



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

Ohio

State of Domicile or Port of Entry

OH

Country of Domicile

United States of America

Incorporated/Organized

12/01/1966

Commenced Business

03/01/1967

Statutory Home Office

1725 Hopley Avenue
(Street and Number)

Bucyrus, OH, US 44820-0111
(City or Town, State, Country and Zip Code)

Main Administrative Office

1725 Hopley Avenue
(Street and Number)

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 Bradly McCormack, Mr., Vice President Information Systems	Mendi Harris Riddle, Mrs., Vice President Sales	Marcella Slone 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 Self, Mr.	Thomas Eugene Woolley, Mr.

State of

Ohio

County of

Crawford

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 Slone Smith
Assistant Secretary

Subscribed and sworn to before me this

day of

a. Is this an original filing? Yes [X] No []

b. If no,

1. State the amendment number.....

2. Date filed

3. Number of pages attached.....



ANNUAL STATEMENT FOR THE YEAR 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		10,387		(100)	235		(32)		4,482	393
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)	1,132,168	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)			(4)		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	1,245,790	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											
Fire	23,265	4,875		20,556		87	188		5	11	3,923	426	
Allied Lines	4,248	3,190		2,697		(50)	46		(9)		887	78	
Multiple Peril Crop													
Federal Flood													
Private Crop													
Private Flood													
Farmowners Multiple Peril													
Homeowners Multiple Peril													
Commercial Multiple Peril (Non-Liability Portion)	355,482	269,476		177,511	14,539	27,844	28,572		526	1,423	65,094	6,514	
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	4,884	
Mortgage Guaranty													
Ocean Marine													
Inland Marine													
Financial Guaranty													
Medical Professional Liability - Occurrence													
Medical Professional Liability - Claims-Made													
Earthquake													
Comprehensive (hospital and medical) ind (b)													
Comprehensive (hospital and medical) group (b)													
Credit A&H (Group and Individual)													
Vision Only (b)													
Dental Only (b)													
Disability Income (b)													
Medicare Supplement (b)													
Medicaid Title XIX (b)													
Medicare Title XVIII (b)													
Long-Term Care (b)													
Federal Employees Health Benefits Plan (b)													
Other Health (b)													
Workers' Compensation													
Other Liability - Occurrence	148,126	112,050		76,977		113,962	160,495		3,971	12,924	22,684	2,714	
Other Liability - Claims-Made													
Excess Workers' Compensation													
Products Liability - Occurrence	4,202	3,192		2,768		249	409		(29)	40	885	77	
Products Liability - Claims-Made													
Private Passenger Auto No-Fault (Personal Injury Protection)													
Other Private Passenger Auto Liability													
Commercial Auto No-Fault (Personal Injury Protection)													
Other Commercial Auto Liability	317,004	257,783		151,112	49,905	149,291	228,980	2,090	12,139	25,982	49,942	5,809	
Private Passenger Auto Physical Damage													
Commercial Auto Physical Damage	125,425	100,323		58,943	37,735	52,885	23,569	3,161	3,596	828	19,655	2,298	
Aircraft (all perils)													
Fidelity													
Surety													
Burglary and Theft	578	31		546		2	2				92	11	
Boiler and Machinery													
Credit													
International													
Warranty													
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Aggregate Write-Ins for Other Lines of Business													
Total (a)	1,244,841	946,399		619,847	144,659	537,476	656,566	7,119	80,531	130,864	209,162	22,811	
DETAILS OF WRITE-INS													
Summary of remaining write-ins for Line 34 from overflow page													
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										
Fire	59,193	45,918		30,942		(203)	497		(13)	28	12,324	1,085
Allied Lines	26,254	19,836		14,647	2,359	9,733	7,776		(39)		5,466	481
Multiple Peril Crop												
Federal Flood												
Private Crop												
Private Flood												
Farmowners Multiple Peril												
Homeowners Multiple Peril												
Commercial Multiple Peril (Non-Liability Portion)	1,957,868	1,747,060		968,847	243,853	374,654	204,705	9,498	15,507	10,238	407,203	35,877
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	929,913	447,000	39,385
Mortgage Guaranty												
Ocean Marine												
Inland Marine	362,528	329,832		201,802	136,098	215,573	88,769	9,109	16,367	7,621	75,369	6,643
Financial Guaranty												
Medical Professional Liability - Occurrence												
Medical Professional Liability - Claims-Made												
Earthquake												
Comprehensive (hospital and medical) ind (b)												
Comprehensive (hospital and medical) group (b)												
Credit A&H (Group and Individual)												
Vision Only (b)												
Dental Only (b)												
Disability Income (b)												
Medicare Supplement (b)												
Medicaid Title XIX (b)												
Medicare Title XVIII (b)												
Long-Term Care (b)												
Federal Employees Health Benefits Plan (b)												
Other Health (b)												
Workers' Compensation												
Other Liability - Occurrence	245,628	201,508		136,212	7,850	148,217	272,535		(2,398)	22,025	44,359	4,501
Other Liability - Claims-Made												
Excess Workers' Compensation												
Products Liability - Occurrence	39,256	28,799		21,169		2,671	3,855		(130)	374	8,171	719
Products Liability - Claims-Made												
Private Passenger Auto No-Fault (Personal Injury Protection)												
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	172,243	248,267	34,751
Commercial Auto No-Fault (Personal Injury Protection)												
Other Commercial Auto Liability	1,944,953	1,743,759		1,012,073	424,461	898,379	1,618,270	17,919	61,446	184,930	304,779	35,641
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	1,104	260,858	36,016
Commercial Auto Physical Damage	1,048,029	927,212		549,166	518,769	599,778	135,434	14,170	16,409	4,743	163,658	19,205
Aircraft (all perils)												
Fidelity												
Surety												
Burglary and Theft												
Boiler and Machinery												
Credit												
International												
Warranty												
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business												
Total (a)	11,694,859	10,808,137		5,900,615	4,647,877	6,048,788	5,921,248	226,195	675,498	1,333,219	1,977,454	214,304
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page												
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 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	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
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)	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		4,273	63		(6)		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	24,102	402,685	35,323
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	1,778,565	482,561	42,337
6.	Mortgage Guaranty												
8.	Ocean Marine												
9.	Inland Marine	28,110	28,789		5,016		931	1,920		126	165	5,871	515
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	641,966	428,875		384,219	1,600	457,320	717,894		7,543	58,017	117,728	11,764
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		(88)	120	2,554	224
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	67,302	319,054	594,207	916,703	108,133
19.3	Commercial Auto No-Fault (Personal Injury Protection)												
19.4	Other Commercial Auto Liability	3,435,208	3,125,076		1,802,672	1,059,011	1,436,548	2,560,988	54,825	75,617	290,293	563,277	62,949
21.1	Private Passenger Auto Physical Damage	3,714,715	3,653,354		1,923,950	2,957,154	3,258,755	723,970	13,726	13,726	2,716	581,405	68,071
21.2	Commercial Auto Physical Damage	1,225,434	1,100,335		629,965	483,090	575,615	292,225	8,340	9,195	10,278	203,057	22,456
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and Theft	50	50		45		(3)					10	1
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)	19,206,707	18,662,135		9,760,199	9,452,337	12,041,180	13,365,660	451,854	1,008,144	2,758,465	3,277,946	351,956
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	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4. Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11.1 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
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)												
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 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	39,465	34,465		18,605		(1,627)	377		(124)	21	8,212	723
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.	Farmowners 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	4	5	6	7	8	9	10	11	12
	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
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)												
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 Wisconsin 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	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4. Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine												
10. Financial Guaranty												
11.1 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
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)												
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		Grand Total		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	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	313, 683
2.1	Allied Lines	179, 953	160, 805		95, 695	34, 229	34, 984	14, 469	1, 401	77		37, 600	3, 298
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)	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	414, 732
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	338, 233
6.	Mortgage Guaranty												
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	20, 567
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	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	154, 556
17.2	Other Liability - Claims-Made												
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	4, 808
18.2	Products Liability - Claims-Made												
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	527, 618
19.3	Commercial Auto No-Fault (Personal Injury Protection)												
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	450, 911
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	421, 712
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	251, 807
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
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)	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	3, 437, 558
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)

[illegible]

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

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year	2019	2018	2017
Reinsurance Effected	100	100	100
Reinsurance Canceled	100	100	100
Total	200	200	200

[illegible]

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			
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				93		30		63		
36-2661954	10103	AMERICAN AGRICULTURAL INSURANCE COMPANY	IN		276	18		16		17		37		88		20		68		
06-1430254	10348	ARCH REINSURANCE COMPANY	DE		230	24	1	10		25		9		69		18		51		
47-0574325	32603	BERKLEY INSURANCE COMPANY	DE					4						4				4		
42-0234980	21415	EMPLOYERS MUTUAL CASUALTY CO	IA		121	9		9				43		61		9		52		
05-0316605	21482	FACTORY MUTUAL INSURANCE COMPANY	RI		319	3						153		156		19		137		
42-0245840	13897	FARMERS MUTUAL HAIL INSURANCE COMPANY	IA		49	4		4				18		26		4		22		
13-2673100	22039	GENERAL REINSURANCE CORPORATION	DE		4,750	764	41	2,886		8,052		2,238		13,981		252		13,729	1,480	
06-0384680	11452	HARTFORD STEAM BOILER INSPECTION & INS	CT		1,299	85		49				646		780		77		703		
47-0698507	23680	ODYSSEY REINSURANCE COMPANY	CT		167	12	1	8		20				41		13		28		
52-1952955	10357	RENAISSANCE REINSURANCE US INC	MD		127	10		4		16		45		75		9		66		
13-1675535	25364	SWISS REINSURANCE AMERICA CORPORATION	NY		207	15		14		15		26		70		15		55		
13-2918573	42439	THE TOA REINSURANCE COMPANY OF AMERICA	DE		11	1		6				4		11		1		10		
13-3031176	38636	PARTNER REINSURANCE COMPANY OF THE U.S.	NY		17	1		1				6		8		1		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		28		
43-0613000	23388	SHELTER MUTUAL INSURANCE COMPANY	MO		125	22	1	6		15				44		12		32		
0999999. Total Authorized - Other U.S. Unaffiliated Insurers					9,008	1,021	46	3,123		8,223		3,569		15,982		527		15,455	1,480	
AA-9991222	32573	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	OH		12							6		6		3		3		
1099999. Total Authorized - Pools - Mandatory Pools					12							6		6		3		3		
AA-9995035	00000	MUTUAL REINSURANCE BUREAU	IL		414									22		22		(22)		
1199999. Total Authorized - Pools - Voluntary Pools					414											22		(22)		
AA-1120157	00000	LLOYD'S SYNDICATE #1729	GBR		75	9		4		10				23		7		16		
AA-1128001	00000	LLOYD'S SYNDICATE #2001	GBR		86	12	1	5		12				30		8		22		
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		9		
AA-1128121	00000	LLOYD'S SYNDICATE #2121	GBR		16											1		(1)		
AA-1128791	00000	LLOYD'S SYNDICATE #2791	GBR		154	12		5		12				29		10		19		
AA-1120181	00000	LLOYD'S SYNDICATE #5886	GBR		108	12	1	5		12				30		9		21		
AA-1120156	00000	LLOYD'S SYNDICATE #1686	GBR		83	9		4		10				23		7		16		
AA-1120171	00000	LLOYD'S SYNDICATE #1856	GBR		112	18	1	7		18				44		12		32		
1299999. Total Authorized - Other Non-U.S. Insurers					690	77	3	32		79				191		58		133		
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		183,658	1,480	
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		5		
AA-3191435	00000	CONDUIT REINS LTD	BMU		146	68	3	7		17				95		21		74		
AA-3194122	00000	DAVINCI REINSURANCE LTD	BMU		200	14	1	10		23				48		15		33		
		DEVK RUCKVERSICHERUNGS UND BETEILIGUNGS AG																		
AA-1340028	00000		DEU		83	6		4		10				20		6		14		
AA-3191298	00000	ANTARES REINS CO LTD	BMU		118	9	1	6		15				31		9		22		
AA-3190339	00000	RENAISSANCE REINSURANCE LTD	BMU		133	9		6						15		10		5		

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								
		21	22	23	24				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29-30)	Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un- collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
34-4320350 ..	OHIO MUTUAL INSURANCE COMPANY						168,089		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling				XXX			168,089		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999. Total Authorized - Affiliates - U.S. Non-Pool				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999. Total Authorized - Affiliates - Other (Non-U.S.)				XXX											XXX		
0899999. Total Authorized - Affiliates				XXX			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	86		86	3		2
06-1430254 ..	ARCH REINSURANCE COMPANY					18	51		69	83	18	65		65	2		1
47-0574325 ..	BERKLEY INSURANCE COMPANY						4		4	5		5		5	2		
42-0234980 ..	EMPLOYERS MUTUAL CASUALTY CO					9	52		61	73	9	64		64	3		2
05-0316605 ..	FACTORY MUTUAL INSURANCE COMPANY					19	137		156	187	19	168		168	2		4
42-0245840 ..	FARMERS MUTUAL HAIL INSURANCE COMPANY					4	22		26	31	4	27		27	4		1
13-2673100 ..	GENERAL REINSURANCE CORPORATION					1,732	12,249		13,981	16,777	1,732	15,045		15,045	1		241
06-0384680 ..	HARTFORD STEAM BOILER INSPECTION & INS					77	703		780	936	77	859		859	1		14
47-0698507 ..	ODYSSEY REINSURANCE COMPANY					13	28		41	49	13	36		36	3		1
52-1952955 ..	RENAISSANCE REINSURANCE US INC					9	66		75	90	9	81		81	8		2
13-1675535 ..	SWISS REINSURANCE AMERICA CORPORATION					15	55		70	84	15	69		69	2		1
13-2918573 ..	THE TOA REINSURANCE COMPANY OF AMERICA					1	10		11	13	1	12		12	3		
13-3031176 ..	PARTNER REINSURANCE COMPANY OF THE U.S.					1	7		8	10	1	9		9	2		
23-2423138 ..	TOKIO MARINE SPECIALTY INS CO					33	400		433	520	33	487		487	1		8
95-3187355 ..	ALLIANZ GLOBAL RISKS US INSURANCE CO.					14	28		42	50	14	36		36	2		1
43-0613000 ..	SHELTER MUTUAL INSURANCE COMPANY					12	32		44	53	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	XXX		281
AA-9991222 ..	OHIO FAIR PLAN UNDERWRITING ASSOCIATION					3	3		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1099999. Total Authorized - Pools - Mandatory Pools				XXX		3	3		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9995035 ..	MUTUAL REINSURANCE BUREAU														3		
1199999. Total Authorized - Pools - Voluntary Pools				XXX											XXX		
AA-1120157 ..	LLOYD'S SYNDICATE #1729					7	16		23	28	7	21		21	3		1
AA-1128001 ..	LLOYD'S SYNDICATE #2001					8	22		30	36	8	28		28	3		1
AA-1120085 ..	LLOYD'S SYNDICATE # 1274														3		
AA-1126609 ..	LLOYD'S SYNDICATE #0609					3	9		12	14	3	11		11	3		
AA-1128121 ..	LLOYD'S SYNDICATE #2121														3		
AA-1128791 ..	LLOYD'S SYNDICATE #2791					10	19		29	35	10	25		25	3		1
AA-1120181 ..	LLOYD'S SYNDICATE #5886					9	21		30	36	9	27		27	3		1
AA-1120156 ..	LLOYD'S SYNDICATE #1686					7	16		23	28	7	21		21	3		1
AA-1120171 ..	LLOYD'S SYNDICATE #1856					12	32		44	53	12	41		41	3		1
1299999. Total Authorized - Other Non-U.S. Insurers				XXX		56	135		191	229	56	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	XXX		286
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX											XXX		

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				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29-30)	Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un- collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
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		1
AA-3194122 ..	DAVINCI REINSURANCE LTD	33				48			48	58	15	43	33	10	3		
AA-1340028 ..	DEVK 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		
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		1
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	XXX
3599999.	Total Certified - Affiliates - Other (Non-U.S.)			XXX											XXX		
3699999.	Total Certified - Affiliates			XXX											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	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	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 Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/(Cols. 46+48))	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50		
		37 Current	Overdue					43 Total Due Cols. 37+42 (In total should equal Cols. 7+8)												
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38+39 +40+41													
34-4320350 ..	OHIO MUTUAL INSURANCE COMPANY																		YES	
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling																			XXX	
0499999. Total Authorized - Affiliates - U.S. Non-Pool																			XXX	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																			XXX	
0899999. Total Authorized - Affiliates																			XXX	
06-1182357 ..	ALLIED WORLD INSURANCE COMPANY	28						28			28								YES	
36-2661954 ..	AMERICAN AGRICULTURAL INSURANCE COMPANY	18						18			18								YES	
06-1430254 ..	ARCH REINSURANCE COMPANY	25						25			25								YES	
47-0574325 ..	BERKLEY INSURANCE COMPANY																		YES	
42-0234980 ..	EMPLOYERS MUTUAL CASUALTY CO	9						9			9								YES	
05-0316605 ..	FACTORY MUTUAL INSURANCE COMPANY	3						3			3								YES	
42-0245840 ..	FARMERS MUTUAL HAIL INSURANCE COMPANY	4						4			4								YES	
13-2673100 ..	GENERAL REINSURANCE CORPORATION	805						805			805								YES	
06-0384680 ..	HARTFORD STEAM BOILER INSPECTION & INS	85						85			85								YES	
47-0698507 ..	ODYSSEY REINSURANCE COMPANY	13						13			13								YES	
52-1952955 ..	RENAISSANCE REINSURANCE US INC	10						10			10								YES	
13-1675535 ..	SWISS REINSURANCE AMERICA CORPORATION	15						15			15								YES	
13-2918573 ..	THE TOA REINSURANCE COMPANY OF AMERICA	1						1			1								YES	
13-3031176 ..	PARTNER REINSURANCE COMPANY OF THE U.S.	1						1			1								YES	
23-2423138 ..	TOKIO MARINE SPECIALTY INS CO	9						9			9								YES	
95-3187355 ..	ALLIANZ GLOBAL RISKS US INSURANCE CO.	18						18			18								YES	
43-0613000 ..	SHELTER MUTUAL INSURANCE COMPANY	23						23			23								YES	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		1,067						1,067			1,067								XXX	
AA-9991222 ..	OHIO FAIR PLAN UNDERWRITING ASSOCIATION																		YES	
1099999. Total Authorized - Pools - Mandatory Pools																			XXX	
AA-9995035 ..	MUTUAL REINSURANCE BUREAU																		YES	
1199999. Total Authorized - Pools - Voluntary Pools																			XXX	
AA-1120157 ..	LLOYD'S SYNDICATE #1729	9						9			9								YES	
AA-1128001 ..	LLOYD'S SYNDICATE #2001	13						13			13								YES	
AA-1120085 ..	LLOYD'S SYNDICATE # 1274																		YES	
AA-1126609 ..	LLOYD'S SYNDICATE #0609	5						5			5								YES	
AA-1128121 ..	LLOYD'S SYNDICATE #2121																		YES	
AA-1128791 ..	LLOYD'S SYNDICATE #2791	12						12			12								YES	
AA-1120181 ..	LLOYD'S SYNDICATE #5886	13						13			13								YES	
AA-1120156 ..	LLOYD'S SYNDICATE #1686	9						9			9								YES	
AA-1120171 ..	LLOYD'S SYNDICATE #1856	19						19			19								YES	
1299999. Total Authorized - Other Non-U.S. Insurers		80						80			80								XXX	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		1,147						1,147			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	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/(Cols. 46+48))	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50	
		37	Overdue					43											
			38	39	40	41	42												
		Current	1 - 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue Cols. 38+39 +40+41	Total Due Cols. 37+42 (In total should equal Cols. 7+8)											
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 ..	DEVK 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													Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
		54	55	56	57	58	59	60 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	61 Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	62 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	63 Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	64 Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	65 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	66 Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	67 Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	68 20% of Amount in Col. 67		
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)											
34-4320350 ..	OHIO MUTUAL INSURANCE COMPANY	XXX	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
0499999. Total Authorized - Affiliates - U.S. Non-Pool				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
0899999. Total Authorized - Affiliates				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	XXX
36-2661954 ..	AMERICAN AGRICULTURAL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
06-1430254 ..	ARCH REINSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47-0574325 ..	BERKLEY INSURANCE COMPANY	XXX	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	XXX
05-0316605 ..	FACTORY MUTUAL INSURANCE COMPANY	XXX	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	XXX
13-2673100 ..	GENERAL REINSURANCE CORPORATION	XXX	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	XXX
47-0698507 ..	ODYSSEY REINSURANCE COMPANY	XXX	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	XXX
13-1675535 ..	SWISS REINSURANCE AMERICA CORPORATION	XXX	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	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	XXX
23-2423138 ..	TOKIO MARINE SPECIALTY INS CO	XXX	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	XXX
43-0613000 ..	SHELTER MUTUAL INSURANCE COMPANY	XXX	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
AA-9991222 ..	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	XXX	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
AA-9995035 ..	MUTUAL REINSURANCE BUREAU	XXX	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
AA-1120157 ..	LLOYD'S SYNDICATE #1729	XXX	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	XXX
AA-1120085 ..	LLOYD'S SYNDICATE # 1274	XXX	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	XXX
AA-1128121 ..	LLOYD'S SYNDICATE #2121	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128791 ..	LLOYD'S SYNDICATE #2791	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120181 ..	LLOYD'S SYNDICATE #5886	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120156 ..	LLOYD'S SYNDICATE #1686	XXX	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	XXX
1299999. Total Authorized - Other Non-U.S. Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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															
		54 Certified Reinsurer Rating (1 through 6)	55 Effective Date of Certified Reinsurer Rating	56 Percent Collateral Required for Full Credit (0% through 100%)	57 Catastrophe Recoverables Qualifying for Collateral Deferral	58 Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	59 Dollar Amount of Collateral Required (Col. 56 * Col. 58)	60 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	61 Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	62 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	63 Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	64 Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	65 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
														66 Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	67 Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	68 20% of Amount in Col. 67	
2299999. Total Unauthorized - Affiliates				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 REINSURANCE LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340004 ..	R&V VERSICHERUNG AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2699999. Total Unauthorized - Other Non-U.S. Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX				XXX	XXX								
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX				XXX	XXX								
3699999. Total Certified - Affiliates				XXX				XXX	XXX								
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
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5099999. Total Reciprocal Jurisdiction - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1120191 ..	CONVEX INS UK LTD	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
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)				XXX	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	72	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75	76	77	78
			Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
34-4320350 ..	OHIO MUTUAL INSURANCE COMPANY		XXX	XXX				XXX	XXX	
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling			XXX	XXX				XXX	XXX	
0499999. Total Authorized - Affiliates - U.S. Non-Pool			XXX	XXX				XXX	XXX	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)			XXX	XXX				XXX	XXX	
0899999. Total Authorized - Affiliates			XXX	XXX				XXX	XXX	
06-1182357 ..	ALLIED WORLD INSURANCE COMPANY		XXX	XXX				XXX	XXX	
36-2661954 ..	AMERICAN AGRICULTURAL INSURANCE COMPANY		XXX	XXX				XXX	XXX	
06-1430254 ..	ARCH REINSURANCE COMPANY		XXX	XXX				XXX	XXX	
47-0574325 ..	BERKLEY INSURANCE COMPANY		XXX	XXX				XXX	XXX	
42-0234980 ..	EMPLOYERS MUTUAL CASUALTY CO		XXX	XXX				XXX	XXX	
05-0316605 ..	FACTORY MUTUAL INSURANCE COMPANY		XXX	XXX				XXX	XXX	
42-0245840 ..	FARMERS MUTUAL HAIL INSURANCE COMPANY		XXX	XXX				XXX	XXX	
13-2673100 ..	GENERAL REINSURANCE CORPORATION		XXX	XXX				XXX	XXX	
06-0384680 ..	HARTFORD STEAM BOILER INSPECTION & INS		XXX	XXX				XXX	XXX	
47-0698507 ..	ODYSSEY REINSURANCE COMPANY		XXX	XXX				XXX	XXX	
52-1952955 ..	RENAISSANCE REINSURANCE US INC		XXX	XXX				XXX	XXX	
13-1675535 ..	SWISS REINSURANCE AMERICA CORPORATION		XXX	XXX				XXX	XXX	
13-2918573 ..	THE TOA REINSURANCE COMPANY OF AMERICA		XXX	XXX				XXX	XXX	
13-3031176 ..	PARTNER REINSURANCE COMPANY OF THE U.S.		XXX	XXX				XXX	XXX	
23-2423138 ..	TOKIO MARINE SPECIALTY INS CO		XXX	XXX				XXX	XXX	
95-3187355 ..	ALLIANZ GLOBAL RISKS US INSURANCE CO.		XXX	XXX				XXX	XXX	
43-0613000 ..	SHELTER MUTUAL INSURANCE COMPANY		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	

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

26.1

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)

[illegible]

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:

	1	2	3
	Name of Reinsurer	Commission Rate	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.

	1	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premiums	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.

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 [X] No []

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

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
2. Premiums earned	373	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	302	XXX
2. Premiums earned		XXX		XXX		XXX		XXX		XXX	373	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	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	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	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	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	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	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	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	(11).....		.....	.....	.....	.....	11.....	(11).....	XXX.....
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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....													
2. 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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		
2. 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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....									XXX.....
2. 2013.....	9,102.....	495.....	8,607.....	5,476.....	360.....	792.....	16.....	590.....		63.....	6,482.....	455.....
3. 2014.....	10,339.....	551.....	9,788.....	8,748.....	816.....	836.....	34.....	835.....		61.....	9,569.....	556.....
4. 2015.....	10,641.....	617.....	10,024.....	7,155.....	1,013.....	468.....	16.....	630.....		106.....	7,224.....	614.....
5. 2016.....	11,040.....	706.....	10,334.....	6,662.....	742.....	535.....	41.....	624.....		28.....	7,038.....	558.....
6. 2017.....	11,506.....	846.....	10,660.....	5,446.....	9.....	512.....		671.....		130.....	6,620.....	590.....
7. 2018.....	12,003.....	477.....	11,526.....	5,261.....	163.....	330.....	2.....	652.....		60.....	6,078.....	578.....
8. 2019.....	12,463.....	269.....	12,194.....	7,390.....	234.....	405.....	2.....	582.....		97.....	8,141.....	580.....
9. 2020.....	13,173.....	164.....	13,009.....	4,207.....		196.....		474.....		136.....	4,877.....	475.....
10. 2021.....	14,152.....	85.....	14,067.....	3,626.....		76.....		408.....		64.....	4,110.....	360.....
11. 2022.....	15,270.....	99.....	15,171.....	2,070.....		24.....		266.....		27.....	2,360.....	118.....
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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....													
2. 2013.....													
3. 2014.....													
4. 2015.....									15			15	
5. 2016.....	98		48				17					163	1
6. 2017.....	68		91	20			25		13			177	3
7. 2018.....	52		514	71			57		6			558	2
8. 2019.....	675		406	66			157		125			1,297	10
9. 2020.....	1,286	360	904	87			347		57			2,147	17
10. 2021.....	2,215	105	2,663	303			503		168			5,141	29
11. 2022.....	1,956		3,750	233			531		570			6,574	118
12. Totals.....	6,350	465	8,376	780			1,637		954			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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		
2. 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.....	17.....
6. 2017.....	6,826.....	29.....	6,797.....	59.3.....	3.4.....	63.8.....			65.0.....	139.....	38.....
7. 2018.....	6,872.....	236.....	6,636.....	57.3.....	49.5.....	57.6.....			65.0.....	495.....	63.....
8. 2019.....	9,740.....	302.....	9,438.....	78.2.....	112.3.....	77.4.....			65.0.....	1,015.....	282.....
9. 2020.....	7,471.....	447.....	7,024.....	56.7.....	272.6.....	54.0.....			65.0.....	1,743.....	404.....
10. 2021.....	9,659.....	408.....	9,251.....	68.3.....	480.0.....	65.8.....			65.0.....	4,470.....	671.....
11. 2022.....	9,167.....	233.....	8,934.....	60.0.....	235.4.....	58.9.....			65.0.....	5,473.....	1,101.....
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
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (1 - 2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 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 Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....			3					3	XXX.....
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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....									XXX.....
2. 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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....													
2. 2013.....													
3. 2014.....													
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	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed			Direct and Assumed						Losses Unpaid	Loss Expenses Unpaid
	Ceded	Net		Ceded	Net		Loss	Loss Expense			
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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 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 11 - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....	.....(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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior			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	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	51	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	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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	NONE								XXX.....
2. 2021.....												XXX.....
3. 2022.....												XXX.....
4. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2021													
3. 2022													
4. Totals													

	Total			Loss and Loss Expense Percentage			Nontabular Discount		34	Net Balance Sheet		
	Losses and Loss Expenses Incurred			(Incurred /Premiums Earned)						Reserves After Discount		
	26	27	28	29	30	31	32	33		Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense			Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX			
2. 2021												
3. 2022												
4. Totals	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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....									XXX.....
2. 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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2021													
3. 2022													
4. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		
2. 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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....									XXX.....
2. 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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 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

1. Prior.....	13,910	11,518	10,721	10,027	9,722	9,669	9,575	9,613	9,582	9,571	(11)	(42)
2. 2013.....	17,709	17,856	17,378	16,468	16,513	16,219	16,134	16,107	16,093	16,089	(4)	(18)
3. 2014.....	XXX	19,508	19,302	19,241	18,694	18,563	18,626	18,576	18,535	18,519	(16)	(57)
4. 2015.....	XXX	XXX	22,043	21,350	19,300	18,911	18,953	18,821	18,752	18,768	16	(53)
5. 2016.....	XXX	XXX	XXX	22,874	21,481	20,611	20,549	20,526	20,580	20,445	(135)	(81)
6. 2017.....	XXX	XXX	XXX	XXX	23,631	22,272	22,080	21,071	21,207	21,256	49	185
7. 2018.....	XXX	XXX	XXX	XXX	XXX	27,766	25,316	24,469	25,836	25,965	129	1,496
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	28,026	27,869	29,796	30,367	571	2,498
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,061	20,665	21,752	1,087	(309)
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,772	25,053	1,281	XXX
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29,388	XXX	XXX
12. Totals											2,967	3,619

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)

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

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	XXX	13,286	XXX	XXX
12. Totals											(1,098)	336

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 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	XXX								
7. 2018.....	XXX	XXX	XXX	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				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	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				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	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				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		(17)
4. 2015.....	XXX	XXX	1,002	899	618	768	576	568	565	565		(3)
5. 2016.....	XXX	XXX	XXX	1,386	1,217	1,114	899	793	804	800	(4)	7
6. 2017.....	XXX	XXX	XXX	XXX	1,146	849	692	751	744	721	(23)	(30)
7. 2018.....	XXX	XXX	XXX	XXX	XXX	758	783	514	518	599	81	85
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	532	366	447	305	(142)	(61)
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,686	3,762	2,297	(1,465)	(1,389)
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,248	2,604	1,356	XXX
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	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				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.....	XXX.....	6,322.....	6,187.....	(135).....	XXX.....
3. 2022.....	XXX.....	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.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	3,270.....	1,206.....	1,028.....	(178).....	(2,242).....
2. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	30,372.....	27,923.....	(2,449).....	XXX.....
3. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	39,357.....	XXX.....	XXX.....
4. Totals											(2,627).....	(2,242).....

SCHEDULE P - PART 2K - FIDELITY/SURETY

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

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

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

SCHEDULE P - PART 2M - INTERNATIONAL

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.....	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											XXX.....	XXX.....

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. 2013.....	44	48	32	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		
5. 2016.....	XXX	XXX	XXX	3	6	5	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	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				XXX
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

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

SCHEDULE P - PART 2T - WARRANTY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	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	2	3	4	5	6	7	8	9	10		
	2013	2014	2015	2016	2017	2018	2019	2020	2021	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.....	XXX.....	8,213.....	14,385.....	17,708.....	1,640.....	394.....
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	9,599.....	17,795.....	1,228.....	223.....
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	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.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2,025.....	3,702.....	300.....	31.....
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2,094.....	.....	.....

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

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.....	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 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.....	6,625.....	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.....	XXX.....	4,448.....	6,221.....	6,987.....	485.....	85.....
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	4,225.....	5,702.....	316.....	44.....
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	6,052.....

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

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

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.....	XXX.....	XXX.....						
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
9. 2020.....	XXX.....	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.....			

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

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.....								XXX.....	XXX.....
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	XXX.....
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	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.....	32.....
3. 2014.....	XXX.....	211.....	397.....	506.....	581.....	727.....	771.....	803.....	803.....	803.....	77.....	28.....
4. 2015.....	XXX.....	XXX.....	86.....	262.....	461.....	555.....	559.....	565.....	565.....	565.....	54.....	23.....
5. 2016.....	XXX.....	XXX.....	XXX.....	90.....	249.....	677.....	757.....	776.....	800.....	800.....	62.....	17.....
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	119.....	359.....	437.....	477.....	490.....	499.....	34.....	8.....
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	65.....	207.....	306.....	406.....	536.....	30.....	9.....
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	46.....	96.....	127.....	244.....	25.....	7.....
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	86.....	362.....	1,723.....	25.....	5.....
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	68.....	698.....	11.....	1.....
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	85.....		

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.....	XXX.....	XXX.....						
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
9. 2020.....	XXX.....	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.....			

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2013	2014	2015	2016	2017	2018	2019	2020	2021	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.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	000.....	927.....	966.....	.....	.....
2. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	26,226.....	27,830.....	.....	.....
3. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	32,840.....	.....	.....

SCHEDULE P - PART 3K - FIDELITY/SURETY

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

NONE

SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	000.....	.....	.....	XXX.....	XXX.....
2. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	XXX.....	XXX.....
3. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	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.....	.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	XXX.....	XXX.....
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	XXX.....	XXX.....
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.....

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	2	3	4	5	6	7	8	9	10		
	2013	2014	2015	2016	2017	2018	2019	2020	2021	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.....	1.....	.....
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	8.....	15.....	2.....	.....
11. 2022.....	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.....	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 3S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

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

SCHEDULE P - PART 3T - WARRANTY

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
2. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
3. 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 4A - HOMEOWNERS/FARMOWNERS

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

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

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

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	XX						
7. 2018.....	XXX	XXX	XX	XX	XX					
8. 2019.....	XXX	XXX	XX	XX	XX	XX				
9. 2020.....	XXX	XXX	XX	XXX	XX	XX	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 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	XX						
7. 2018.....	XXX	XXX	XX	XX	XX					
8. 2019.....	XXX	XXX	XX	XX	XX	XX				
9. 2020.....	XXX	XXX	XX	XXX	XX	XX	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 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

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	XX						
7. 2018.....	XXX	XXX	XX	XX	XX					
8. 2019.....	XXX	XXX	XX	XX	XX	XX				
9. 2020.....	XXX	XXX	XX	XXX	XX	XX	XXX			
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	XXX	XXX	XXX	XXX	XXX	XXX	1,514	268	58
2. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,938	75
3. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,702

SCHEDULE P - PART 4K - FIDELITY/SURETY

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

NONE

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	XXX	XXX						
7. 2018.....	XXX	XXX	XXX	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 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	2	3	4	5	6	7	8	9	10
	2013	2014	2015	2016	2017	2018	2019	2020	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	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	XXX	XXX						
7. 2018.....	XXX	XXX	XXX	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 4S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

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

SCHEDULE P - PART 4T - WARRANTY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 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 5A - HOMEOWNERS/FARMOWNERS

SECTION 1

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

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2013	2014	2015	2016	2017	2018	2019	2020	2021	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	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	2	3	4	5	6	7	8	9	10
	2013	2014	2015	2016	2017	2018	2019	2020	2021	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	XXX	324

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SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

SECTION 1

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

SECTION 2

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

SECTION 2

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

SECTION 2

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

SECTION 2A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2013	2014	2015	2016	2017	2018	2019	2020	2021	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	2	3	4	5	6	7	8	9	10
	2013	2014	2015	2016	2017	2018	2019	2020	2021	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	2	3	4	5	6	7	8	9	10
	2013	2014	2015	2016	2017	2018	2019	2020	2021	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	2	3	4	5	6	7	8	9	10
	2013	2014	2015	2016	2017	2018	2019	2020	2021	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	2	3	4	5	6	7	8	9	10
	2013	2014	2015	2016	2017	2018	2019	2020	2021	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	2	3	4	5	6	7	8	9	10	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	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	2	3	4	5	6	7	8	9	10	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	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	XXX	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	2	3	4	5	6	7	8	9	10	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	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	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

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

ANNUAL STATEMENT FOR THE YEAR 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	2	3	4	5	6	7	8	9	10	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	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	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	2	3	4	5	6	7	8	9	10	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	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	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	2	3	4	5	6	7	8	9	10	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	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	XXX	4,473	4,473	4,473	4,473	
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	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	2	3	4	5	6	7	8	9	10	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	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	XXX	2,677	2,677	2,677	2,677	
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	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	2	3	4	5	6	7	8	9	10	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	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	XXX	124	124	124	
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	2	3	4	5	6	7	8	9	10	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	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						
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	1
13. Earned Premiums (Sch P-Pt. 1)	1	1	1	1	1			1	1	1	XXX

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

SECTION 1B

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

SECTION 2B

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

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 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	2	3	4	5	6	7	8	9	10
	2013	2014	2015	2016	2017	2018	2019	2020	2021	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	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		
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	2	3	4	5	6	7	8	9	10
	2013	2014	2015	2016	2017	2018	2019	2020	2021	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	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		
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

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.
- 93

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

Allocated by States and Territories

			Direct Business Only					
			1	2	3	4	5	6
			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
States, Etc.								
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

[illegible]

NONE

Asterisk

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

SCHEDULE Y

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

[illegible]

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

[illegible]

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

SUPPLEMENTAL FILINGS

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

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

Explanations:

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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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	<div><div></div><div>130722022400000000</div></div>
22. Bail Bond Supplement [Document Identifier 500]	<div><div></div><div>130722022500000000</div></div>
24. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	<div><div></div><div>130722022224000000</div></div>
25. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	<div><div></div><div>130722022225000000</div></div>
26. Relief from the Requirements for Audit Committees [Document Identifier 226]	<div><div></div><div>130722022226000000</div></div>
27. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]	<div><div></div><div>130722022555000000</div></div>
28. Credit Insurance Experience Exhibit [Document Identifier 230]	<div><div></div><div>130722022230000000</div></div>
29. Long-Term Care Experience Reporting Forms [Document Identifier 306]	<div><div></div><div>130722022306000000</div></div>
31. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	<div><div></div><div>130722022216000000</div></div>
32. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	<div><div></div><div>130722022217000000</div></div>
34. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]	<div><div></div><div>130722022290000000</div></div>
35. Private Flood Insurance Supplement [Document Identifier 560]	<div><div></div><div>130722022256000000</div></div>
36. Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]	<div><div></div><div>130722022256500000</div></div>
37. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	<div><div></div><div>130722022223000000</div></div>

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	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
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



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

(A) Financial Impact		1	2	3
		As Reported	Interrogatory 9 Reinsurance Effect	Restated Without Interrogatory 9 Reinsurance
A01.	Assets	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)

[illegible]

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



SUPPLEMENT FOR THE YEAR 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 [X] No []

2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? Yes [X] No []

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

2.31 Amount quantified:\$

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