



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

United Mutual Insurance Company

NAIC Group Code	0963 (Current)	0963 (Prior)	NAIC Company Code	10719	Employer's ID Number	39-0274490
Organized under the Laws of	Ohio		, State of Domicile or Port of Entry		OH	
Country of Domicile	United States of America					
Incorporated/Organized	06/16/1878		Commenced Business	06/16/1878		
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) 419-563-0697 (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) 419-563-0697 (Area Code) (Telephone Number)			
Internet Website Address	www.unitedmutualinsurance.com					
Statutory Statement Contact	Teri Miller Ms. (Name)		419-563-0697 (Area Code) (Telephone Number)			
	tmiller@omig.com (E-mail Address)		877-753-0580 (FAX Number)			

OFFICERS

President Mark Clarence Russell, Mr. Secretary Thomas Eugene Woolley, Mr.
Treasurer Andrew Wallen, Mr. #

OTHER

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

DIRECTORS OR TRUSTEES

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

State of Ohio SS: _____
County of Crawford _____

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

Mark Clarence Russell
President and CEO

Andrew Wallen
Treasurer and CFO

Marcella Sloane Smith
Assistant Secretary

Subscribed and sworn to before me this
____ day of _____

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

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	1,737,122		1,737,122	2,063,937
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	542,980		542,980	501,826
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)	155,077		155,077	156,044
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$ 655,201), cash equivalents (\$ 11,382,093) and short-term investments (\$)	12,037,294		12,037,294	6,997,194
6. Contract loans (including \$ premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	14,472,473		14,472,473	9,719,001
13. Title plants less \$ charged off (for Title insurers only)	65,925		65,925	24,429
14. Investment income due and accrued				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	350,916		350,916	25,551
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	2,632,857		2,632,857	746,486
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				6,173
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset	439,495		439,495	179,149
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	473,300	69,464	403,836	383,613
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	18,434,966	69,464	18,365,502	11,084,402
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	18,434,966	69,464	18,365,502	11,084,402
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501. Company Owned Life Insurance	403,836		403,836	383,613
2502. Vehicles	69,464	69,464		
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	473,300	69,464	403,836	383,613

STATEMENT AS OF MARCH 31, 2024 OF THE United Mutual Insurance Company
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ 1,263,543)	4,512,471	1,016,853
2. Reinsurance payable on paid losses and loss adjustment expenses		
3. Loss adjustment expenses	1,025,445	12,000
4. Commissions payable, contingent commissions and other similar charges	225,087	150,175
5. Other expenses (excluding taxes, licenses and fees)		47,804
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	22,094	3,007
7.1 Current federal and foreign income taxes (including \$ 6,867 on realized capital gains (losses))	211,431	
7.2 Net deferred tax liability		
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 2,506,923 and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)	5,510,124	3,511,290
10. Advance premium	106,172	117,061
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	55,835	87,610
13. Funds held by company under reinsurance treaties	25,765	
14. Amounts withheld or retained by company for account of others		
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$ certified)		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates	669,901	
20. Derivatives		
21. Payable for securities		
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$ and interest thereon \$		
25. Aggregate write-ins for liabilities		
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	12,364,325	4,945,800
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	12,364,325	4,945,800
29. Aggregate write-ins for special surplus funds		
30. Common capital stock	5,000,000	5,000,000
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds		
33. Surplus notes		
34. Gross paid in and contributed surplus	2,000,000	2,000,000
35. Unassigned funds (surplus)	(998,823)	(861,398)
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)		
36.2 shares preferred (value included in Line 31 \$)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	6,001,177	6,138,602
38. Totals (Page 2, Line 28, Col. 3)	18,365,502	11,084,402
DETAILS OF WRITE-INS		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)		
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)		
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page		
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)		

STATEMENT AS OF MARCH 31, 2024 OF THE United Mutual Insurance Company
STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 1,426,651)	2,537,397	1,577,546	6,635,565
1.2 Assumed (written \$ 2,815,018)	2,739,366		
1.3 Ceded (written \$ 1,426,651)	2,537,397	635,234	3,275,313
1.4 Net (written \$ 2,815,018)	2,739,366	942,312	3,360,252
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 2,037,766):			
2.1 Direct	88,559	888,270	3,785,418
2.2 Assumed	2,095,208		
2.3 Ceded	88,559	166,265	189,089
2.4 Net	2,095,208	722,005	3,596,329
3. Loss adjustment expenses incurred	294,924	111,305	450,630
4. Other underwriting expenses incurred	826,957	578,388	2,321,650
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)	3,217,089	1,411,698	6,368,609
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(477,723)	(469,386)	(3,008,357)
INVESTMENT INCOME			
9. Net investment income earned	191,752	30,743	167,651
10. Net realized capital gains (losses) less capital gains tax of \$ 6,867	25,832	(40,085)	(956,050)
11. Net investment gain (loss) (Lines 9 + 10)	217,584	(9,342)	(788,399)
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 1,292 amount charged off \$ 12,679)	(11,387)		
13. Finance and service charges not included in premiums	57,967	48,725	301,336
14. Aggregate write-ins for miscellaneous income	4,500		(4,874)
15. Total other income (Lines 12 through 14)	51,080	48,725	296,462
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(209,059)	(430,003)	(3,500,294)
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	(209,059)	(430,003)	(3,500,294)
19. Federal and foreign income taxes incurred	204,564	(540)	(540)
20. Net income (Line 18 minus Line 19)(to Line 22)	(413,623)	(429,463)	(3,499,754)
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	6,138,602	5,416,574	5,416,574
22. Net income (from Line 20)	(413,623)	(429,463)	(3,499,754)
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ 1,748	6,575	89,387	(2,794,887)
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	262,094	202,604	(832,101)
27. Change in nonadmitted assets	7,529	(206,894)	.848,770
28. Change in provision for reinsurance			
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			5,000,000
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			2,000,000
33.1 Paid in			
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus			
38. Change in surplus as regards policyholders (Lines 22 through 37)	(137,425)	(344,366)	722,028
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	6,001,177	5,072,208	6,138,602
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)			
1401. Rental and Related Services	4,500		
1402. Loss on sale of non-admitted assets			(2,419)
1403. Other income			(2,455)
1498. Summary of remaining write-ins for Line 14 from overflow page	4,500		
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	4,500		(4,874)
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)			

STATEMENT AS OF MARCH 31, 2024 OF THE United Mutual Insurance Company
CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	2,484,570	507,045	3,362,045
2. Net investment income	118,429	49,221	196,008
3. Miscellaneous income	30,857	48,725	296,462
4. Total (Lines 1 to 3)	2,633,856	604,991	3,854,515
5. Benefit and loss related payments	(1,406,583)	496,798	3,162,562
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	55,483	732,327	2,766,445
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$	6,867	tax on capital gains (losses)	(540)
10. Total (Lines 5 through 9)	(1,351,100)	1,229,125	5,928,467
11. Net cash from operations (Line 4 minus Line 10)	3,984,956	(624,134)	(2,073,952)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	360,915	206,100	1,656,787
12.2 Stocks			286,159
12.3 Mortgage loans			
12.4 Real estate			108,266
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	360,915	206,100	2,051,212
13. Cost of investments acquired (long-term only):			
13.1 Bonds			261,098
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate	1,440		
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	1,440		261,098
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	359,475	206,100	1,790,114
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			7,000,000
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	695,669	(17,790)	(19,778)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	695,669	(17,790)	6,980,222
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	5,040,100	(435,824)	6,696,384
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	6,997,194	300,810	300,810
19.2 End of period (Line 18 plus Line 19.1)	12,037,294	(135,014)	6,997,194

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of United Mutual Insurance Company (the Company) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (ODI).

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* has been adopted as a component of prescribed or permitted accounting practices by the State of Ohio.

A reconciliation of the Company's net income and capital and surplus between NAIC Statutory Accounting Practices and practices prescribed and permitted by the State of Ohio is shown below:

	SSAP #	F/S Page	F/S Line #	03/31/2024	12/31/2023
<u>NET INCOME</u>					
(1) Casco Indemnity Company state basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ (413,623)	\$ (3,499,754)
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:	_____	_____	_____	_____	_____
(3) State Permitted Practices that increase/(decrease) NAIC SAP:	_____	_____	_____	_____	_____
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ (413,623)	\$ (3,499,754)
<u>SURPLUS</u>					
(5) Casco Indemnity Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 6,001,177	\$ 6,138,602
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:	_____	_____	_____	_____	_____
(7) State Permitted Practices that increase/(decrease) NAIC SAP:	_____	_____	_____	_____	_____
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 6,001,177	\$ 6,138,602

B. Use of Estimates in the Preparation of the Financial Statements – No Change

C. Accounting Policy – No Change

D. Going Concern

Management has evaluated the financial statements and determined that there are no going concern issues to report.

2. Accounting Changes and Corrections of Errors – No Change

3. Business Combinations and Goodwill

On May 19, 2023, the Ohio Mutual Insurance Group announced that it has reached an agreement to merge Wisconsin-based United Mutual Insurance Company as a subsidiary under Ohio Mutual's mutual holding company structure. The transaction was completed with regulatory approval from the Ohio Department of Insurance and the Wisconsin Office of Insurance, effective October 1, 2023. Following the transaction, United Mutual Insurance Company is now an Ohio-domiciled reorganized stock insurance company and is a wholly owned subsidiary of Ohio Mutual Insurance Company.

4. Discontinued Operations – No Change

5. Investments

- A. The Company has no mortgage loans.
- B. The Company has no debt restructuring.
- C. The Company has no reverse mortgages.
- D. Loan-Backed Securities

- (1) Prepayment assumptions for Mortgage-backed securities, Collateralized Mortgage Obligations and Other Structured Securities were generated using a purchased prepayment model. The prepayment model uses a number of factors to estimate prepayment activity including the time of year (seasonality), current levels of interest rates (refinancing incentive), economic activity (including housing turnover) and term and age of the underlying collateral (burnout, seasoning). On an ongoing basis, we monitor the rate of prepayment and calibrate the model to reflect actual experience, market factors, and viewpoint.
- (2)
 - a. The Company had no securities it intended to sell for which it recognized other-than-temporary impairment losses.
 - b. The Company had no securities for which it lacked the ability or intent to retain an investment in for a period of time sufficient to recover the amortized cost basis.
- (3) The Company had no other-than-temporary impairments within the loan backed securities portfolio for the quarter ended March 31, 2024.
- (4) The Company had no temporarily impaired securities in a loss position for the quarter ended March 31, 2024.

NOTES TO FINANCIAL STATEMENTS

(5) Management regularly reviews the value of the Company's investments. If the value of any investment falls below its cost basis, the decline is analyzed to determine whether it is an other-than-temporary decline in value. To make this determination for each security, the following is considered:

- The length of time and the extent to which the fair value has been below cost;
- The financial condition and near-term prospects of the issuer of the security, including any specific events that may affect its operations or earnings potential;
- Management's intent and ability to hold the security long enough for it to recover its value;

- E. The Company has no dollar repurchase agreements and/or securities lending transactions.
- F. The Company has no repurchase agreements transactions accounted for as secured borrowing.
- G. The Company has no reverse repurchase agreements transactions accounted for as secured borrowing.
- H. The Company has no repurchase agreements transactions accounted for as a sale.
- I. The Company has no reverse repurchase agreements transactions accounted for as a sale.
- M. The Company has no Working Capital Finance Investments.
- N. The Company has no Offsetting and Netting of Assets and Liabilities.
- R. The Company has no Reporting Entity's Share of Cash Pool by Asset type.

6. Joint Ventures, Partnerships and Limited Liability Companies – No Change

7. Investment Income – No Change

8. Derivative Instruments – No Change

9. Income Taxes – No Change

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. The Company is a wholly owned stock insurance subsidiary of Ohio Mutual Insurance Company (Ohio Mutual). Ohio Mutual is a wholly owned subsidiary of a mutual holding company, OMIG Holdings Inc. OMIG Holdings Inc. is a wholly owned subsidiary of Ohio Mutual Insurance Group, Inc. (OMIG). OMIG is the ultimate controlling parent for the group. Ohio Mutual is the sole shareholder and owner of the Company, United Ohio Insurance Company (United Ohio), Casco Indemnity Company (Casco), United Premium Budget Service Inc., Centurion Financial Inc. (CEF), and Ohio United Agency, Inc.
- B. The Company, Ohio Mutual (parent), United Ohio, and Casco have entered into a reinsurance pooling agreement through which underwriting activities are proportionately allocated. See footnote #26 for additional information on the pooling agreement.
- C. The Company had no transactions with related parties that are not reported on Schedule Y.
- D. As of March 31, 2024, the Company owes its parent, Ohio Mutual, \$431,408 under the terms of the Reinsurance Pooling Agreement. As of March 31, 2024, the Company owes its affiliate, United Ohio, \$238,493 under the terms of the Cost Sharing Agreement.
- E. The Company, its parent, Ohio Mutual, and affiliates, United Ohio and Casco, entered into a Cost Sharing Agreement effective, January 1, 2024, through which certain common costs are shared proportionally between the entities.
- F. The Company has no guarantees or undertakings at March 31, 2024.
- G. All outstanding shares of the Company are owned by its parent, Ohio Mutual, an insurance company domiciled in the State of Ohio.
- H. The Company owns no shares of the stock of its ultimate parent, Ohio Mutual.
- I. The Company does not own a share or interest in an upstream intermediate entity or its parent, either directly or indirectly.
- J. The Company has no subsidiary investments, controlled or affiliated companies during the statement period.
- K. Not Applicable
- L. Not Applicable
- M. The Company has no SCA investments.
- N. The Company has no investments in Insurance SCAs.
- O. The Company has no SCA or SSAP No. 48 entity investments.

11. Debt – No Change

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans – No Change

13. Capital and Surplus, Dividend Restrictions and Quasi-reorganizations – No Change

14. Liabilities, Contingencies and Assessments

- D. The Company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits.

Claims related ECO and bad faith losses paid during the reporting period	<u>Direct.....</u>
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Claims related ECO and bad faith losses paid during the reporting period	<u> \$0</u>
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NOTES TO FINANCIAL STATEMENTS

Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period.

(a) 0-25 Claims	(b) 26-50 Claims	(c) 51-100 Claims	(d) 101-500 Claims	(e) More than 500 Claims
X				

Indicate whether claim count information is disclosed per claim or per claimant.

(f) Per Claim [] (g) Per Claimant []

15. Leases – No Change

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk – No Change

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

The Company has no sale, transfer and servicing of financial assets or extinguishments of liabilities.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans – No Change

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators – No Change

20. Fair Value Measurements

A. Fixed maturity securities that are carried at amortized cost are not included in the table below:

(1) Fair Value Measurements at Reporting Date

Description	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Common Stock					
Industrial & Misc.	\$ 261,505	\$ -	\$ 62,277	\$ -	\$ 323,782
Mutual Funds	\$ 219,198	\$ -	\$ -	\$ -	\$ 219,198
Total Common Stocks	<u>\$ 480,703</u>	<u>\$ -</u>	<u>\$ 62,277</u>	<u>\$ -</u>	<u>\$ 542,980</u>
Derivative assets	-	-	-	-	-
Total assets at fair value	<u>\$ 480,703</u>	<u>\$ -</u>	<u>\$ 62,277</u>	<u>\$ -</u>	<u>\$ 542,980</u>

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

Description	Ending Balance at 12/31/2023	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 03/31/2024
a. Assets: Common Stock - Industrial & Misc.	\$ 62,277			\$ -						\$ 62,277

(3) Transfers between levels are recognized on the actual date of the event or change in circumstances that caused the transfer.

(4) As of March 31, 2024, the reporting entity's investments in Level 3, NAIC rated A, represents one security that is not traded in a public market and was valued based on a valuation provided by the NAIC Securities Valuation Office.

B. Fair Value Measurements are used for financial instruments unless specifically required by another method.

C. The Aggregate Fair Value for all Financial Instruments and the Level within the Fair Value Hierarchy

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets			(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 1,688,762	\$ 1,737,122	\$ 147,164	\$ 1,541,598	\$ -	\$ -	\$ -	\$ -	\$ -
Common Stocks	542,980	542,980	480,703	-	62,277			-	-
Total Financial Instruments	<u>\$ 2,231,742</u>	<u>\$ 2,280,102</u>	<u>\$ 627,867</u>	<u>\$ 1,541,598</u>	<u>\$ 62,277</u>			<u>\$ -</u>	<u>\$ -</u>

D. Not Practicable to Estimate Fair Value

The Company's Financial Instruments are valued at Fair Value unless otherwise specified.

E. Investments Measured Using the NAV Practical Expedient Pursuant to SSAP No. 100R – Fair Value

The Company occasionally holds assets in money market accounts that are valued at NAV. The probability of these assets being sold at a value different from NAV is remote.

21. Other Items – No Change

NOTES TO FINANCIAL STATEMENTS

22. Events Subsequent – None**23. Reinsurance – No Change****24. Retrospectively Rated Contracts and Contracts Subject to Redetermination – No Change****25. Change in Incurred Losses and Loss Adjustment Expenses**

A. The Company's portion of pooled loss reserves as of December 31, 2024 was \$4.9 million. On a pooled basis as of March 31, 2024, \$0.9 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Pooled reserves remaining for prior years are now \$3.8 million. There has been a \$0.2 million favorable prior-year development, on a pooled basis, from December 31, 2023 to March 31, 2024 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on private passenger auto physical damage, commercial multi-peril, commercial auto liability and homeowners lines of business. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. The Company does not have any retrospectively rated policies which would be included in the favorable development.

B. No Change

26. Intercompany Pooling Arrangements

Effective January 1, 2024, the Company requested and received permission from the ODI to pool the underwriting results of the Company with those of its insurance parent, Ohio Mutual and affiliates, United Ohio and Casco. Through the Pooling Agreement, Ohio Mutual, NAIC #10202, retains 23% of the group's pooled underwriting results and cedes 65% to United Ohio, NAIC #13072, 9% to Casco, NAIC #25950, and 3% to the Company, NAIC #10719. In 2023, the Pooling Agreement had Ohio Mutual retaining 27% and United Ohio ceding 65% and Casco ceding 8%. United Mutual was not included. The following underwriting results were assumed/ceded between the Companies:

	03/31/2024	12/31/2023
Premium earned ceded to Ohio Mutual from United Mutual	\$ (2,437,855)	\$ -
Premium earned assumed by United Mutual	2,739,366	-
Change in premium earned due to pooling	<u>\$ 301,511</u>	<u>\$ -</u>
Losses incurred ceded to Ohio Mutual from United Mutual	\$ (88,558)	\$ -
Losses incurred assumed by United Mutual	2,095,208	-
Change in losses incurred due to pooling	<u>\$ 2,006,650</u>	<u>\$ -</u>
Net loss adjustment expenses ceded to Ohio Mutual	\$ 254,173	\$ -
Net other underwriting expenses ceded to Ohio Mutual	561,696	-
Change in expenses incurred due to pooling	<u>\$ 815,869</u>	<u>\$ -</u>
Change in income before taxes due to pooling	<u>\$ (2,521,008)</u>	<u>\$ -</u>

27. Structured Settlements – No Change**28. Health Care Receivables – No Change****29. Participating Policies – No Change****30. Premium Deficiency Reserves – No Change****31. High Deductibles – No Change****32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses – No Change****33. Asbestos/Environmental Reserves – No Change****34. Subscriber Savings Accounts – No Change****35. Multiple Peril Crop Insurance – No Change****36. Financial Guaranty Insurance – No Change**

STATEMENT AS OF MARCH 31, 2024 OF THE United Mutual Insurance Company
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change: _____

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1 and 1A. Yes [X] No []

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes. _____

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. _____

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [] N/A [X] If yes, attach an explanation. _____

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2020

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2020

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 01/17/2022

6.4 By what department or departments?
Office of the Commissioner of Insurance - State of Wisconsin

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [] N/A []

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

7.2 If yes, give full information: _____

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company. _____

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

STATEMENT AS OF MARCH 31, 2024 OF THE United Mutual Insurance Company
GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [] No []

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:
.....

9.2 Has the code of ethics for senior managers been amended? Yes [] No []

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No []

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$.....
13. Amount of real estate and mortgages held in short-term investments: \$.....
14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]
14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$	\$
14.22 Preferred Stock	\$	\$
14.23 Common Stock	\$	\$
14.24 Short-Term Investments	\$	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$	\$
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$
 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$
 16.3 Total payable for securities lending reported on the liability page. \$

STATEMENT AS OF MARCH 31, 2024 OF THE United Mutual Insurance Company
GENERAL INTERROGATORIES

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
FIFTH THIRD BANK	38 Fountain Square Plaza, Cincinnati, Ohio 45263

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [X] No []

17.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
National Exchange Bank & Trust	FIFTH THIRD BANK	01/01/2024	Custodian was moved to Fifth Third Bank effective 1/1/24 after merger approval with Ohio Mutual Insurance Group

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
NEW ENGLAND ASSET MANAGEMENT	U.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [X] No []

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [X] No []

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
105900	NEW ENGLAND ASSET MANAGEMENT	KUR85E5PS4G0FZTFC130	New England Asset Management is a SEC registered Investment Advisor	NO.....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []

18.2 If no, list exceptions:
.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- The shares were purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- The fund only or predominantly holds bonds in its portfolio.
- The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

STATEMENT AS OF MARCH 31, 2024 OF THE United Mutual Insurance Company
GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [] N/A []
 If yes, attach an explanation.
 Company was added to pooling agreement effective 1/1/24 as part of merger with Ohio Mutual Insurance Group. UMI pooling percentage is 3% as of 1/1/24.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No []
 If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No []

3.2 If yes, give full and complete information thereto.

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves") discounted at a rate of interest greater than zero? Yes [] No []

4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Discount Rate	TOTAL DISCOUNT			DISCOUNT TAKEN DURING PERIOD				11 TOTAL
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 TOTAL	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	
TOTAL										

5. Operating Percentages:

5.1 A&H loss percent %

5.2 A&H cost containment percent %

5.3 A&H expense percent excluding cost containment expenses %

6.1 Do you act as a custodian for health savings accounts? Yes [] No []

6.2 If yes, please provide the amount of custodial funds held as of the reporting date \$.....

6.3 Do you act as an administrator for health savings accounts? Yes [] No []

6.4 If yes, please provide the balance of the funds administered as of the reporting date \$.....

7. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No []

7.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No []

STATEMENT AS OF MARCH 31, 2024 OF THE United Mutual Insurance Company

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

STATEMENT AS OF MARCH 31, 2024 OF THE United Mutual Insurance Company
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

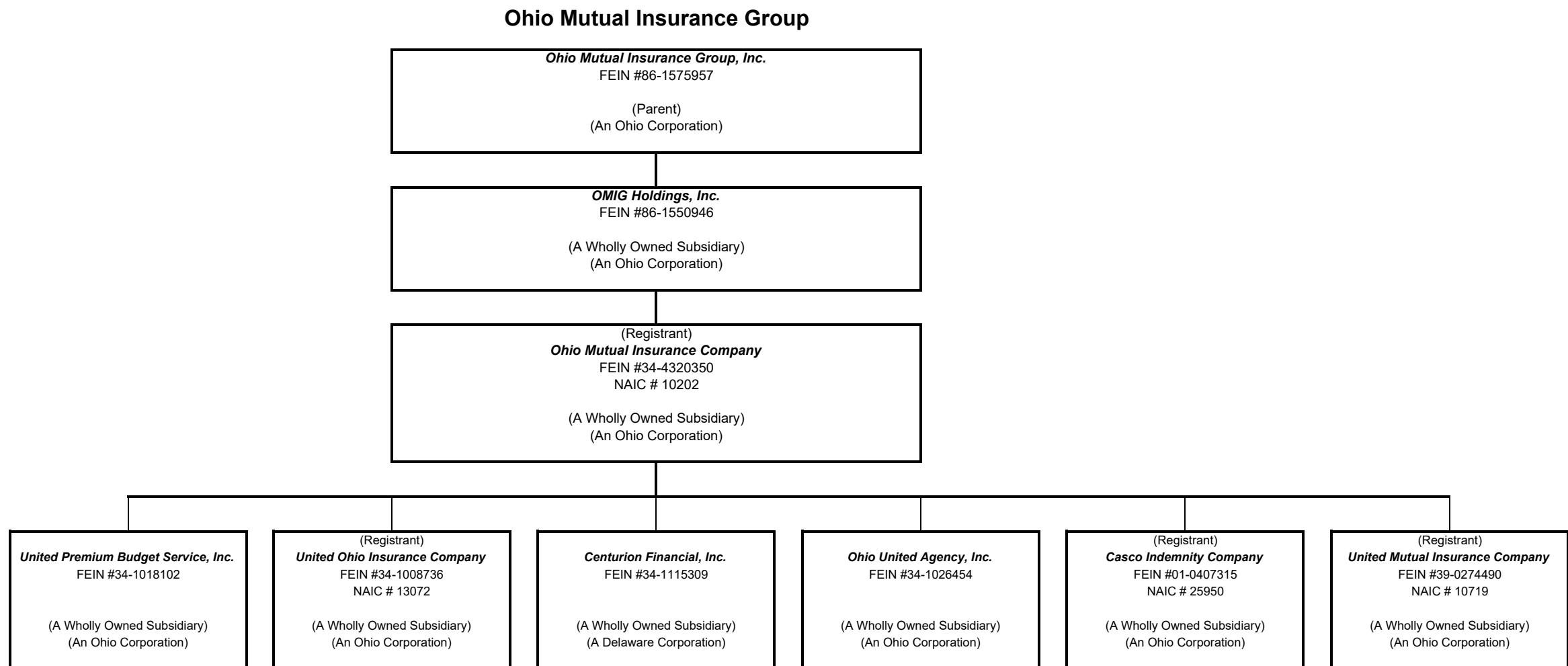
Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL	N.					
2. Alaska	AK	N.					
3. Arizona	AZ	N.					
4. Arkansas	AR	N.					
5. California	CA	N.					
6. Colorado	CO	N.					
7. Connecticut	CT	N.					
8. Delaware	DE	N.					
9. District of Columbia	DC	N.					
10. Florida	FL	N.					
11. Georgia	GA	N.					
12. Hawaii	HI	N.					
13. Idaho	ID	N.					
14. Illinois	IL	N.					
15. Indiana	IN	N.					
16. Iowa	IA	N.					
17. Kansas	KS	N.					
18. Kentucky	KY	N.					
19. Louisiana	LA	N.					
20. Maine	ME	N.					
21. Maryland	MD	N.					
22. Massachusetts	MA	N.					
23. Michigan	MI	N.					
24. Minnesota	MN	N.					
25. Mississippi	MS	N.					
26. Missouri	MO	N.					
27. Montana	MT	N.					
28. Nebraska	NE	N.					
29. Nevada	NV	N.					
30. New Hampshire	NH	N.					
31. New Jersey	NJ	N.					
32. New Mexico	NM	N.					
33. New York	NY	N.					
34. North Carolina	NC	N.					
35. North Dakota	ND	N.					
36. Ohio	OH	L					
37. Oklahoma	OK	N.					
38. Oregon	OR	N.					
39. Pennsylvania	PA	N.					
40. Rhode Island	RI	N.					
41. South Carolina	SC	N.					
42. South Dakota	SD	N.					
43. Tennessee	TN	N.					
44. Texas	TX	N.					
45. Utah	UT	N.					
46. Vermont	VT	N.					
47. Virginia	VA	N.					
48. Washington	WA	N.					
49. West Virginia	WV	N.					
50. Wisconsin	WI	L	1,426,651	1,311,538	325,770	606,864	789,642
51. Wyoming	WY	N.					2,033,876
52. American Samoa	AS	N.					
53. Guam	GU	N.					
54. Puerto Rico	PR	N.					
55. U.S. Virgin Islands	VI	N.					
56. Northern Mariana Islands	MP	N.					
57. Canada	CAN	N.					
58. Aggregate Other Alien OT	XXX						
59. Totals	XXX	1,426,651	1,311,538	325,770	606,864	789,642	2,033,876
DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX						
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX						

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....
 2. R - Registered - Non-domiciled RRGs.....
 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state
 (other than their state of domicile - see DSLI).....
 4. Q - Qualified - Qualified or accredited reinsurer.....
 5. D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities
 authorized to write surplus lines in the state of domicile.....
 6. N - None of the above - Not allowed to write business in the state... 55

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



STATEMENT AS OF MARCH 31, 2024 OF THE United Mutual Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

None

NINE

STATEMENT AS OF MARCH 31, 2024 OF THE United Mutual Insurance Company
PART 1 - LOSS EXPERIENCE

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire	186,066	(11,476)	(6.2)	
2.1 Allied Lines	284,895	23,363	8.2	2.7
2.2 Multiple peril crop				
2.3 Federal flood				
2.4 Private crop				
2.5 Private flood				
3. Farmowners multiple peril	959,508	34,201	3.6	41.2
4. Homeowners multiple peril	970,214	42,471	4.4	104.2
5.1 Commercial multiple peril (non-liability portion)	130,289			12.7
5.2 Commercial multiple peril (liability portion)				
6. Mortgage guaranty				
8. Ocean marine				
9.1 Inland marine				
9.2 Pet insurance				
10. Financial guaranty				
11.1 Medical professional liability - occurrence				
11.2 Medical professional liability - claims-made				
12. Earthquake				
13.1 Comprehensive (hospital and medical) individual				
13.2 Comprehensive (hospital and medical) group				
14. Credit accident and health				
15.1 Vision only				
15.2 Dental only				
15.3 Disability income				
15.4 Medicare supplement				
15.5 Medicaid Title XIX				
15.6 Medicare Title XVIII				
15.7 Long-term care				
15.8 Federal employees health benefits plan				
15.9 Other health				
16. Workers' compensation				
17.1 Other liability - occurrence	6,425			
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. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business				
35. Totals	2,537,397	88,559	3.5	56.3
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page				
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)				

STATEMENT AS OF MARCH 31, 2024 OF THE United Mutual Insurance Company
PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire	91,609	91,609	64,916
2.1 Allied Lines	156,462	156,462	151,472
2.2 Multiple peril crop			
2.3 Federal flood			
2.4 Private crop			
2.5 Private flood			
3. Farmowners multiple peril	516,298	516,298	504,273
4. Homeowners multiple peril	567,749	567,749	491,807
5.1 Commercial multiple peril (non-liability portion)	86,760	86,760	62,986
5.2 Commercial multiple peril (liability portion)			
6. Mortgage guaranty			
8. Ocean marine			
9.1 Inland marine			
9.2 Pet insurance			
10. Financial guaranty			
11.1 Medical professional liability - occurrence			
11.2 Medical professional liability - claims-made			
12. Earthquake			
13.1 Comprehensive (hospital and medical) individual			
13.2 Comprehensive (hospital and medical) group			
14. Credit accident and health			
15.1 Vision only			
15.2 Dental only			
15.3 Disability income			
15.4 Medicare supplement			
15.5 Medicaid Title XIX			
15.6 Medicare Title XVIII			
15.7 Long-term care			
15.8 Federal employees health benefits plan			
15.9 Other health			
16. Workers' compensation			
17.1 Other liability - occurrence	7,773	7,773	
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			36,084
28. Credit			
29. International			
30. Warranty			
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business			
35. Totals	1,426,651	1,426,651	1,311,538
DETAILS OF WRITE-INS			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page			
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)			

STATEMENT AS OF MARCH 31, 2024 OF THE United Mutual Insurance Company

PART 3 (\$000 OMITTED)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	4 2024 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2024 Loss and LAE Payments on Unreported Claims as of Prior Year-End	6 Total 2024 Loss and LAE Payments (Cols. 4+5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	9 Q.S. Date IBNR Loss and LAE Reserves	10 Total Q.S. Loss and LAE Reserves (Cols. 7+8+9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4+7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2021 + Prior	443	676	1,119	112		112	365		513	878	34	(163)	(129)
2. 2022	354	691	1,045	97		97	298	1	562	861	41	(128)	(87)
3. Subtotals 2022 + Prior	797	1,367	2,164	209		209	663	1	1,075	1,739	75	(291)	(216)
4. 2023	1,113	1,659	2,772	721	15	736	688	15	1,383	2,086	296	(246)	50
5. Subtotals 2023 + Prior	1,910	3,026	4,936	930	15	945	1,351	16	2,458	3,825	371	(537)	(166)
6. 2024	XXX	XXX	XXX	XXX	843	843	XXX	936	777	1,713	XXX	XXX	XXX
7. Totals	1,910	3,026	4,936	930	858	1,788	1,351	952	3,235	5,538	371	(537)	(166)
8. Prior Year-End Surplus As Regards Policyholders		6,139									Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1. 19.4	2. (17.7)	3. (3.4)
													4. (2.7)
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4. (2.7)

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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.

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

AUGUST FILING

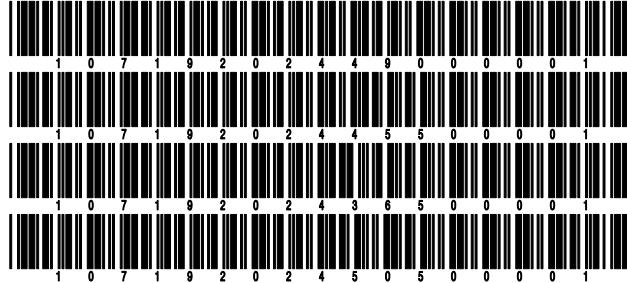
5. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A
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Explanations:

- 1.
- 2.
- 3.
- 4.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]
2. Supplement A to Schedule T [Document Identifier 455]
3. Medicare Part D Coverage Supplement [Document Identifier 365]
4. Director and Officer Supplement [Document Identifier 505]



STATEMENT AS OF MARCH 31, 2024 OF THE United Mutual Insurance Company
OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	156,044	185,081
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	1,440	
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals	89,639	
5. Deduct amounts received on disposals		108,266
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation	2,407	10,410
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	155,077	156,044
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	155,077	156,044

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase/(decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest paid and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase/(decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	2,565,763	8,087,374
2. Cost of bonds and stocks acquired		261,098
3. Accrual of discount	34,417	16,397
4. Unrealized valuation increase/(decrease)	8,322	(2,794,887)
5. Total gain (loss) on disposals	32,699	(17,033)
6. Deduct consideration for bonds and stocks disposed of	360,915	1,942,946
7. Deduct amortization of premium		15,584
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		1,028,656
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	2,280,103	2,565,763
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	2,280,103	2,565,763

STATEMENT AS OF MARCH 31, 2024 OF THE United Mutual Insurance Company

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	508,111		177,217	263,173	594,067			508,111
2. NAIC 2 (a)	1,425,634		151,000	(261,579)	1,013,055			1,425,634
3. NAIC 3 (a)	130,192			(192)	130,000			130,192
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	2,063,937		328,217	1,402	1,737,122			2,063,937
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock	2,063,937		328,217	1,402	1,737,122			2,063,937

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$; NAIC 2 \$; NAIC 3 \$ NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SI02

Schedule DA - Part 1 - Short-Term Investments
N O N E

Schedule DA - Verification - Short-Term Investments
N O N E

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards
N O N E

Schedule DB - Part B - Verification - Futures Contracts
N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open
N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open
N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives
N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	7,121,864	312,128
2. Cost of cash equivalents acquired	34,385,943	8,706,151
3. Accrual of discount		
4. Unrealized valuation increase/(decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	30,125,714	1,896,415
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	11,382,093	7,121,864
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	11,382,093	7,121,864

STATEMENT AS OF MARCH 31, 2024 OF THE United Mutual Insurance Company

SCHEDULE A - PART 2

Showing All Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 Description of Property	Location		4 Date Acquired	5 Name of Vendor	6 Actual Cost at Time of Acquisition	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Additional Investment Made After Acquisition
	2 City	3 State						
Building ...	Medford	WI	03/14/2024	ProDesigns	1,440		1,434	
0199999. Acquired by Purchase					1,440		1,434	
0399999 - Totals					1,440		1,434	

SCHEDULE A - PART 3

Showing All Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract"

1 Description of Property	Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7 Expended for Additions, Permanent Improvements and Changes in Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances Prior Year	Change in Book/Adjusted Carrying Value Less Encumbrances					14 Book/Adjusted Carrying Value Less Encumbrances on Disposal	15 Amounts Received During Year	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Gross Income Earned Less Interest Incurred on Encumbrances	20 Taxes, Repairs and Expenses Incurred
	2 City	3 State						9 Current Year's Other-Than-Temporary Impairment Recognized	10 Current Year's Change in Encumbrances	11 Current Year's Adjusted Carrying Value (11-9-10)	12 Total Change in Book/Adjusted Carrying Value	13 Foreign Exchange Change in Book/Adjusted Carrying Value							
0399999 - Totals																			

NONE

E01

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made
N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid
N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made
N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid
N O N E

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired
N O N E

STATEMENT AS OF MARCH 31, 2024 OF THE United Mutual Insurance Company

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Ident- ification	2 Description	For- eign	Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admi- nistrative Symbol
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book/ Adjusted Carrying Value							
..912828-B2-5	UNITED STATES TREASURY INFL INDEX NOTES .....	.....	01/15/2024	MATURITY at 100.0000	.....	144,915	144,915	112,324	144,389	(32,832)	659	.....	(32,173)	.....	112,186	.....	32,699	32,699	453	01/15/2024	1.A
0109999999. Subtotal - Bonds - U.S. Governments					144,915	144,915	112,324	144,389	(32,832)	659	.....	(32,173)	.....	112,186	.....	32,699	32,699	453	XXX	XXX	
..17331A-JC-6	CITIGROUP GLOBAL MARKETS .....	.....	01/20/2024	SECURITY CALLED AT 100.00000000	.....	65,000	65,000	65,075	65,045	.....	(45)	.....	(45)	.....	65,000	.....	.....	.....	1,950	08/20/2024	1.F FE
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					65,000	65,000	65,075	65,045	.....	(45)	.....	(45)	.....	65,000	.....	.....	.....	1,950	XXX	XXX	
..743315-AU-7	PROGRESSIVE CORP .....	.....	02/22/2024	SECURITY CALLED AT 100.00000000	.....	150,000	150,000	153,195	148,688	.....	1,313	.....	1,313	.....	150,000	.....	.....	.....	2,353	03/15/2049	2.A FE
..857477-AQ-6	STATE STREET CORP .....	.....	03/15/2024	SECURITY CALLED AT 100.00000000	.....	1,000	1,000	1,057	1,008	.....	(8)	.....	(8)	.....	1,000	.....	.....	.....	23	12/29/2049	2.A FE
1309999999. Subtotal - Bonds - Hybrid Securities					151,000	151,000	154,252	149,696	.....	1,305	.....	1,305	.....	151,000	.....	.....	.....	2,376	XXX	XXX	
2509999997. Total - Bonds - Part 4					360,915	360,915	331,651	359,130	(32,832)	1,919	.....	(30,913)	.....	328,186	.....	32,699	32,699	4,779	XXX	XXX	
2509999998. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2509999999. Total - Bonds					360,915	360,915	331,651	359,130	(32,832)	1,919	.....	(30,913)	.....	328,186	.....	32,699	32,699	4,779	XXX	XXX	
4509999997. Total - Preferred Stocks - Part 4					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5989999997. Total - Common Stocks - Part 4					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5999999999. Total - Preferred and Common Stocks					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6009999999 - Totals					360,915	XXX	331,651	359,130	(32,832)	1,919	.....	(30,913)	.....	328,186	.....	32,699	32,699	4,779	XXX	XXX	

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

STATEMENT AS OF MARCH 31, 2024 OF THE United Mutual Insurance Company

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Forward Financial	Wisconsin				102,144	(3,926,312)	654,993	XXX.
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX			102,144	(3,926,312)	654,993	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX						XXX
0399999. Total Cash on Deposit	XXX	XXX			102,144	(3,926,312)	654,993	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	208	208	208	XXX
.....
.....
.....
.....
.....
.....
.....
.....
0599999. Total - Cash	XXX	XXX			102,352	(3,926,104)	655,201	XXX

STATEMENT AS OF MARCH 31, 2024 OF THE United Mutual Insurance Company
SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter