



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF JUNE 30, 2023

OF THE CONDITION AND AFFAIRS OF THE

Utica National Insurance Company of Ohio

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

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

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

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

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

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

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

Internet Website Address www.uticanational.com

Statutory Statement Contact Sean Patrick Walsh 315-734-2745  
(Name) (Area Code) (Telephone Number)  
sean.walsh@uticanational.com 315-235-4642  
(E-mail Address) (FAX Number)

OFFICERS

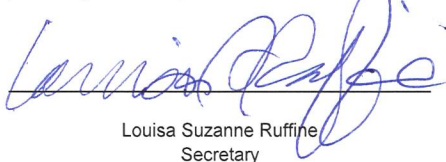
|                 |                                |                 |                               |
|-----------------|--------------------------------|-----------------|-------------------------------|
| Chairman & CEO  | <u>Richard Patrick Creedon</u> | CFO & Treasurer | <u>Elizabeth Mary Miller</u>  |
| President & COO | <u>Kristen Holly Martin</u>    | Secretary       | <u>Louisa Suzanne Ruffine</u> |

OTHER

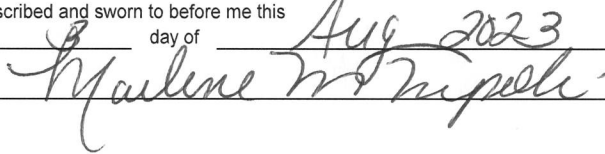
|                                |                               |                              |
|--------------------------------|-------------------------------|------------------------------|
| DIRECTORS OR TRUSTEES          |                               |                              |
| <u>John Martin Anderson</u>    | <u>Jolene Marie Casatelli</u> | <u>Paul Lewis Cohen</u>      |
| <u>Richard Patrick Creedon</u> | <u>Kristen Holly Martin</u>   | <u>Elizabeth Mary Miller</u> |
| <u>Louisa Suzanne Ruffine</u>  |                               |                              |

State of New York SS:  
County of Oneida

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

|                                                                                                                                         |                                                                                                                                          |                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <br>_____<br>Kristen Holly Martin<br>President & COO | <br>_____<br>Elizabeth Mary Miller<br>CFO & Treasurer | <br>_____<br>Louisa Suzanne Ruffine<br>Secretary |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|

Subscribed and sworn to before me this Aug 2023 day of August

  
\_\_\_\_\_  
MARLENE M. TRIPOLI  
Notary Public - State of New York  
No. 01TR6305579  
Qualified in Otsego County  
My Commission Expires 6/09/2026

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.....