
9.	2020..	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,802	9,140	9,116	(24)	(686)
10.	2021..	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,992	8,213	(1,779)	XXX
11.	2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,286	XXX	XXX	
											12. Totals	(1,098)	336

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	11 One Year	12 Two Year
1. Prior.....												
2. 2013.....												
3. 2014.....	XXX											
4. 2015.....	XXX	XXX										
5. 2016.....	XXX	XXX	XXX									
6. 2017.....	XXX	XXX	XXX	XX								
7. 2018.....	XXX	XXX	XXX	XX	XX							
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
											12. Totals	

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

1. Prior.....												
2. 2013.....												
3. 2014.....	XXX											
4. 2015.....	XXX	XXX										
5. 2016.....	XXX	XXX	XXX									
6. 2017.....	XXX	XXX	XXX	XXX								
7. 2018.....	XXX	XXX	XXX	XX	XX							
8. 2019.....	XXX	XXX	XXX	XX	XX	XX						
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XX					
10. 2021.....	XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
											12. Totals	

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

1. Prior.....												
2. 2013.....												
3. 2014.....	XXX											
4. 2015.....	XXX	XXX										
5. 2016.....	XXX	XXX	XXX									
6. 2017.....	XXX	XXX	XXX	XXX								
7. 2018.....	XXX	XXX	XXX	XX	XX							
8. 2019.....	XXX	XXX	XXX	XX	XX	XX						
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XX					
10. 2021.....	XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
											12. Totals	

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

1. Prior.....	1,436	1,075	.897	.906	.875	.858	.847	.841	.811	.811		(30)
2. 2013.....	1,191	1,226	1,579	1,693	1,768	1,469	1,424	1,425	1,425	1,425		
3. 2014.....	XXX	1,210	1,344	.936	.806	.758	.812	.820	.803	.803		
4. 2015.....	XXX	XXX	XXX	1,002	.899	.618	.768	.576	.568	.565	.565	(3)
5. 2016.....	XXX	XXX	XXX	XXX	1,386	1,217	1,114	899	.793	.804	.800	(4)
6. 2017.....	XXX	XXX	XXX	XXX	XXX	1,146	849	.692	.751	.744	.721	(23)
7. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	.758	.783	.514	.518	.599	85
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.532	.366	.447	.305	(142)
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,686	3,762	2,297	(1,465)
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,248	2,604	1,356
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,711	XXX	XXX
											12. Totals	(197) (1,438)

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

1. Prior.....												
2. 2013.....												
3. 2014.....	XXX											
4. 2015.....	XXX	XXX										
5. 2016.....	XXX	XXX	XXX									
6. 2017.....	XXX	XXX	XXX	XXX								
7. 2018.....	XXX	XXX	XXX	XX	XX							
8. 2019.....	XXX	XXX	XXX	XX	XX	XX						
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XX					
10. 2021.....	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
											12. Totals	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	11 One Year	12 Two Year
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,142	858	729	(129)	(413)
2. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	6,322	6,187	6,187	(135)	XXX.....
3. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,205	XXX	XXX	
										4. Totals	(264)	(413)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX.....	3,270	1,206	1,028	(178)	(2,242)						
2. 2021.....	XXX.....	30,372	27,923	27,923	(2,449)	XXX.....						
3. 2022	XXX	XXX	39,357	XXX	XXX							
										4. Totals	(2,627)	(2,242)

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior.....	XXX.....	XXX.....										
2. 2021.....	XXX.....	XXX.....	XXX.....									
3. 2022	XXX	XXX	XXX									
										4. Totals		

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

1. Prior.....	XXX.....	XXX.....										
2. 2021.....	XXX.....	XXX.....	XXX.....									
3. 2022	XXX	XXX	XXX									
										4. Totals		

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior.....	XXX.....	XXX.....										
2. 2013.....	XXX.....	XXX.....										
3. 2014.....	XXX	XXX										
4. 2015.....	XXX	XXX										
5. 2016.....	XXX	XXX										
6. 2017.....	XXX	XXX										
7. 2018.....	XXX	XXX										
8. 2019.....	XXX	XXX										
9. 2020.....	XXX	XXX										
10. 2021.....	XXX	XXX										
11. 2022	XXX	XXX	XXX									
										12. Totals		

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company
SCHEDULE P - PART 2R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	11 One Year	12 Two Year
1. Prior.....	30	2	2	2	4	2	2	2	2	2	2	
2. 2013.....	44	48	32	29	29	29	29	29	29	29	29	
3. 2014.....	XXX.....	34	68	9	9	9	10	10	10	40	30	30
4. 2015.....	XXX.....	XXX.....	3	3	2	2	2	2	2	2	2	
5. 2016.....	XXX.....	XXX.....	XXX.....	3	6	5	8	8	8	8	8	
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....		3	78	36	36	36		
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	20	18	22	22	22		
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	10	18	17	13	(4)	(5)
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	20	26	6	XXX.....
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	XXX	XXX
											12. Totals	32
												25

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

1. Prior.....												
2. 2013.....												
3. 2014.....	XXX.....											
4. 2015.....	XXX.....	XXX.....										
5. 2016.....	XXX.....	XXX.....	XXX.....									
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XX							
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
9. 2020.....	XXX.....											
10. 2021.....	XXX.....				XXX.....							
11. 2022	XXX	XXX		XXX	XXX							
											12. Totals	

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

1. Prior.....	XXX.....											
2. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XX	XXX.....						
3. 2022	XXX	XXX	XXX	XXX	XX	XXX						
												4. Totals

SCHEDULE P - PART 2T - WARRANTY

1. Prior.....	XXX.....											
2. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XX	XXX.....						
3. 2022	XXX	XXX	XXX	XXX	XX	XXX						
												4. Totals

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company
SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022		
1. Prior.....000.....	.....617.....	.....762.....	.....968.....	.....982.....	.....1,014.....	.....1,014.....	.....1,023.....	.....1,079.....	.....1,129.....	.....82.....	.....	.....
2. 2013.....15,474.....	.....19,266.....	.....19,453.....	.....19,683.....	.....19,700.....	.....19,704.....	.....19,724.....	.....19,732.....	.....19,742.....	.....19,742.....	.....2,225.....	.....423.....	.....
3. 2014.....XXX.....	.....13,029.....	.....14,915.....	.....14,966.....	.....14,996.....	.....14,992.....	.....14,994.....	.....14,993.....	.....14,997.....	.....14,996.....	.....1,549.....	.....343.....	.....
4. 2015.....XXX.....	.....XXX.....	.....10,248.....	.....12,795.....	.....13,110.....	.....13,261.....	.....13,274.....	.....13,447.....	.....13,482.....	.....13,482.....	.....1,408.....	.....334.....	.....
5. 2016.....XXX.....	.....XXX.....	.....XXX.....	.....11,573.....	.....13,182.....	.....13,341.....	.....13,544.....	.....13,571.....	.....13,588.....	.....13,588.....	.....1,349.....	.....303.....	.....
6. 2017.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....14,768.....	.....18,149.....	.....18,494.....	.....18,698.....	.....18,820.....	.....18,866.....	.....1,728.....	.....349.....	.....
7. 2018.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....12,621.....	.....15,655.....	.....16,340.....	.....16,511.....	.....16,592.....	.....1,530.....	.....320.....	.....
8. 2019.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....18,486.....	.....21,932.....	.....22,476.....	.....23,178.....	.....1,958.....	.....445.....	.....
9. 2020.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....20,234.....	.....23,591.....	.....24,386.....	.....2,106.....	.....390.....	.....
10. 2021.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....22,124.....	.....26,206.....	.....1,602.....	.....148.....	.....
11. 2022.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....33,446.....	.....	.....	.....

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

1. Prior.....000.....	.....5,620.....	.....8,289.....	.....9,063.....	.....9,430.....	.....9,525.....	.....9,514.....	.....9,594.....	.....9,582.....	.....9,571.....	.....473.....	.....	.....
2. 2013.....6,386.....	.....11,804.....	.....14,217.....	.....15,528.....	.....15,817.....	.....15,982.....	.....16,087.....	.....16,089.....	.....16,088.....	.....16,083.....	.....2,139.....	.....327.....	.....
3. 2014.....XXX.....	.....7,692.....	.....12,846.....	.....16,013.....	.....17,510.....	.....17,913.....	.....18,194.....	.....18,283.....	.....18,413.....	.....18,449.....	.....2,072.....	.....321.....	.....
4. 2015.....XXX.....	.....XXX.....	.....8,672.....	.....13,860.....	.....16,746.....	.....18,051.....	.....18,532.....	.....18,666.....	.....18,692.....	.....18,768.....	.....1,987.....	.....352.....	.....
5. 2016.....XXX.....	.....XXX.....	.....XXX.....	.....8,618.....	.....14,945.....	.....17,649.....	.....19,427.....	.....19,745.....	.....19,970.....	.....20,235.....	.....1,954.....	.....389.....	.....
6. 2017.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....9,452.....	.....15,444.....	.....18,957.....	.....20,226.....	.....20,796.....	.....20,864.....	.....2,044.....	.....400.....	.....
7. 2018.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....10,735.....	.....17,436.....	.....21,003.....	.....23,530.....	.....24,454.....	.....2,462.....	.....460.....	.....
8. 2019.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....11,383.....	.....19,177.....	.....23,315.....	.....26,685.....	.....2,549.....	.....459.....	.....
9. 2020.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....8,213.....	.....14,385.....	.....17,708.....	.....1,640.....	.....394.....	.....	.....
10. 2021.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....9,599.....	.....17,795.....	.....1,228.....	.....	.....223.....	.....
11. 2022.....XXX.....	.....XXX.....11,515.....	.....	.....	.....	.....		

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

1. Prior.....000.....	.....1,538.....	.....1,935.....	.....2,468.....	.....2,765.....	.....2,835.....	.....2,834.....	.....2,838.....	.....2,838.....	.....2,838.....	.....81.....	.....	.....
2. 2013.....1,459.....	.....2,673.....	.....3,101.....	.....3,766.....	.....4,925.....	.....5,035.....	.....5,936.....	.....6,003.....	.....6,011.....	.....5,892.....	.....393.....	.....62.....	.....
3. 2014.....XXX.....	.....2,260.....	.....4,410.....	.....5,859.....	.....7,265.....	.....8,134.....	.....8,551.....	.....8,732.....	.....8,734.....	.....8,734.....	.....502.....	.....54.....	.....
4. 2015.....XXX.....	.....XXX.....	.....2,121.....	.....3,213.....	.....4,238.....	.....5,629.....	.....5,968.....	.....6,330.....	.....6,392.....	.....6,594.....	.....543.....	.....71.....	.....
5. 2016.....XXX.....	.....XXX.....	.....XXX.....	.....1,856.....	.....3,484.....	.....5,064.....	.....5,355.....	.....5,974.....	.....6,406.....	.....6,414.....	.....487.....	.....70.....	.....
6. 2017.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....2,002.....	.....3,585.....	.....4,566.....	.....5,537.....	.....5,732.....	.....5,949.....	.....507.....	.....80.....	.....
7. 2018.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....1,941.....	.....3,193.....	.....4,433.....	.....5,320.....	.....5,426.....	.....500.....	.....76.....	.....
8. 2019.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....2,396.....	.....4,273.....	.....5,722.....	.....7,559.....	.....501.....	.....69.....	.....
9. 2020.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....1,717.....	.....3,546.....	.....4,403.....	.....407.....	.....51.....	.....
10. 2021.....XXX.....	.....XXX.....2,025.....	.....3,702.....	.....300.....	.....31.....	.....					
11. 2022.....XXX.....	.....XXX.....2,094.....	.....	.....	.....	.....		

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

1. Prior.....000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2013.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2014.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2015.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2016.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2017.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2018.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2019.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2020.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2021.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2022.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

NONE

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....000.....	.....876.....	.....1,815.....	.....2,334.....	.....2,701.....	.....2,633.....	.....2,645.....	.....2,645.....	.....2,647.....	.....2,650.....	.....129.....	.....	.....
2. 2013.....3,766.....	.....5,762.....	.....6,565.....	.....7,871.....	.....8,235.....	.....8,444.....	.....8,680.....	.....8,822.....	.....9,075.....	.....9,103.....	.....576.....	.....133.....	.....
3. 2014.....XXX.....	.....4,078.....	.....5,691.....	.....6,465.....	.....7,475.....	.....8,309.....	.....8,922.....	.....9,400.....	.....9,547.....	.....9,548.....	.....614.....	.....148.....	.....
4. 2015.....XXX.....	.....XXX.....	.....3,066.....	.....4,374.....	.....5,155.....	.....6,225.....	.....7,350.....	.....7,614.....	.....7,762.....	.....7,831.....	.....592.....	.....127.....	.....
5. 2016.....XXX.....	.....XXX.....	.....XXX.....	.....4,027.....	.....5,704.....	.....6,243.....	.....6,987.....	.....7,376.....	.....7,909.....	.....8,053.....	.....540.....	.....125.....	.....
6. 2017.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....3,933.....	.....5,563.....	.....6,097.....	.....6,940.....	.....7,215.....	.....7,474.....	.....508.....	.....124.....	.....
7. 2018.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....3,677.....	.....5,054.....	.....6,274.....	.....6,900.....	.....7,323.....	.....475.....	.....98.....	.....
8. 2019.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....4,705.....	.....7,243.....	.....8,565.....	.....9,349.....	.....503.....	.....89.....	.....
9. 2020.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....4,448.....	.....6,221.....	.....6,987.....	.....8,485.....	.....485.....	.....85.....	.....
10. 2021.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....4,225.....	.....5,702.....	.....316.....	.....	.....44.....	.....
11. 2022.....XXX.....	.....XXX.....6,052.....	.....	.....	.....	.....		

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022		
1. Prior.....	000.....											
2. 2013.....												
3. 2014.....	XXX.....											
4. 2015.....	XXX.....	XXX.....										
5. 2016.....	XXX.....	XXX.....	XXX.....									
6. 2017.....	XXX.....	XXX.....	XXX.....	X.....								
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....								
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

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

1. Prior.....	000.....											
2. 2013.....												
3. 2014.....	XXX.....											
4. 2015.....	XXX.....	XXX.....										
5. 2016.....	XXX.....	XXX.....	XXX.....									
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....							
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....	XX.....						
9. 2020.....	XXX.....											
10. 2021.....	XXX.....											
11. 2022.....	XXX	XXX	XXX									

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

1. Prior.....	000.....											
2. 2013.....												
3. 2014.....	XXX.....											
4. 2015.....	XXX.....	XXX.....										
5. 2016.....	XXX.....	XXX.....	XXX.....									
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....	XX.....						
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....	XX.....	XX.....					
9. 2020.....	XXX.....	XX.....										
10. 2021.....	XXX.....											
11. 2022.....	XXX	XXX										

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

1. Prior.....	000.....	.233	.540	.562	.622	.624	.624	.764	.811	.811	30	
2. 2013.....		164	425	617	770	1,039	1,424	1,424	1,425	1,425	1,425	82
3. 2014.....	XXX.....	211	397	506	581	727	771	803	803	803	803	28
4. 2015.....	XXX.....	XXX.....	86	262	461	555	559	565	565	565	565	54
5. 2016.....	XXX.....	XXX.....	XXX.....	90	249	677	757	776	800	800	800	62
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	119	359	437	477	490	490	499	34
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	65	207	306	406	406	536	30
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	46	96	127	127	244	25
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	86	362	362	1,723	25
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	68	68	698	5
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	85	1

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

1. Prior.....	000.....											
2. 2013.....												
3. 2014.....	XXX.....											
4. 2015.....	XXX.....	XXX.....										
5. 2016.....	XXX.....	XXX.....	XXX.....									
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....							
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....	XX.....						
9. 2020.....	XXX.....											
10. 2021.....	XXX.....											
11. 2022.....	XXX	XXX										

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022		
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	000.....	768	726	XXX.....	XXX.....
2. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	5,353	6,110	XXX.....	XXX.....
3. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,589	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX.....	000.....	927	.966						
2. 2021.....	XXX.....	26,226	27,830							
3. 2022	XXX	XXX	32,840									

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior.....	XXX.....	000.....	XXX.....	XXX.....						
2. 2021.....	XXX.....	XXX.....	XXX.....							
3. 2022	XXX	XXX	XXX	XXX	XXX							

NONE**SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**

1. Prior.....	XXX.....	000.....	XXX.....	XXX.....						
2. 2021.....	XXX.....	XXX.....	XXX.....							
3. 2022	XXX	XXX	XXX	XXX	XXX							

NONE**SCHEDULE P - PART 3M - INTERNATIONAL**

1. Prior.....	000.....	XXX.....	XXX.....
2. 2013.....	XXX.....	XXX.....
3. 2014.....	XXX.....	XXX.....	XXX.....
4. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....
5. 2016.....	XXX.....	XXX.....	XXX.....							
6. 2017.....	XXX.....	XXX.....	XXX.....							
7. 2018.....	XXX.....	XXX.....	XXX.....							
8. 2019.....	XXX.....	XXX.....	XXX.....							
9. 2020.....	XXX.....	XXX.....	XXX.....							
10. 2021.....	XXX.....	XXX.....	XXX.....							
11. 2022	XXX	XXX	XXX	XXX	XXX							

NONE

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company
SCHEDULE P - PART 3R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022		
1. Prior.....	000.....	2.....	2.....	2.....	2.....	2.....	2.....	2.....	2.....	2.....	3.....	
2. 2013.....	15.....	16.....	29.....	29.....	29.....	29.....	29.....	29.....	29.....	29.....	3.....	1.....
3. 2014.....	XXX.....	8.....	9.....	9.....	9.....	9.....	10.....	10.....	10.....	24.....	3.....	2.....
4. 2015.....	XXX.....	XXX.....	2.....	2.....	2.....	2.....	2.....	2.....	2.....	2.....	2.....	1.....
5. 2016.....	XXX.....	XXX.....	XXX.....	1.....	5.....	5.....	8.....	8.....	8.....	8.....	3.....	1.....
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....		3.....	3.....	36.....	36.....	36.....	1.....	
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	12.....	12.....	22.....	22.....	22.....	5.....	1.....
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	6.....	7.....	9.....	13.....		
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	8.....	15.....	2.....
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		

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

1. Prior.....	000.....											
2. 2013.....												
3. 2014.....	XXX.....											
4. 2015.....	XXX.....	XXX.....										
5. 2016.....	XXX.....	XXX.....	XXX.....									
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....							
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
9. 2020.....	XXX.....											
10. 2021.....	XXX.....											
11. 2022.....	XXX.....											

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

1. Prior.....	XXX.....											
2. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....	XX.....	XX.....	XX.....	XX.....	XXX.....	XXX.....	XXX.....
3. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....	XX.....	XX.....	XX.....	XX.....	XXX.....	XXX.....	XXX.....

SCHEDULE P - PART 3T - WARRANTY

1. Prior.....	XXX.....											
2. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....	XX.....	XX.....	XX.....	XX.....	XXX.....	XXX.....	XXX.....
3. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XX.....	XX.....	XX.....	XX.....	XX.....	XXX.....	XXX.....	XXX.....

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company
SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior.....	790	271	174	104	100	51	48	50	29	.....
2. 2013.....	2,102	549	101	19	11	13	9	9	7	.....
3. 2014.....	XXX.....	1,940	373	115	16	3	13	2	.....	.....
4. 2015.....	XXX.....	XXX.....	1,445	376	150	154	125	.21	.....	.....
5. 2016.....	XXX.....	XXX.....	XXX.....	1,854	416	293	37	.26	4	.....
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	1,822	400	.236	.95	42	69
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,866	.430	.179	44	18
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2,028	.421	.166	.67
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2,581	.785	285
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2,865	821
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	4,886

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

1. Prior.....	5,070	2,214	1,081	512	108	72	24	3	.....	.....
2. 2013.....	4,273	2,615	1,318	286	266	96	28	7	1	2
3. 2014.....	XXX.....	4,326	1,990	1,195	389	225	168	111	46	26
4. 2015.....	XXX.....	XXX.....	4,897	2,568	670	234	178	.96	18	.....
5. 2016.....	XXX.....	XXX.....	XXX.....	5,099	2,418	679	.370	259	.204	94
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	6,268	2,553	1,648	253	.122	117
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	8,744	3,825	.809	.883	.638
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	7,244	3,205	2,074	1,397
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	7,134	2,820	1,587
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	7,706	3,504
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	8,847

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

1. Prior.....	2,206	1,207	525	661	88	.....	.....	.....	.....	.....
2. 2013.....	2,087	970	456	767	171	109	26	.....	.....	.....
3. 2014.....	XXX.....	2,922	1,814	.965	604	143	.200	1	.....	.....
4. 2015.....	XXX.....	XXX.....	2,433	1,284	816	240	.333	.59	.78	.....
5. 2016.....	XXX.....	XXX.....	XXX.....	1,943	1,438	1,386	.704	.315	.70	.65
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	2,688	1,548	.966	.995	.283	.96
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	3,227	1,821	1,834	1,229	500
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	3,474	2,606	1,426	497
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2,671	2,822	1,164
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	3,285	2,863
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	4,048

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

1. Prior.....
2. 2013.....
3. 2014.....	XXX.....
4. 2015.....	XXX.....	XXX.....
5. 2016.....	XXX.....	XXX.....	XXX.....
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
9. 2020.....	XXX.....						
10. 2021.....	XXX.....							
11. 2022.....	XXX.....								

NONE

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	1,721	.974	610	.651	258	174	.36	.45	.77	.....
2. 2013.....	3,038	2,126	1,571	.498	235	318	.183	.197	.32	.32
3. 2014.....	XXX.....	2,231	1,014	1,014	476	616	.278	.156	.17	.17
4. 2015.....	XXX.....	XXX.....	2,589	1,579	1,157	1,077	.592	.193	.92	.221
5. 2016.....	XXX.....	XXX.....	XXX.....	2,438	1,572	.969	.771	.730	.346	.361
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	3,088	1,586	1,345	.617	.580	.385
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2,709	2,125	1,564	2,111	1,956
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	3,542	3,426	1,853	1,652
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	4,131	2,236	1,860
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	4,526	2,032
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	4,881

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior.....										
2. 2013.....										
3. 2014.....	XXX.....									
4. 2015.....	XXX.....	XXX.....								
5. 2016.....	XXX.....	XXX.....	XX.....							
6. 2017.....	XXX.....	XXX.....	XX.....	XX.....						
7. 2018.....	XXX.....	XXX.....	XX.....	XXX.....	XXX.....					
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

NONE**SCHEDULE P - PART 4F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

1. Prior.....										
2. 2013.....										
3. 2014.....	XXX.....									
4. 2015.....	XXX.....	XXX.....								
5. 2016.....	XXX.....	XXX.....	XXX.....							
6. 2017.....	XXX.....	XXX.....	XX.....	XXX.....						
7. 2018.....	XXX.....	XXX.....	XX.....	XX.....	XX.....					
8. 2019.....	XXX.....	XXX.....	XX.....	XX.....	XX.....	XX.....				
9. 2020.....	XXX.....	XXX.....	XX.....	XXX.....	XXX.....	XX.....	XX.....			
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

NONE**SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),
BOILER AND MACHINERY)**

1. Prior.....										
2. 2013.....										
3. 2014.....	XXX.....									
4. 2015.....	XXX.....	XXX.....								
5. 2016.....	XXX.....	XXX.....	XXX.....							
6. 2017.....	XXX.....	XXX.....	XX.....	XXX.....						
7. 2018.....	XXX.....	XXX.....	XX.....	XX.....	XX.....					
8. 2019.....	XXX.....	XXX.....	XX.....	XX.....	XX.....	XX.....				
9. 2020.....	XXX.....	XXX.....	XX.....	XXX.....	XXX.....	XX.....	XX.....			
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

NONE**SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior.....	877	379	139	130	117	101	100	.32		
2. 2013.....	794	310	419	347	370	38				
3. 2014.....	XXX.....	701	719	258	84	8	17	7		
4. 2015.....	XXX.....	XXX.....	678	490	141	206	10	3		
5. 2016.....	XXX.....	XXX.....	XXX.....	990	579	340	132	.10	4	
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	704	380	183	176	.108	.76
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	599	535	126	.67	.54
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	443	198	.208	.51
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2,432	2,091	144
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,019	1,831
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,154

NONE**SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior.....										
2. 2013.....										
3. 2014.....	XXX.....									
4. 2015.....	XXX.....	XXX.....								
5. 2016.....	XXX.....	XXX.....	XXX.....							
6. 2017.....	XXX.....	XXX.....	XX.....	XXX.....						
7. 2018.....	XXX.....	XXX.....	XX.....	XX.....	XX.....					
8. 2019.....	XXX.....	XXX.....	XX.....	XX.....	XX.....					
9. 2020.....	XXX.....	XXX.....	XX.....	XXX.....	XXX.....	XX.....	XX.....			
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	270	35	3
2. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	301	27
3. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	365

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	1,514	268	58						
2. 2021	XXX	1,938	75							
3. 2022	XXX	XXX	2,702							

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	XXX									
2. 2021	XXX									
3. 2022	XXX									

NONE

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

1. Prior	XXX									
2. 2021	XXX									
3. 2022	XXX									

NONE

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior										
2. 2013										
3. 2014	XXX									
4. 2015	XXX	XXX								
5. 2016	XXX	XXX	XXX							
6. 2017	XXX	XXX	XX	XX						
7. 2018	XXX	XXX	XX	XX	XX					
8. 2019	XXX	XXX	XX	XXX	XXX	XX				
9. 2020	XXX									
10. 2021	XXX									
11. 2022	XXX									

NONE

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company
SCHEDULE P - PART 4R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										
	1 2013	2	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	2022
1. Prior.....	20					1					
2. 2013.....	21	22	3								
3. 2014.....	XXX.....	15	58								
4. 2015.....	XXX.....	XXX.....	1	1							
5. 2016.....	XXX.....	XXX.....	XXX.....	(1)	1						
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....			26				
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	8	6				
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	4	8	5		
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	9	11	
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9

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

1. Prior.....										
2. 2013.....										
3. 2014.....	XXX.....									
4. 2015.....	XXX.....	XXX.....								
5. 2016.....	XXX.....	XXX.....	XXX.....							
6. 2017.....	XXX.....	XXX.....	XX	XX						
7. 2018.....	XXX.....	XXX.....	XX	XX	XX					
8. 2019.....	XXX.....	XXX.....	XX	XXX.....	XXX.....	XX				
9. 2020.....	XXX.....									
10. 2021.....	XXX.....									
11. 2022	XXX	XXX								

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

1. Prior.....	XXX.....	XXX.....	XX	XXX.....	XXX.....	XX	XX			
2. 2021.....	XXX.....	XXX.....	XX	XXX.....	XX	XX	XXX.....	XXX.....		
3. 2022	XXX	XXX	XX	XX	XX	XX	XXX	XXX	XXX	

SCHEDULE P - PART 4T - WARRANTY

1. Prior.....	XXX.....	XXX.....	XX	XXX.....	XXX.....	XX	XX			
2. 2021.....	XXX.....	XXX.....	XX	XXX.....	XX	XX	XXX.....	XXX.....		
3. 2022	XXX	XXX	XX	XX	XX	XX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company
SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior.....	361	48	13	13	4	1	2	1		
2. 2013.....	1,851	2,183	2,206	2,220	2,222	2,223	2,224	2,224	2,225	2,225
3. 2014.....	XXX.....	1,297	1,512	1,538	1,542	1,545	1,547	1,547	1,549	1,549
4. 2015.....	XXX.....	XXX.....	1,174	1,362	1,394	1,402	1,403	1,407	1,408	1,408
5. 2016.....	XXX.....	XXX.....	XXX.....	1,105	1,313	1,334	1,346	1,348	1,349	1,349
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	1,454	1,687	1,720	1,724	1,728	1,728
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,230	1,493	1,524	1,530	1,530
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,663	1,936	1,958	1,958
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,869	2,106	2,106
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,602	1,602
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior.....	52	30	22	13	9	6	6	3	3	1
2. 2013.....	276	24	8	3	4	4	2	2	1	
3. 2014.....	XXX.....	177	19	9	5	1	1	1		
4. 2015.....	XXX.....	XXX.....	185	33	11	5	3	1		
5. 2016.....	XXX.....	XXX.....	XXX.....	192	26	14	4	2		
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	213	32	11	11	8	6
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	228	26	6	4	1
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	205	26	12	7
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	166	17	3
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	169	18
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		324

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior.....	216	32	7	5	2	(2)	2	(2)		(2)
2. 2013.....	2,479	2,623	2,636	2,645	2,649	2,650	2,649	2,649	2,649	2,648
3. 2014.....	XXX.....	1,774	1,866	1,888	1,890	1,889	1,891	1,891	1,892	1,892
4. 2015.....	XXX.....	XXX.....	1,643	1,721	1,738	1,741	1,740	1,742	1,742	1,742
5. 2016.....	XXX.....	XXX.....	XXX.....	1,543	1,634	1,650	1,653	1,653	1,652	1,652
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	1,964	2,065	2,080	2,084	2,085	2,083
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,722	1,835	1,849	1,854	1,851
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2,258	2,404	2,415	2,410
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2,392	2,513	2,499
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,919	1,768
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		324

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company
SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior	996	268	114	54	20	12	2	1	2	
2. 2013	1,433	1,939	2,053	2,104	2,122	2,130	2,137	2,138	2,139	2,139
3. 2014	XXX	1,238	1,787	1,958	2,026	2,054	2,064	2,069	2,072	2,072
4. 2015	XXX	XXX	1,245	1,736	1,891	1,950	1,971	1,982	1,987	1,987
5. 2016	XXX	XXX	XXX	1,151	1,733	1,854	1,920	1,939	1,954	1,954
6. 2017	XXX	XXX	XXX	XXX	1,311	1,817	1,962	2,019	2,044	2,044
7. 2018	XXX	XXX	XXX	XXX	XXX	1,522	2,216	2,389	2,462	2,462
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX	1,663	2,390	2,549	2,549
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,208	1,640	1,640
10. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,228	1,228
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior	408	152	28	21	10	6	3	1		
2. 2013	825	191	41	20	11	6	3	1	1	1
3. 2014	XXX	934	193	80	31	14	6	4	3	2
4. 2015	XXX	XXX	720	284	.75	28	12	5	3	1
5. 2016	XXX	XXX	XXX	1,028	227	87	26	12	8	3
6. 2017	XXX	XXX	XXX	XXX	847	228	73	32	11	8
7. 2018	XXX	XXX	XXX	XXX	XXX	1,014	253	103	44	.23
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX	990	232	106	49
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	668	166	76
10. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	779	178
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	838

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior	304	48	(1)	49	12	8		(1)	1	
2. 2013	2,433	2,426	2,415	2,449	2,459	2,463	2,467	2,466	2,467	2,467
3. 2014	XXX	2,336	2,269	2,350	2,376	2,388	2,390	2,393	2,396	2,395
4. 2015	XXX	XXX	2,148	2,333	2,309	2,327	2,334	2,339	2,342	2,340
5. 2016	XXX	XXX	XXX	2,397	2,319	2,327	2,334	2,340	2,351	2,346
6. 2017	XXX	XXX	XXX	XXX	2,381	2,410	2,429	2,450	2,455	2,452
7. 2018	XXX	XXX	XXX	XXX	XXX	2,792	2,897	2,947	2,966	2,945
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX	2,916	3,067	3,114	3,057
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,150	2,200	2,110
10. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,230	1,629
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	838

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company
SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior	122	42	17	13	6	2	1			
2. 2013	248	346	364	375	388	389	392	393	393	393
3. 2014	XXX	301	430	462	483	494	499	501	502	502
4. 2015	XXX	XXX	344	464	508	527	539	542	543	543
5. 2016	XXX	XXX	XXX	306	429	469	479	485	487	487
6. 2017	XXX	XXX	XXX	XXX	313	450	487	501	507	507
7. 2018	XXX	XXX	XXX	XXX	XXX	311	457	486	500	500
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX	350	470	501	501
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	283	407	407
10. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	300	300
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior	62	23	11	5	2	1				
2. 2013	116	38	31	20	5	5	1			
3. 2014	XXX	156	61	33	17	7	2	1		
4. 2015	XXX	XXX	175	75	31	14	4	2	1	
5. 2016	XXX	XXX	XXX	154	49	15	10	4	1	1
6. 2017	XXX	XXX	XXX	XXX	137	49	16	7	5	3
7. 2018	XXX	XXX	XXX	XXX	XXX	132	33	16	4	2
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX	118	44	21	10
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	109	30	17
10. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	109	29
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	118

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior	37	9	6	7	3	1				
2. 2013	398	439	453	456	454	455	454	455	455	455
3. 2014	XXX	488	537	546	554	555	555	556	556	556
4. 2015	XXX	XXX	549	600	607	612	614	615	615	614
5. 2016	XXX	XXX	XXX	499	544	552	558	559	558	558
6. 2017	XXX	XXX	XXX	XXX	496	572	582	588	592	590
7. 2018	XXX	XXX	XXX	XXX	XXX	485	561	578	580	578
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX	509	580	591	580
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	429	488	475
10. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	440	360
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	118

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company
SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior.....	178	60	32	20	12	3	1	1		
2. 2013.....	367	485	516	547	562	569	574	575	576	576
3. 2014.....	XXX.....	370	510	548	580	597	604	612	614	614
4. 2015.....	XXX.....	XXX.....	343	484	530	555	577	587	592	592
5. 2016.....	XXX.....	XXX.....	XXX.....	330	459	492	518	532	540	540
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	342	439	472	496	508	508
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	307	425	461	475	475
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	346	469	503	503
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	384	485	485
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	316	316
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior.....	87	51	29	16	5	4	4	2	1	1
2. 2013.....	127	51	46	23	12	8	3	2	1	1
3. 2014.....	XXX.....	155	74	57	35	18	10	3	1	1
4. 2015.....	XXX.....	XXX.....	161	86	62	39	16	6	6	8
5. 2016.....	XXX.....	XXX.....	XXX.....	136	66	46	33	20	14	10
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	116	55	37	24	19	10
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	127	45	33	30	18
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	98	56	47	32
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	82	24	12
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	92	33
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	141

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior.....	133	38	14	10	2	4	1	(1)	(1)	
2. 2013.....	573	653	690	701	706	710	710	710	710	710
3. 2014.....	XXX.....	620	715	745	760	763	762	763	763	763
4. 2015.....	XXX.....	XXX.....	573	676	710	719	720	720	725	727
5. 2016.....	XXX.....	XXX.....	XXX.....	544	637	660	676	677	679	675
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	524	602	627	643	651	642
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	491	560	589	603	591
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	503	607	639	624
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	532	594	582
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	452	393
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	141

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 2022 OF THE United Ohio Insurance Company
SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE
SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior.....	40	.17	8	.4					1	
2. 2013.....	42	60	.71	76	.78	82	82	.82	82	.82
3. 2014.....	XXX	.36	.56	68	.71	73	.75	.76	.77	.77
4. 2015.....	XXX	XXX	.27	42	51	53	.53	.53	54	.54
5. 2016.....	XXX	XXX	XXX	29	44	58	60	.61	62	.62
6. 2017.....	XXX	XXX	XXX	XXX	21	27	.32	.34	.34	.34
7. 2018.....	XXX	XXX	XXX	XXX	.XXX	18	25	.28	.30	.30
8. 2019.....	XXX	XXX	XXX	XXX	.XXX	XXX	12	.24	.25	.25
9. 2020.....	XXX	XXX	XXX	XXX	.XXX	XXX	.XXX	.20	.25	.25
10. 2021.....	XXX	XXX	XXX	XXX	.XXX	XXX	.XXX	XXX	11	.11
11. 2022	XXX	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 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior.....	32	14	4		2	2	1	1		
2. 2013.....	34	.23	.13		3	.1				
3. 2014.....	XXX	42	.22	1	8	.4	3	1		
4. 2015.....	XXX	XXX	.22	1	5	2	1	1		1
5. 2016.....	XXX	XXX	XXX	7	.23	7	3	2		
6. 2017.....	XXX	XXX	XXX	XXX	10	.4	3	2	1	1
7. 2018.....	XXX	XXX	XXX	XXX	.XXX	10	6	.5	3	1
8. 2019.....	XXX	XXX	XXX	XXX	.XXX	XXX	10	.5	3	1
9. 2020.....	XXX	XXX	XXX	XXX	.XXX	XXX	.XXX	7	7	6
10. 2021.....	XXX	XXX	XXX	XXX	.XXX	XXX	.XXX	XXX	12	4
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8

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 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior.....	13	2	(1)	1	3		(1)			
2. 2013.....	94	111	114	107	112	114	114	114	114	114
3. 2014.....	XXX	90	.98	92	105	104	106	105	105	105
4. 2015.....	XXX	XXX	.61	62	.77	.77	.77	.77	.77	.78
5. 2016.....	XXX	XXX	XXX	45	81	80	.78	.79	.79	.79
6. 2017.....	XXX	XXX	XXX	XXX	.35	39	43	.44	.43	.43
7. 2018.....	XXX	XXX	XXX	XXX	.XXX	31	.39	.42	.42	.40
8. 2019.....	XXX	XXX	XXX	XXX	.XXX	XXX	25	.35	.35	.33
9. 2020.....	XXX	XXX	XXX	XXX	.XXX	XXX	.XXX	.31	.37	.36
10. 2021.....	XXX	XXX	XXX	XXX	.XXX	XXX	.XXX	XXX	24	.16
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company
SCHEDULE P - PART 5R - PRODUCTS LIABILITY - OCCURRENCE
SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior.....	2	3								
2. 2013.....	1	2	3	3	3	3	3	3	3	3
3. 2014.....	XXX	1	2	2	2	2	3	3	3	3
4. 2015.....	XXX	XXX	1	2	2	2	2	2	2	2
5. 2016.....	XXX	XXX	XXX	1	2	3	3	3	3	3
6. 2017.....	XXX	XXX	XXX	XXX				1	1	1
7. 2018.....	XXX	XXX	XXX	XXX	XXX	4	4	5	5	5
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2
11. 2022	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 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior.....	1				1					
2. 2013.....	2	1								
3. 2014.....	XXX	1	1							1
4. 2015.....	XXX	XXX	1							
5. 2016.....	XXX	XXX	XXX	1						
6. 2017.....	XXX	XXX	XXX	XXX			1			
7. 2018.....	XXX	XXX	XXX	XXX	XXX					
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX		1	1	
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	
11. 2022	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 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior.....	1	3			1					
2. 2013.....	3	4	4	4	4	4	4	4	4	4
3. 2014.....	XXX	2	3	4	4	4	5	5	5	6
4. 2015.....	XXX	XXX	3	3	3	3	3	3	3	3
5. 2016.....	XXX	XXX	XXX	2	3	4	4	4	4	4
6. 2017.....	XXX	XXX	XXX	XXX			1	1	1	1
7. 2018.....	XXX	XXX	XXX	XXX	XXX	4	4	6	6	6
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	1	2	2	1
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	2
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 5T - Warranty - Section 1

N O N E

Schedule P - Part 5T - Warranty - Section 2

N O N E

Schedule P - Part 5T - Warranty - Section 3

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company
SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	
1. Prior.....											
2. 2013.....	9,102	9,102	9,102	9,102	9,102	9,102	9,102	9,102	9,102	9,102	
3. 2014.....	XXX	10,339	10,339	10,339	10,339	10,339	10,339	10,339	10,339	10,339	
4. 2015.....	XXX	XXX	10,641	10,641	10,641	10,641	10,641	10,641	10,641	10,641	
5. 2016.....	XXX	XXX	XXX	11,040	11,040	11,040	11,040	11,040	11,040	11,040	
6. 2017.....	XXX	XXX	XXX	XXX	11,506	11,506	11,506	11,506	11,506	11,506	
7. 2018.....	XXX	XXX	XXX	XXX	XXX	12,003	12,003	12,003	12,003	12,003	
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	12,463	12,463	12,463	12,463	
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,173	13,173	13,173	
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,152	14,152	
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,270	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,270
13. Earned Premiums (Sch P-Pt. 1)	9,102	10,339	10,641	11,040	11,506	12,003	12,463	13,173	14,152	15,270	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 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	
1. Prior.....											
2. 2013.....	495	495	495	495	495	495	495	495	495	495	
3. 2014.....	XXX	551	551	551	551	551	551	551	551	551	
4. 2015.....	XXX	XXX	617	617	617	617	617	617	617	617	
5. 2016.....	XXX	XXX	XXX	706	706	706	706	706	706	706	
6. 2017.....	XXX	XXX	XXX	XXX	846	846	846	846	846	846	
7. 2018.....	XXX	XXX	XXX	XXX	XXX	477	477	477	477	477	
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	269	269	269	269	
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	164	164	164	
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	85	85	
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	99	99	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	99
13. Earned Premiums (Sch P-Pt. 1)	495	551	617	706	846	477	269	164	85	99	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 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	
1. Prior.....											
2. 2013.....											
3. 2014.....	XXX										
4. 2015.....	XXX	XXX									
5. 2016.....	XXX	XXX	X	X	X	X					
6. 2017.....	XXX	XXX	X	X	X	X					
7. 2018.....	XXX	XXX	X	X	X	X					
8. 2019.....	XXX	XXX	X	X	X	X					
9. 2020.....	XXX	XXX	X	X	X	X					
10. 2021.....	XXX	XXX	X	X	X	X					
11. 2022.....	XXX	XXX	X	X	X	X					
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 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	
1. Prior.....											
2. 2013.....											
3. 2014.....	XXX										
4. 2015.....	XXX	XXX									
5. 2016.....	XXX	XXX	X	X	X	X					
6. 2017.....	XXX	XXX	X	X	X	X					
7. 2018.....	XXX	XXX	X	X	X	X					
8. 2019.....	XXX	XXX	X	X	X	X					
9. 2020.....	XXX	XXX	X	X	X	X					
10. 2021.....	XXX	XXX	X	X	X	X					
11. 2022.....	XXX	XXX	X	X	X	X					
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	
1. Prior.....											
2. 2013.....	13,770	13,770	13,770	13,770	13,770	13,770	13,770	13,770	13,770	13,770	
3. 2014.....	XXX	16,070	16,070	16,070	16,070	16,070	16,070	16,070	16,070	16,070	
4. 2015.....	XXX	XXX	16,706	16,706	16,706	16,706	16,706	16,706	16,706	16,706	
5. 2016.....	XXX	XXX	XXX	17,618	17,618	17,618	17,618	17,618	17,618	17,618	
6. 2017.....	XXX	XXX	XXX	XXX	18,207	18,207	18,207	18,207	18,207	18,207	
7. 2018.....	XXX	XXX	XXX	XXX	XXX	18,607	18,607	18,607	18,607	18,607	
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	19,693	19,693	19,693	19,693	
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,181	21,181	21,181	
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,067	23,067	
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25,508	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25,508
13. Earned Premiums (Sch P-Pt. 1)	13,770	16,070	16,706	17,618	18,207	18,607	19,693	21,181	23,067	25,508	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 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	
1. Prior.....											
2. 2013.....	1,716	1,716	1,716	1,716	1,716	1,716	1,716	1,716	1,716	1,716	
3. 2014.....	XXX	2,078	2,078	2,078	2,078	2,078	2,078	2,078	2,078	2,078	
4. 2015.....	XXX	XXX	2,079	2,079	2,079	2,079	2,079	2,079	2,079	2,079	
5. 2016.....	XXX	XXX	XXX	2,161	2,161	2,161	2,161	2,161	2,161	2,161	
6. 2017.....	XXX	XXX	XXX	XXX	2,204	2,204	2,204	2,204	2,204	2,204	
7. 2018.....	XXX	XXX	XXX	XXX	XXX	1,800	1,800	1,800	1,800	1,800	
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	1,699	1,699	1,699	1,699	
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,943	1,943	1,943	
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,895	1,895	
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,335	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,335
13. Earned Premiums (Sch P-Pt. 1)	1,716	2,078	2,079	2,161	2,204	1,800	1,699	1,943	1,895	2,335	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 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	
1. Prior.....											
2. 2013.....	4,544	4,544	4,544	4,544	4,544	4,544	4,544	4,544	4,544	4,544	
3. 2014.....	XXX	4,700	4,700	4,700	4,700	4,700	4,700	4,700	4,700	4,700	
4. 2015.....	XXX	XXX	4,783	4,783	4,783	4,783	4,783	4,783	4,783	4,783	
5. 2016.....	XXX	XXX	XXX	4,451	4,451	4,451	4,451	4,451	4,451	4,451	
6. 2017.....	XXX	XXX	XXX	XXX	4,066	4,066	4,066	4,066	4,066	4,066	
7. 2018.....	XXX	XXX	XXX	XXX	XXX	4,219	4,219	4,219	4,219	4,219	
8. 2019.....	XXX	XXX	XXX	XXX	XXX	4,473	4,473	4,473	4,473	4,473	
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	4,782	4,782	4,782	4,782	
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,131	5,131	
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,625	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,625
13. Earned Premiums (Sch P-Pt. 1)	4,544	4,700	4,783	4,451	4,066	4,219	4,473	4,782	5,131	5,625	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 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	
1. Prior.....											
2. 2013.....	1,981	1,981	1,981	1,981	1,981	1,981	1,981	1,981	1,981	1,981	
3. 2014.....	XXX	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	
4. 2015.....	XXX	XXX	2,143	2,143	2,143	2,143	2,143	2,143	2,143	2,143	
5. 2016.....	XXX	XXX	XXX	2,169	2,169	2,169	2,169	2,169	2,169	2,169	
6. 2017.....	XXX	XXX	XXX	XXX	2,251	2,251	2,251	2,251	2,251	2,251	
7. 2018.....	XXX	XXX	XXX	XXX	XXX	2,412	2,412	2,412	2,412	2,412	
8. 2019.....	XXX	XXX	XXX	XXX	XXX	2,677	2,677	2,677	2,677	2,677	
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	1,734	1,734	1,734	1,734	
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,581	1,581	
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,000	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,000
13. Earned Premiums (Sch P-Pt. 1)	1,981	2,150	2,143	2,169	2,251	2,412	2,677	1,734	1,581	2,000	XXX

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 6M - International - Section 1

N O N E

Schedule P - Part 6M - International - Section 2

N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company
SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE
SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	
1. Prior.....											
2. 2013.....	125	125	125	125	125	125	125	125	125	125	
3. 2014.....	XXX	137	137	137	137	137	137	137	137	137	
4. 2015.....	XXX	XXX	137	137	137	137	137	137	137	137	
5. 2016.....	XXX	XXX	XXX	126	126	126	126	126	126	126	
6. 2017.....	XXX	XXX	XXX	XXX	129	129	129	129	129	129	
7. 2018.....	XXX	XXX	XXX	XXX	XXX	129	129	129	129	129	
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	121	121	121	121	
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	124	124	124	124	
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	141	141	141	
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	157	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	157
13. Earned Premiums (Sch P-Pt. 1)	125	137	137	126	129	129	121	124	141	157	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 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	
1. Prior.....											
2. 2013.....	1	1	1	1	1	1	1	1	1	1	
3. 2014.....	XXX	1	1	1	1	1	1	1	1	1	
4. 2015.....	XXX	XXX	1	1	1	1	1	1	1	1	
5. 2016.....	XXX	XXX	XXX	1	1	1	1	1	1	1	
6. 2017.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1	
7. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX					
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)	1	1	1	1	1			1	1	1	XXX

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE
SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	
1. Prior.....											
2. 2013.....											
3. 2014.....	XXX										
4. 2015.....	XXX	XXX									
5. 2016.....	XXX	XXX									
6. 2017.....	XXX	XXX									
7. 2018.....	XXX	XXX									
8. 2019.....	XXX	XXX									
9. 2020.....	XXX	XXX									
10. 2021.....	XXX	XXX									
11. 2022.....	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 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	
1. Prior.....											
2. 2013.....											
3. 2014.....	XXX										
4. 2015.....	XXX	XXX									
5. 2016.....	XXX	XXX									
6. 2017.....	XXX	XXX									
7. 2018.....	XXX	XXX									
8. 2019.....	XXX	XXX									
9. 2020.....	XXX	XXX									
10. 2021.....	XXX	XXX									
11. 2022.....	XXX	XXX									
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company
SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (\$000 OMITTED)
SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners	14,486			.55,073		
2. Private Passenger Auto Liability/Medical	37,111			40,131		
3. Commercial Auto/Truck Liability/Medical	16,072			15,887		
4. Workers' Compensation						
5. Commercial Multiple Peril	19,923			24,314		
6. Medical Professional Liability - Occurrence						
7. Medical Professional Liability - Claims - Made						
8. Special Liability						
9. Other Liability - Occurrence	4,736			3,699		
10. Other Liability - Claims-Made						
11. Special Property	1,782			14,103		
12. Auto Physical Damage	7,095			47,762		
13. Fidelity/Surety						
14. Other						
15. International						
16. Reinsurance - Nonproportional Assumed Property						
17. Reinsurance - Nonproportional Assumed Liability						
18. Reinsurance - Nonproportional Assumed Financial Lines						
19. Products Liability - Occurrence	38			169		
20. Products Liability - Claims-Made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals	101,243			201,139		

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior.....										
2. 2013.....										
3. 2014.....	XXX.....									
4. 2015.....	XXX.....	XXX.....								
5. 2016.....	XXX.....	XXX.....	XX.....							
6. 2017.....	XXX.....	XXX.....	XX.....	XX.....						
7. 2018.....	XXX.....	XXX.....	XX.....	XXX.....	XXX.....					
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior.....										
2. 2013.....										
3. 2014.....	XXX.....									
4. 2015.....	XXX.....	XXX.....								
5. 2016.....	XXX.....	XXX.....	XX.....							
6. 2017.....	XXX.....	XXX.....	XX.....	XX.....						
7. 2018.....	XXX.....	XXX.....	XX.....	XXX.....	XXX.....					
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.

1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [] No [X]
If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:

1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? \$

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No [X]

1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No [X]

1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [] No [] N/A [X]

1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior		
1.602 2013		
1.603 2014		
1.604 2015		
1.605 2016		
1.606 2017		
1.607 2018		
1.608 2019.....		
1.609 2020.....		
1.610 2021.....		
1.611 2022.....		
1.612 Totals		

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes [] No [X]

3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes [X] No []

4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for:

(in thousands of dollars)

5.1 Fidelity
5.2 Surety

6. Claim count information is reported per claim or per claimant (Indicate which). per claim.....
If not the same in all years, explain in Interrogatory 7.

7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [X] No []

7.2 (An extended statement may be attached.)

Effective January 1, 2006, Ohio Mutual Insurance Company and its wholly-owned subsidiary, United Ohio Insurance Company entered into a pooling agreement whereby all underwriting results are pooled together and then split out proportionally with 25% going to Ohio Mutual and 75% going to United Ohio. As the pooling agreement was effective for all losses, the loss and LAE reserves, paid losses and paid LAE for the prior years were reallocated on Schedule P to resemble this pooling agreement. Effective January 1, 2011, Ohio Mutual purchased 100% of the shares of Casco Indemnity Company. At that time, Casco was added to the pool with Ohio Mutual and United Ohio. Casco was provided 8% of the pool with United Ohio holding 65% and Ohio Mutual retaining 27% of the pool. For 2011, the history presented on the Schedule P was reallocated once again to resemble this revised pooling agreement.

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien	OT					
59. Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

None

NINE

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE Y

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	Responses
	MARCH FILING
1. Will an actuarial opinion be filed by March 1?	YES
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING
5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6. Will Management's Discussion and Analysis be filed by April 1?	YES
7. Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
	MAY FILING
8. Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	YES
	JUNE FILING
9. Will an audited financial report be filed by June 1?	YES
10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

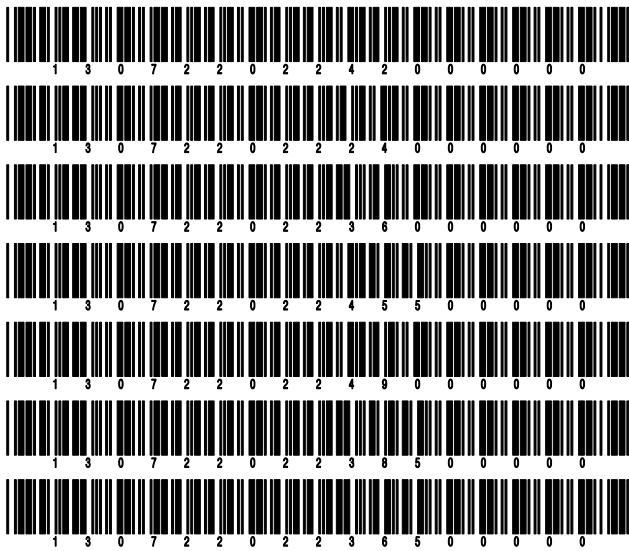
The following supplemental reports are required to be filed as part of your annual statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	
11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO	
12. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO	
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO	
14. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO	
15. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO	
16. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO	
17. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	YES	
18. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO	
19. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES	
20. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES	
21. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO	
22. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO	
23. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES	
24. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO	
25. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO	
26. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO	
27. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?	NO	
	APRIL FILING	
28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO	
29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO	
30. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES	
31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO	
32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO	
33. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	YES	
34. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO	
35. Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	NO	
36. Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO	
37. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO	

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company
OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2504. CAIP Settlement Receivable	65,244		65,244	40,358
2597. Summary of remaining write-ins for Line 25 from overflow page	65,244		65,244	40,358



SUPPLEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company
REINSURANCE SUMMARY SUPPLEMENTAL FILING FOR GENERAL INTERROGATORY 9 (PART 2)

For The Year Ended December 31, 2022

To Be Filed by March 1

(A) Financial Impact

	1 As Reported	2 Interrogatory 9 Reinsurance Effect	3 Restated Without Interrogatory 9 Reinsurance
A01. Assets	451,290,781		451,290,781
A02. Liabilities	220,343,194		220,343,194
A03. Surplus as regards to policyholders	230,947,587		230,947,587
A04. Income before taxes	(13,999,920)		(13,999,920)

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



SUPPLEMENT FOR THE YEAR 2022 OF THE United Ohio Insurance Company

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

NAIC Group Code 0963

NAIC Company Code 13072

Company Name United Ohio Insurance Company

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

1. Monoline Policies

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

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes [] 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 [] No []

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

2.31 Amount quantified: \$

2.32 Amount estimated using reasonable assumptions: \$

36,924

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
\$	\$	\$	\$ % %