



ANNUAL STATEMENT

For the Year Ended December 31, 2011
of the Condition and Affairs of the

STATE AUTO INSURANCE COMPANY OF OHIO

NAIC Group Code.....175, 175 (Current Period) (Prior Period)	NAIC Company Code..... 11017	Employer's ID Number..... 31-1651026
Organized under the Laws of OHIO	State of Domicile or Port of Entry OHIO	Country of Domicile US
Incorporated/Organized..... May 17, 1999	Commenced Business..... January 1, 2000	
Statutory Home Office	518 EAST BROAD STREET..... COLUMBUS OH 43215 (Street and Number) (City or Town, State and Zip Code)	
Main Administrative Office	518 EAST BROAD STREET..... COLUMBUS OH 43215 (Street and Number) (City or Town, State and Zip Code)	614-464-5000 (Area Code) (Telephone Number)
Mail Address	518 EAST BROAD STREET..... COLUMBUS OH 43215 (Street and Number or P. O. Box) (City or Town, State and Zip Code)	
Primary Location of Books and Records	518 EAST BROAD STREET..... COLUMBUS OH 43215 (Street and Number) (City or Town, State and Zip Code)	614-464-5000 (Area Code) (Telephone Number)
Internet Web Site Address	STATEAUTO.COM	
Statutory Statement Contact	TINA MARIE STILLABOWER (Name) corporateaccounting@stateauto.com (E-Mail Address)	317-931-7473 (Area Code) (Telephone Number) (Extension) 317-931-6558 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. ROBERT PAUL RESTREPO, JR.	PRESIDENT	2. JAMES ANDREW YANO	SECRETARY
3. CYNTHIA ANN POWELL	TREASURER	4.	

OTHER

CLYDE HOWARD FITCH, JR.	SENIOR VICE PRESIDENT	DOUGLAS EDWARD ALLEN	VICE PRESIDENT
JOEL EDWARD BROWN	VICE PRESIDENT	JESSICA ELIZABETH BUSS #	VICE PRESIDENT
JOYCE ANN DALLESSIO #	VICE PRESIDENT	DAVID WILLIAM DALTON	VICE PRESIDENT
JAMES ELIAS DUEMEY	VICE PRESIDENT	NANCY DUFFEY EDWARDS	VICE PRESIDENT
STEVEN EUGENE ENGLISH	VICE PRESIDENT	STEVEN RAY HAZELBAKER	VICE PRESIDENT
RICKY LEE HOLBEIN	VICE PRESIDENT	DAVID JOHN HOSLER #	VICE PRESIDENT
STEPHEN PETER HUNCKLER	VICE PRESIDENT	KEITH ROBERT ILER #	VICE PRESIDENT
CATHY BERNATH MILEY	VICE PRESIDENT	MATTHEW STANLEY MROZEK	VICE PRESIDENT
PAUL EDWARD NORDMAN	VICE PRESIDENT	JOHN MICHAEL PETRUCCI	VICE PRESIDENT
TIMOTHY GERARD REIK #	VICE PRESIDENT	MARY JEAN REYNOLDS	VICE PRESIDENT
LYLE DEAN RHODEBECK	VICE PRESIDENT	LORRAINE MARGARET SIEGWORTH	VICE PRESIDENT
LARRY EMMETT WILLEFORD	VICE PRESIDENT		

DIRECTORS OR TRUSTEES

ROBERT ELLISON BAKER	DAVID JAMES D'ANTONI	EILEEN ANN MALLESCH	THOMAS EDWARD MARKERT
DAVID RUSSELL MEUSE	ROBERT PAUL RESTREPO, JR.	SHARON ELAINE ROBERTS	ALEXANDER BRUEN TREVOR
PAUL STRATTON WILLIAMS			

State of..... OHIO
County of..... FRANKLIN

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.

(Signature) ROBERT PAUL RESTREPO, JR.	(Signature) JAMES ANDREW YANO	(Signature) CYNTHIA ANN POWELL
1. (Printed Name) PRESIDENT	2. (Printed Name) SECRETARY	3. (Printed Name) TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No []
This 24TH day of FEBRUARY 2012	b. If no	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	25,380,899	0	25,380,899	28,642,873
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	0	0	0	0
2.2 Common stocks.....	2,635,500	0	2,635,500	2,892,250
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	0	0	0	0
4.2 Properties held for the production of income (less \$.....0 encumbrances).....	0	0	0	0
4.3 Properties held for sale (less \$.....0 encumbrances).....	0	0	0	0
5. Cash (\$.....0, Sch. E-Part 1), cash equivalents (\$.....0, Sch. E-Part 2) and short-term investments (\$.....6,458,690, Sch. DA).....	6,458,690	0	6,458,690	1,145,191
6. Contract loans (including \$.....0 premium notes).....	0	0	0	0
7. Derivatives (Schedule DB).....	0	0	0	0
8. Other invested assets (Schedule BA).....	0	0	0	0
9. Receivables for securities.....	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0	0
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	34,475,089	0	34,475,089	32,680,314
13. Title plants less \$.....0 charged off (for Title insurers only).....	0	0	0	0
14. Investment income due and accrued.....	260,448	0	260,448	274,086
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in course of collection.....	0	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	0	0	0	0
15.3 Accrued retrospective premiums.....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	11,738,352	0	11,738,352	11,348,281
16.2 Funds held by or deposited with reinsured companies.....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts.....	0	0	0	0
17. Amounts receivable relating to uninsured plans.....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon.....	121,886	0	121,886	0
18.2 Net deferred tax asset.....	781,011	758,809	22,202	864,717
19. Guaranty funds receivable or on deposit.....	0	0	0	0
20. Electronic data processing equipment and software.....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$.....0).....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates.....	0	0	0	4,413,215
24. Health care (\$.....0) and other amounts receivable.....	0	0	0	0
25. Aggregate write-ins for other than invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	47,376,786	758,809	46,617,977	49,580,613
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0	0
28. TOTALS (Lines 26 and 27).....	47,376,786	758,809	46,617,977	49,580,613

DETAILS OF WRITE-INS

1101.	0	0	0	0
1102.	0	0	0	0
1103.	0	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501.	0	0	0	0
2502.	0	0	0	0
2503.	0	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0	0

STATE AUTO INSURANCE COMPANY OF OHIO
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8).....	0	8,738,830
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6).....	2,819,743	2,293,973
3. Loss adjustment expenses (Part 2A, Line 35, Column 9).....	0	2,017,825
4. Commissions payable, contingent commissions and other similar charges.....	0	908,000
5. Other expenses (excluding taxes, licenses and fees).....	0	0
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	0	1,060,843
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....	0	10,115
7.2 Net deferred tax liability.....	0	0
8. Borrowed money \$.....0 and interest thereon \$.....0.....	0	0
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$.....31,024,479 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act).....	0	7,569,630
10. Advance premium.....	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders.....	0	0
11.2 Policyholders.....	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions).....	13,917,082	12,871,867
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19).....	0	0
14. Amounts withheld or retained by company for account of others.....	0	0
15. Remittances and items not allocated.....	0	0
16. Provision for reinsurance (Schedule F, Part 7).....	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates.....	0	0
18. Drafts outstanding.....	0	0
19. Payable to parent, subsidiaries and affiliates.....	16,208,767	34,323
20. Derivatives.....	0	0
21. Payable for securities.....	0	0
22. Payable for securities lending.....	0	0
23. Liability for amounts held under uninsured plans.....	0	0
24. Capital notes \$.....0 and interest thereon \$.....0.....	0	0
25. Aggregate write-ins for liabilities.....	26,397	200,020
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	32,971,989	35,705,426
27. Protected cell liabilities.....	0	0
28. Total liabilities (Lines 26 and 27).....	32,971,989	35,705,426
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....	2,300,000	2,300,000
31. Preferred capital stock.....	0	0
32. Aggregate write-ins for other than special surplus funds.....	0	0
33. Surplus notes.....	0	0
34. Gross paid in and contributed surplus.....	3,823,680	3,823,680
35. Unassigned funds (surplus).....	7,522,308	7,751,507
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0).....	0	0
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39).....	13,645,988	13,875,187
38. TOTALS (Page 2, Line 28, Col. 3).....	46,617,977	49,580,613

DETAILS OF WRITE-INS		
2501. Premium deficiency reserve.....	0	1,770
2502. Equities and deposits in pools and associations.....	26,397	27,527
2503. Retroactive reinsurance reserve assumed.....	0	170,723
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	26,397	200,020
2901.	0	0
2902.	0	0
2903.	0	0
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	0
3201.	0	0
3202.	0	0
3203.	0	0
3298. Summary of remaining write-ins for Line 32 from overflow page.....	0	0
3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above).....	0	0

STATE AUTO INSURANCE COMPANY OF OHIO
STATEMENT OF INCOME

UNDERWRITING INCOME		1	2
		Current Year	Prior Year
1.	Premiums earned (Part 1, Line 35, Column 4).....	17,860,270	15,714,741
DEDUCTIONS			
2.	Losses incurred (Part 2, Line 35, Column 7).....	12,544,936	9,467,976
3.	Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....	2,176,530	1,571,948
4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2).....	4,045,830	5,520,962
5.	Aggregate write-ins for underwriting deductions.....	(520)	(5,803)
6.	Total underwriting deductions (Lines 2 through 5).....	18,766,776	16,555,083
7.	Net income of protected cells.....	0	0
8.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7).....	(906,506)	(840,342)
INVESTMENT INCOME			
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17).....	909,948	938,585
10.	Net realized capital gains (losses) less capital gains tax of \$.....53,061 (Exhibit of Capital Gains (Losses)).....	241,518	74,422
11.	Net investment gain (loss) (Lines 9 + 10).....	1,151,466	1,013,007
OTHER INCOME			
12.	Net gain (loss) from agents' or premium balances charged off (amount recovered \$.....8,020 amount charged off \$.....59,763).....	(51,743)	(61,307)
13.	Finance and service charges not included in premiums.....	105,929	93,677
14.	Aggregate write-ins for miscellaneous income.....	110,015	254
15.	Total other income (Lines 12 through 14).....	164,201	32,624
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	409,161	205,289
17.	Dividends to policyholders.....	4,047	5,868
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).....	405,114	199,421
19.	Federal and foreign income taxes incurred.....	(180,675)	81,291
20.	Net income (Line 18 minus Line 19) (to Line 22).....	585,789	118,130
CAPITAL AND SURPLUS ACCOUNT			
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	13,875,187	13,308,784
22.	Net income (from Line 20).....	585,789	118,130
23.	Net transfers (to) from Protected Cell accounts.....	0	0
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$.....9,635.....	17,892	217,438
25.	Change in net unrealized foreign exchange capital gain (loss).....	0	0
26.	Change in net deferred income tax.....	(583,767)	180,088
27.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28 Column 3).....	(249,113)	50,747
28.	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1).....	0	0
29.	Change in surplus notes.....	0	0
30.	Surplus (contributed to) withdrawn from protected cells.....	0	0
31.	Cumulative effect of changes in accounting principles.....	0	0
32.	Capital changes:		
32.1	Paid in.....	0	0
32.2	Transferred from surplus (Stock Dividend).....	0	0
32.3	Transferred to surplus.....	0	0
33.	Surplus adjustments:		
33.1	Paid in.....	0	0
33.2	Transferred to capital (Stock Dividend).....	0	0
33.3.	Transferred from capital.....	0	0
34.	Net remittances from or (to) Home Office.....	0	0
35.	Dividends to stockholders.....	0	0
36.	Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1).....	0	0
37.	Aggregate write-ins for gains and losses in surplus.....	0	0
38.	Change in surplus as regards policyholders for the year (Lines 22 through 37).....	(229,199)	566,403
39.	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	13,645,988	13,875,187
DETAILS OF WRITE-INS			
0501.	Premium deficiency reserve.....	(520)	(330)
0502.	2008 private passenger auto escrow.....	0	(5,473)
0503.	.....	0	0
0598.	Summary of remaining write-ins for Line 5 from overflow page.....	0	0
0599.	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	(520)	(5,803)
1401.	Miscellaneous income (expense).....	1,299	383
1402.	Governmental fines and penalties.....	(369)	(129)
1403.	Pools and associations valuation allowance.....	394	0
1498.	Summary of remaining write-ins for Line 14 from overflow page.....	108,691	0
1499.	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	110,015	254
3701.	.....	0	0
3702.	.....	0	0
3703.	.....	0	0
3798.	Summary of remaining write-ins for Line 37 from overflow page.....	0	0
3799.	Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	0	0

STATE AUTO INSURANCE COMPANY OF OHIO
CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	11,335,854	17,392,944
2. Net investment income.....	1,110,884	1,073,686
3. Miscellaneous income.....	151,638	32,624
4. Total (Lines 1 through 3).....	12,598,376	18,499,254
5. Benefit and loss related payments.....	21,306,227	12,191,455
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	10,208,508	6,693,344
8. Dividends paid to policyholders.....	4,047	5,868
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	4,387	13,472
10. Total (Lines 5 through 9).....	31,523,169	18,904,139
11. Net cash from operations (Line 4 minus Line 10).....	(18,924,793)	(404,885)
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	8,264,902	6,906,369
12.2 Stocks.....	267,355	223,772
12.3 Mortgage loans.....	0	0
12.4 Real estate.....	0	0
12.5 Other invested assets.....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	0	0
12.7 Miscellaneous proceeds.....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	8,532,257	7,130,141
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	4,876,308	10,151,502
13.2 Stocks.....	0	0
13.3 Mortgage loans.....	0	0
13.4 Real estate.....	0	0
13.5 Other invested assets.....	0	0
13.6 Miscellaneous applications.....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	4,876,308	10,151,502
14. Net increase (decrease) in contract loans and premium notes.....	0	0
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	3,655,949	(3,021,361)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0
16.3 Borrowed funds.....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0
16.5 Dividends to stockholders.....	0	0
16.6 Other cash provided (applied).....	20,582,343	2,726,780
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	20,582,343	2,726,780
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	5,313,499	(699,466)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	1,145,191	1,844,657
19.2 End of year (Line 18 plus Line 19.1).....	6,458,690	1,145,191
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001	0	0

STATE AUTO INSURANCE COMPANY OF OHIO
UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS EARNED

Line of Business		1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums December 31 Prior Year- per Col. 3, Last Year's Part 1	3 Unearned Premiums December 31 Current Year- per Col. 5, Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1.	Fire.....	290,237	326,372	0	616,609
2.	Allied lines.....	390,213	291,765	0	681,978
3.	Farmowners multiple peril.....	176,588	165,171	0	341,759
4.	Homeowners multiple peril.....	1,629,613	1,788,811	0	3,418,424
5.	Commercial multiple peril.....	1,002,355	817,520	0	1,819,875
6.	Mortgage guaranty.....	0	0	0	0
8.	Ocean marine.....	4,344	4,637	0	8,981
9.	Inland marine.....	120,916	131,127	0	252,043
10.	Financial guaranty.....	0	0	0	0
11.1	Medical professional liability - occurrence.....	0	0	0	0
11.2	Medical professional liability - claims-made.....	35,453	0	0	35,453
12.	Earthquake.....	80,392	47,946	0	128,338
13.	Group accident and health.....	0	0	0	0
14.	Credit accident and health (group and individual).....	0	0	0	0
15.	Other accident and health.....	19	21	0	40
16.	Workers' compensation.....	607,119	252,868	0	859,987
17.1	Other liability - occurrence.....	522,564	360,999	0	883,563
17.2	Other liability - claims-made.....	107,026	0	0	107,026
17.3	Excess workers' compensation.....	734	0	0	734
18.1	Products liability - occurrence.....	74,926	87,420	0	162,346
18.2	Products liability - claims-made.....	0	0	0	0
19.1, 19.2	Private passenger auto liability.....	2,279,779	1,350,268	0	3,630,047
19.3, 19.4	Commercial auto liability.....	1,105,955	865,899	0	1,971,854
21.	Auto physical damage.....	1,813,111	1,069,054	0	2,882,165
22.	Aircraft (all perils).....	0	0	0	0
23.	Fidelity.....	6,605	8,714	0	15,319
24.	Surety.....	22,147	16,699	0	38,846
26.	Burglary and theft.....	1,388	1,549	0	2,937
27.	Boiler and machinery.....	1,312	634	0	1,946
28.	Credit.....	0	0	0	0
29.	International.....	0	0	0	0
30.	Warranty.....	0	0	0	0
31.	Reinsurance - nonproportional assumed property.....	0	0	0	0
32.	Reinsurance - nonproportional assumed liability.....	0	0	0	0
33.	Reinsurance - nonproportional assumed financial lines.....	0	0	0	0
34.	Aggregate write-ins for other lines of business.....	0	0	0	0
35.	TOTALS.....	10,272,796	7,587,473	0	17,860,269

DETAILS OF WRITE-INS

3401.	.....	0	0	0	0
3402.	.....	0	0	0	0
3403.	.....	0	0	0	0
3498.	Summary of remaining write-ins for Line 34 from overflow page....	0	0	0	0
3499.	Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0	0	0

STATE AUTO INSURANCE COMPANY OF OHIO
UNDERWRITING AND INVESTMENT EXHIBIT
PART 1A - RECAPITULATION OF ALL PREMIUMS

Line of Business		1	2	3	4	5
		Amount Unearned (Running One Year or Less from Date of Policy) (a)	Amount Unearned (Running More Than One Year from Date of Policy) (a)	Earned But Unbilled Premium	Reserve for Rate Credits and Retrospective Adjustments Based on Experience	Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1.	Fire.....	.....0	.....0	.....0	.....0	.....0
2.	Allied lines.....	.....0	.....0	.....0	.....0	.....0
3.	Farmowners multiple peril.....	.....0	.....0	.....0	.....0	.....0
4.	Homeowners multiple peril.....	.....0	.....0	.....0	.....0	.....0
5.	Commercial multiple peril.....	.....0	.....0	.....0	.....0	.....0
6.	Mortgage guaranty.....	.....0	.....0	.....0	.....0	.....0
8.	Ocean marine.....	.....0	.....0	.....0	.....0	.....0
9.	Inland marine.....	.....0	.....0	.....0	.....0	.....0
10.	Financial guaranty.....	.....0	.....0	.....0	.....0	.....0
11.1	Medical professional liability - occurrence.....	.....0	.....0	.....0	.....0	.....0
11.2	Medical professional liability - claims-made.....	.....0	.....0	.....0	.....0	.....0
12.	Earthquake.....	.....0	.....0	.....0	.....0	.....0
13.	Group accident and health.....	.....0	.....0	.....0	.....0	.....0
14.	Credit accident and health (group and individual).....	.....0	.....0	.....0	.....0	.....0
15.	Other accident and health.....	.....0	.....0	.....0	.....0	.....0
16.	Workers' compensation.....	.....0	.....0	.....0	.....0	.....0
17.1	Other liability - occurrence.....	.....0	.....0	.....0	.....0	.....0
17.2	Other liability - claims-made.....	.....0	.....0	.....0	.....0	.....0
17.3	Excess workers' compensation.....	.....0	.....0	.....0	.....0	.....0
18.1	Products liability - occurrence.....	.....0	.....0	.....0	.....0	.....0
18.2	Products liability - claims-made.....	.....0	.....0	.....0	.....0	.....0
19.1, 19.2	Private passenger auto liability.....	.....0	.....0	.....0	.....0	.....0
19.3, 19.4	Commercial auto liability.....	.....0	.....0	.....0	.....0	.....0
21.	Auto physical damage.....	.....0	.....0	.....0	.....0	.....0
22.	Aircraft (all perils).....	.....0	.....0	.....0	.....0	.....0
23.	Fidelity.....	.....0	.....0	.....0	.....0	.....0
24.	Surety.....	.....0	.....0	.....0	.....0	.....0
26.	Burglary and theft.....	.....0	.....0	.....0	.....0	.....0
27.	Boiler and machinery.....	.....0	.....0	.....0	.....0	.....0
28.	Credit.....	.....0	.....0	.....0	.....0	.....0
29.	International.....	.....0	.....0	.....0	.....0	.....0
30.	Warranty.....	.....0	.....0	.....0	.....0	.....0
31.	Reinsurance - nonproportional assumed property.....	.....0	.....0	.....0	.....0	.....0
32.	Reinsurance - nonproportional assumed liability.....	.....0	.....0	.....0	.....0	.....0
33.	Reinsurance - nonproportional assumed financial lines.....	.....0	.....0	.....0	.....0	.....0
34.	Aggregate write-ins for other lines of business.....	.....0	.....0	.....0	.....0	.....0
35.	TOTALS.....	.....0	.....0	.....0	.....0	.....0
36.	Accrued retrospective premiums based on experience.....					.....0
37.	Earned but unbilled premiums.....					.....0
38.	Balance (sum of Lines 35 through 37).....					.....0

DETAILS OF WRITE-INS					
3401.	.....	.....0	.....0	.....0	.....0
3402.	.....	.....0	.....0	.....0	.....0
3403.	.....	.....0	.....0	.....0	.....0
3498.	Summary of remaining write-ins for Line 34 from overflow page....	.....0	.....0	.....0	.....0
3499.	Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	.....0	.....0	.....0	.....0

(a) State here basis of computation used in each case: Pro-rata methods

STATE AUTO INSURANCE COMPANY OF OHIO
UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

Line of Business		1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written (Cols. 1 + 2 + 3 - 4 - 5)
			2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1.	Fire.....	1,918,456	290,238	30,939	1,877,450	71,946	290,237
2.	Allied lines.....	3,012,356	390,213	10,416	2,928,065	94,707	390,213
3.	Farmowners multiple peril.....	0	176,588	0	0	0	176,588
4.	Homeowners multiple peril.....	24,417,950	1,629,613	86,082	23,981,371	522,661	1,629,613
5.	Commercial multiple peril.....	0	1,002,355	0	0	0	1,002,355
6.	Mortgage guaranty.....	0	0	0	0	0	0
8.	Ocean marine.....	190,602	4,344	0	185,761	4,841	4,344
9.	Inland marine.....	965,149	120,916	0	934,994	30,155	120,916
10.	Financial guaranty.....	0	0	0	0	0	0
11.1	Medical professional liability - occurrence.....	0	0	0	0	0	0
11.2	Medical professional liability - claims-made.....	0	35,453	0	0	0	35,453
12.	Earthquake.....	310,311	80,392	0	300,564	9,747	80,392
13.	Group accident and health.....	0	0	0	0	0	0
14.	Credit accident and health (group and individual).....	0	0	0	0	0	0
15.	Other accident and health.....	0	19	0	0	0	19
16.	Workers' compensation.....	0	607,119	0	0	0	607,119
17.1	Other liability - occurrence.....	1,809,089	522,563	0	1,081,633	727,455	522,564
17.2	Other liability - claims-made.....	0	107,026	0	0	0	107,026
17.3	Excess workers' compensation.....	0	734	0	0	0	734
18.1	Products liability - occurrence.....	0	74,926	0	0	0	74,926
18.2	Products liability - claims-made.....	0	0	0	0	0	0
19.1, 19.2	Private passenger auto liability.....	21,933,192	2,279,779	0	21,898,924	34,268	2,279,779
19.3, 19.4	Commercial auto liability.....	0	1,105,955	0	0	0	1,105,955
21.	Auto physical damage.....	16,576,064	1,813,111	0	16,576,064	0	1,813,111
22.	Aircraft (all perils).....	0	0	0	0	0	0
23.	Fidelity.....	0	6,605	0	0	0	6,605
24.	Surety.....	0	22,147	0	0	0	22,147
26.	Burglary and theft.....	0	1,388	47	47	0	1,388
27.	Boiler and machinery.....	0	1,312	0	0	0	1,312
28.	Credit.....	0	0	0	0	0	0
29.	International.....	0	0	0	0	0	0
30.	Warranty.....	0	0	0	0	0	0
31.	Reinsurance - nonproportional assumed property.....	XXX	0	0	0	0	0
32.	Reinsurance - nonproportional assumed liability.....	XXX	0	0	0	0	0
33.	Reinsurance - nonproportional assumed financial lines.....	XXX	0	0	0	0	0
34.	Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
35.	TOTALS.....	71,133,169	10,272,796	127,484	69,764,873	1,495,780	10,272,796

DETAILS OF WRITE-INS

3401.	.....	0	0	0	0	0
3402.	.....	0	0	0	0	0
3403.	.....	0	0	0	0	0
3498.	Summary of remaining write-ins for Line 34 from overflow page..	0	0	0	0	0
3499.	Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0	0	0	0

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [] No [X]
If yes: 1. The amount of such installment premiums \$.0.
2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$.0.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

		Losses Paid Less Salvage				5	6	7	8
		1	2	3	4				
Line of Business		Direct Business	Reinsurance Assumed	Reinsurance Recovered	Net Payments (Cols. 1 + 2 - 3)	Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1.	Fire.....	1,185,532	567,229	1,217,153	535,609	.0	185,197	350,412	56.8
2.	Allied lines.....	2,059,870	784,028	2,073,835	770,063	.0	166,711	603,352	88.5
3.	Farmowners multiple peril.....	.0	414,347	.0	414,347	.0	132,825	281,522	82.4
4.	Homeowners multiple peril.....	22,872,069	4,392,471	22,945,488	4,319,051	.0	907,114	3,411,937	99.8
5.	Commercial multiple peril.....	.0	2,046,904	.0	2,046,904	.0	962,229	1,084,675	59.6
6.	Mortgage guaranty.....	.0	.0	.0	.0	.0	.0	.0	0.0
8.	Ocean marine.....	150,766	3,982	150,766	3,982	.0	362	3,619	40.3
9.	Inland marine.....	431,635	127,105	431,635	127,105	.0	36,944	90,161	35.8
10.	Financial guaranty.....	.0	.0	.0	.0	.0	.0	.0	0.0
11.1	Medical professional liability - occurrence.....	.0	.0	.0	.0	.0	.0	.0	0.0
11.2	Medical professional liability - claims-made.....	.0	15,495	.0	15,495	.0	.0	15,495	43.7
12.	Earthquake.....	.0	645	.0	645	.0	(260)	905	0.7
13.	Group accident and health.....	.0	.0	.0	.0	.0	.0	.0	0.0
14.	Credit accident and health (group and individual).....	.0	.0	.0	.0	.0	.0	.0	0.0
15.	Other accident and health.....	.0	887	.0	887	.0	1,380	(493)	(1,231.2)
16.	Workers' compensation.....	.0	1,681,333	.0	1,681,333	.0	1,074,329	607,003	70.6
17.1	Other liability - occurrence.....	1,023,946	1,989,570	1,023,946	1,989,570	.0	1,400,824	588,746	66.6
17.2	Other liability - claims-made.....	.0	28,793	.0	28,793	.0	.0	28,793	26.9
17.3	Excess workers' compensation.....	.0	1,007	.0	1,007	.0	.0	1,007	137.2
18.1	Products liability - occurrence.....	.0	192,875	.0	192,875	.0	151,461	41,414	25.5
18.2	Products liability - claims-made.....	.0	.0	.0	.0	.0	.0	.0	0.0
19.1, 19.2	Private passenger auto liability.....	16,405,380	4,912,177	16,405,380	4,912,177	.0	2,489,685	2,422,492	66.7
19.3, 19.4	Commercial auto liability.....	.0	2,355,192	.0	2,355,192	.0	1,128,606	1,226,586	62.2
21.	Auto physical damage.....	10,622,431	1,846,753	10,622,431	1,846,753	.0	60,855	1,785,898	62.0
22.	Aircraft (all perils).....	.0	.0	.0	.0	.0	.0	.0	0.0
23.	Fidelity.....	.0	12,185	.0	12,185	.0	13,896	(1,711)	(11.2)
24.	Surety.....	.0	7,236	.0	7,236	.0	7,629	(393)	(1.0)
26.	Burglary and theft.....	.0	2,971	13	2,959	.0	644	2,314	78.8
27.	Boiler and machinery.....	.0	7,437	.0	7,437	.0	7,846	(409)	(21.0)
28.	Credit.....	.0	.0	.0	.0	.0	.0	.0	0.0
29.	International.....	.0	.0	.0	.0	.0	.0	.0	0.0
30.	Warranty.....	.0	.0	.0	.0	.0	.0	.0	0.0
31.	Reinsurance - nonproportional assumed property.....	XXX	.0	.0	.0	.0	.0	.0	0.0
32.	Reinsurance - nonproportional assumed liability.....	XXX	12,157	.0	12,157	.0	10,551	1,606	0.0
33.	Reinsurance - nonproportional assumed financial lines.....	XXX	.0	.0	.0	.0	.0	.0	0.0
34.	Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0	.0	0.0
35.	TOTALS.....	54,751,630	21,402,782	54,870,647	21,283,764	.0	8,738,830	12,544,935	70.2
DETAILS OF WRITE-INS									
3401.	.....	.0	.0	.0	.0	.0	.0	.0	0.0
3402.	.....	.0	.0	.0	.0	.0	.0	.0	0.0
3403.	.....	.0	.0	.0	.0	.0	.0	.0	0.0
3498.	Summary of remaining write-ins for Line 34 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	XXX
3499.	Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	.0	.0	.0	.0	.0	.0	.0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

		Reported Losses				Incurred But Not Reported			8	9
		1	2	3	4	5	6	7		
Line of Business		Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable from Authorized and Unauthorized Companies	Net Losses Excluding Incurred but not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1.	Fire.....	338,125	0	338,125	0	(39,322)	0	(39,322)	0	0
2.	Allied lines.....	331,038	0	331,038	0	93,637	0	93,637	0	0
3.	Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0
4.	Homeowners multiple peril.....	4,807,519	0	4,807,519	0	1,625,228	0	1,625,228	0	0
5.	Commercial multiple peril.....	0	0	0	0	0	0	0	0	0
6.	Mortgage guaranty.....	0	0	0	0	0	0	0	0	0
8.	Ocean marine.....	26,378	0	26,378	0	5,931	0	5,931	0	0
9.	Inland marine.....	41,041	0	41,041	0	(859)	0	(859)	0	0
10.	Financial guaranty.....	0	0	0	0	0	0	0	0	0
11.1	Medical professional liability - occurrence.....	0	0	0	0	0	0	0	0	0
11.2	Medical professional liability - claims-made.....	0	0	0	0	0	0	0	0	0
12.	Earthquake.....	0	0	0	0	0	0	0	0	0
13.	Group accident and health.....	0	0	0	0	0	0	0	(a).....	0
14.	Credit accident and health (group and individual).....	0	0	0	0	0	0	0	0	0
15.	Other accident and health.....	0	0	0	0	0	0	0	(a).....	0
16.	Workers' compensation.....	0	0	0	0	0	0	0	0	0
17.1	Other liability - occurrence.....	1,545,101	0	1,545,101	0	1,950,215	0	1,950,215	0	0
17.2	Other liability - claims-made.....	0	0	0	0	0	0	0	0	0
17.3	Excess workers' compensation.....	0	0	0	0	0	0	0	0	0
18.1	Products liability - occurrence.....	0	0	0	0	0	0	0	0	0
18.2	Products liability - claims-made.....	0	0	0	0	0	0	0	0	0
19.1, 19.2	Private passenger auto liability.....	9,801,829	0	9,801,829	0	3,116,368	0	3,116,368	0	0
19.3, 19.4	Commercial auto liability.....	0	0	0	0	0	0	0	0	0
21.	Auto physical damage.....	565,041	0	565,041	0	(727,848)	0	(727,848)	0	0
22.	Aircraft (all perils).....	0	0	0	0	0	0	0	0	0
23.	Fidelity.....	0	0	0	0	0	0	0	0	0
24.	Surety.....	0	0	0	0	0	0	0	0	0
26.	Burglary and theft.....	0	0	0	0	0	0	0	0	0
27.	Boiler and machinery.....	0	0	0	0	0	0	0	0	0
28.	Credit.....	0	0	0	0	0	0	0	0	0
29.	International.....	0	0	0	0	0	0	0	0	0
30.	Warranty.....	0	0	0	0	0	0	0	0	0
31.	Reinsurance - nonproportional assumed property.....	XXX	0	0	0	XXX	0	0	0	0
32.	Reinsurance - nonproportional assumed liability.....	XXX	0	0	0	XXX	0	0	0	0
33.	Reinsurance - nonproportional assumed financial lines.....	XXX	0	0	0	XXX	0	0	0	0
34.	Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0
35.	TOTALS.....	17,456,073	0	17,456,073	0	6,023,350	0	6,023,350	0	0
DETAILS OF WRITE-INS										
3401.	.....	0	0	0	0	0	0	0	0	0
3402.	.....	0	0	0	0	0	0	0	0	0
3403.	.....	0	0	0	0	0	0	0	0	0
3498.	Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0

(a) Including \$......0 for present value of life indemnity claims.

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UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1. Claim adjustment services:				
1.1 Direct.....	2,275,557	0	0	2,275,557
1.2 Reinsurance assumed.....	1,261,687	0	0	1,261,687
1.3 Reinsurance ceded.....	2,301,092	0	0	2,301,092
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3).....	1,236,152	0	0	1,236,152
2. Commission and brokerage:				
2.1 Direct, excluding contingent.....	0	9,846,792	0	9,846,792
2.2 Reinsurance assumed, excluding contingent.....	0	2,845,793	0	2,845,793
2.3 Reinsurance ceded, excluding contingent.....	0	11,593,104	0	11,593,104
2.4 Contingent - direct.....	0	632,606	0	632,606
2.5 Contingent - reinsurance assumed.....	0	142,270	0	142,270
2.6 Contingent - reinsurance ceded.....	0	632,606	0	632,606
2.7 Policy and membership fees.....	0	0	0	0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7).....	0	1,241,751	0	1,241,751
3. Allowances to manager and agents.....	0	50,593	0	50,593
4. Advertising.....	202	12,061	0	12,263
5. Boards, bureaus and associations.....	4,182	56,400	13	60,595
6. Surveys and underwriting reports.....	0	132,516	0	132,516
7. Audit of assureds' records.....	0	12,226	0	12,226
8. Salary and related items:				
8.1 Salaries.....	485,392	1,163,416	4,326	1,653,134
8.2 Payroll taxes.....	33,715	80,246	306	114,267
9. Employee relations and welfare.....	111,877	246,920	801	359,598
10. Insurance.....	7,362	13,175	283	20,820
11. Directors' fees.....	0	0	0	0
12. Travel and travel items.....	25,174	60,345	216	85,735
13. Rent and rent items.....	41,271	127,921	3,015	172,207
14. Equipment.....	93,293	129,108	787	223,188
15. Cost or depreciation of EDP equipment and software.....	38,254	51,185	323	89,762
16. Printing and stationery.....	5,693	17,060	65	22,818
17. Postage, telephone and telegraph, exchange and express.....	46,993	84,322	1,738	133,053
18. Legal and auditing.....	2,547	13,919	149,650	166,116
19. Totals (Lines 3 to 18).....	895,955	2,251,413	161,523	3,308,891
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$.....0.....	0	356,517	0	356,517
20.2 Insurance department licenses and fees.....	0	39,023	0	39,023
20.3 Gross guaranty association assessments.....	0	254	0	254
20.4 All other (excluding federal and foreign income and real estate).....	0	5,118	0	5,118
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4).....	0	400,912	0	400,912
21. Real estate expenses.....	0	0	0	0
22. Real estate taxes.....	0	0	0	0
23. Reimbursements by uninsured plans.....	0	0	0	0
24. Aggregate write-ins for miscellaneous expenses.....	44,422	151,755	0	196,177
25. Total expenses incurred.....	2,176,529	4,045,831	161,523	(a) 6,383,883
26. Less unpaid expenses - current year.....	0	0	0	0
27. Add unpaid expenses - prior year.....	2,017,825	1,968,843	0	3,986,668
28. Amounts receivable relating to uninsured plans, prior year.....	0	0	0	0
29. Amounts receivable relating to uninsured plans, current year.....	0	0	0	0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29).....	4,194,354	6,014,674	161,523	10,370,551

DETAILS OF WRITE-INS

2401. Professional consultants.....	80,835	179,941	0	260,776
2402. Miscellaneous.....	(36,413)	(28,186)	0	(64,599)
2403.	0	0	0	0
2498. Summary of remaining write-ins for Line 24 from overflow page.....	0	0	0	0
2499. Totals (Lines 2401 thru 2403 plus 2498) (Line 24 above).....	44,422	151,755	0	196,177

(a) Includes management fees of \$.....146,344 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds.....	(a).....298,329	.....291,112
1.1	Bonds exempt from U.S. tax.....	(a).....281,516	.....268,387
1.2	Other bonds (unaffiliated).....	(a).....451,700	.....457,030
1.3	Bonds of affiliates.....	(a).....0	.....0
2.1	Preferred stocks (unaffiliated).....	(b).....0	.....0
2.11	Preferred stocks of affiliates.....	(b).....0	.....0
2.2	Common stocks (unaffiliated).....	.....52,938	.....54,096
2.21	Common stocks of affiliates.....	.....0	.....0
3.	Mortgage loans.....	(c).....0	.....0
4.	Real estate.....	(d).....0	.....0
5.	Contract loans.....	.....0	.....0
6.	Cash, cash equivalents and short-term investments.....	(e).....629	.....848
7.	Derivative instruments.....	(f).....0	.....0
8.	Other invested assets.....	.....0	.....0
9.	Aggregate write-ins for investment income.....	.....0	.....0
10.	Total gross investment income.....	.....1,085,112	.....1,071,473
11.	Investment expenses.....		(g).....161,525
12.	Investment taxes, licenses and fees, excluding federal income taxes.....		(g).....0
13.	Interest expense.....		(h).....0
14.	Depreciation on real estate and other invested assets.....		(i).....0
15.	Aggregate write-ins for deductions from investment income.....		.....0
16.	Total deductions (Lines 11 through 15).....		.....161,525
17.	Net investment income (Line 10 minus Line 16).....		.....909,948

DETAILS OF WRITE-INS

0901.	.....0	.....0
0902.	.....0	.....0
0903.	.....0	.....0
0998.	Summary of remaining write-ins for Line 9 from overflow page.....	.....0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....0
1501.	.....0	.....0
1502.	.....0	.....0
1503.	.....0	.....0
1598.	Summary of remaining write-ins for Line 15 from overflow page.....	.....0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	.....0
(a)	Includes \$.....3,102 accrual of discount less \$.....187,985 amortization of premium and less \$.....25,044 paid for accrued interest on purchases.	
(b)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.	
(c)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.	
(d)	Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.	
(e)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.	
(f)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium.	
(g)	Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.	
(h)	Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.	
(i)	Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.	

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4	5
	Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	.....77,061	.....0	.....77,061	.....103,797	.....0
1.1	.....0	.....0	.....0	.....0	.....0
1.2	.....130,643	.....0	.....130,643	.....0	.....0
1.3	.....0	.....0	.....0	.....0	.....0
2.1	.....0	.....0	.....0	.....0	.....0
2.11	.....0	.....0	.....0	.....0	.....0
2.2	.....86,875	.....0	.....86,875	.....(76,270)	.....0
2.21	.....0	.....0	.....0	.....0	.....0
3.	.....0	.....0	.....0	.....0	.....0
4.	.....0	.....0	.....0	.....0	.....0
5.	.....0	.....0	.....0	.....0	.....0
6.	.....0	.....0	.....0	.....0	.....0
7.	.....0	.....0	.....0	.....0	.....0
8.	.....0	.....0	.....0	.....0	.....0
9.	.....0	.....0	.....0	.....0	.....0
10.	.....294,579	.....0	.....294,579	.....27,527	.....0

DETAILS OF WRITE-INS

0901.	.....0	.....0	.....0	.....0	.....0
0902.	.....0	.....0	.....0	.....0	.....0
0903.	.....0	.....0	.....0	.....0	.....0
0998.	Summary of remaining write-ins for Line 9 from overflow page....	.....0	.....0	.....0	.....0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....0	.....0	.....0	.....0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	.....0	.....0	.....0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....	.....0	.....0	.....0
2.2 Common stocks.....	.....0	.....0	.....0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....	.....0	.....0	.....0
3.2 Other than first liens.....	.....0	.....0	.....0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....	.....0	.....0	.....0
4.2 Properties held for the production of income.....	.....0	.....0	.....0
4.3 Properties held for sale.....	.....0	.....0	.....0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	.....0	.....0	.....0
6. Contract loans.....	.....0	.....0	.....0
7. Derivatives (Schedule DB).....	.....0	.....0	.....0
8. Other invested assets (Schedule BA).....	.....0	.....0	.....0
9. Receivables for securities.....	.....0	.....0	.....0
10. Securities lending reinvested collateral assets (Schedule DL).....	.....0	.....0	.....0
11. Aggregate write-ins for invested assets.....	.....0	.....0	.....0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	.....0	.....0	.....0
13. Title plants (for Title insurers only).....	.....0	.....0	.....0
14. Investment income due and accrued.....	.....0	.....0	.....0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	.....0	.....0	.....0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	.....0	.....0	.....0
15.3 Accrued retrospective premiums.....	.....0	.....0	.....0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....	.....0	.....0	.....0
16.2 Funds held by or deposited with reinsured companies.....	.....0	.....0	.....0
16.3 Other amounts receivable under reinsurance contracts.....	.....0	.....0	.....0
17. Amounts receivable relating to uninsured plans.....	.....0	.....0	.....0
18.1 Current federal and foreign income tax recoverable and interest thereon.....	.....0	.....0	.....0
18.2 Net deferred tax asset.....	.....758,809	.....509,696	.....(249,113)
19. Guaranty funds receivable or on deposit.....	.....0	.....0	.....0
20. Electronic data processing equipment and software.....	.....0	.....0	.....0
21. Furniture and equipment, including health care delivery assets.....	.....0	.....0	.....0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	.....0	.....0	.....0
23. Receivables from parent, subsidiaries and affiliates.....	.....0	.....0	.....0
24. Health care and other amounts receivable.....	.....0	.....0	.....0
25. Aggregate write-ins for other than invested assets.....	.....0	.....0	.....0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	.....758,809	.....509,696	.....(249,113)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	.....0	.....0	.....0
28. TOTALS (Lines 26 and 27).....	.....758,809	.....509,696	.....(249,113)

DETAILS OF WRITE-INS

1101. ....	.....0	.....0	.....0
1102. ....	.....0	.....0	.....0
1103. ....	.....0	.....0	.....0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.....0	.....0	.....0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.....0	.....0	.....0
2501. ....	.....0	.....0	.....0
2502. ....	.....0	.....0	.....0
2503. ....	.....0	.....0	.....0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.....0	.....0	.....0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	.....0	.....0	.....0

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies:

A. Accounting Practices:

The accompanying financial statements of State Auto Insurance Company of Ohio (the "Company" or "SA Ohio") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (the "Department"), which has adopted the National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures* manual (NAIC SAP).

The Company is a member of the State Auto Holding Company System ("State Auto Group") that is defined at Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group. See Schedule Y Part 1 – Organizational Chart. The following member companies of the State Auto Group referred to throughout these notes are defined as follows: State Automobile Mutual Insurance Company ("State Auto Mutual"), State Auto Insurance Company of Wisconsin ("SA Wisconsin"), State Auto Financial Corporation ("State Auto Financial"), SA Software Shelf, Inc. ("SA Software"), State Auto Property & Casualty Insurance Company ("State Auto P&C"), Stateco Financial Services, Inc. ("Stateco"), Milbank Insurance Company ("Milbank"), Farmers Casualty Insurance Company ("Farmers"), State Auto Insurance Company of Ohio ("SA Ohio"), Meridian Citizens Mutual Insurance Company ("Meridian Citizens Mutual"), State Auto Florida Insurance Company ("SA Florida"), BroadStreet Capital Partners, Inc. ("BroadStreet Capital"), Meridian Insurance Group, Inc. ("MIGI"), Meridian Security Insurance Company ("Meridian Security"), Beacon National Insurance Company ("Beacon National"), Beacon Lloyds, Inc., a Texas corporation which is the attorney-in-fact for Beacon Lloyds Insurance Company ("Beacon Lloyds"), a Lloyds insurer formed under Texas Insurance Code, Patrons Mutual Insurance Company of Connecticut ("Patrons Mutual"), Litchfield Mutual Fire Insurance Company ("Litchfield"), Rockhill Holding Company ("RHC"), Rockhill Insurance Company ("Rockhill"), Plaza Insurance Company ("Plaza"), American Compensation Insurance Company ("American Compensation"), and Bloomington Compensation Insurance Company ("Bloomington Compensation"). State Auto National Insurance Company ("SA National") was a member of the State Auto Group during 2010. SA National was sold on December 31, 2010, as described in Note 10.

B. Use of Estimates in the Preparation of the Financial Statements:

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities as of the date of the financial statements and of revenue and expense for the period then ended. It also requires estimates in the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from these estimates.

C. Accounting Policy:

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance assumed.

Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the Company uses the following accounting policies:

1. Money market investments are reflected at cost.
2. Bonds not backed by other loans are stated at amortized cost using the scientific interest method.
3. Common stocks are stated at fair value.
4. Preferred stocks: Not applicable.
5. Mortgage loans: Not applicable.
6. Loan-backed securities are valued at amortized cost using the scientific interest method. The retrospective adjustment method is used to determine the fair value of all loan-backed securities.
7. Investments in subsidiaries and affiliated companies: Not applicable.
8. Investments in joint ventures, partnerships and limited liability companies: Not applicable.
9. Derivatives: Not applicable.
10. The Company anticipates investment income as a factor in the premium deficiency calculation, except accident and health business, in accordance with SSAP No. 53 - *Property-Casualty Contracts - Premiums*.
11. Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates, and, while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed, and any adjustments are reflected in the period determined.
12. The Company has not modified its capitalization policy from the prior period.
13. Pharmaceutical rebate receivables: Not applicable.

2. Accounting Changes and Corrections of Errors: Not applicable.

3. Business Combinations and Goodwill: Not applicable.

4. Discontinued Operations: Not applicable.

5. Investments:

A. Mortgage Loans: Not applicable.

B. Debt Restructuring: Not applicable.

C. Reverse Mortgages: Not applicable.

D. Loan-Backed Securities:

1. Prepayment assumptions for mortgage-backed securities, asset-backed securities and collateralized mortgage obligations 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).
2. The Company has not recognized any other than temporary impairments on its loan-backed securities.
3. The Company has not recognized any other than temporary impairments on its loan-backed securities.
4. The Company has loan-backed securities in which the fair value is less than cost or amortized cost for which an other than temporary impairment has not been recognized.

	Amount (\$)			
	Less than 12 months		More than 12 months	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Loan-backed securities:				
Pools	466,803	(8,480)	-	-
Commercial mortgage-backed securities	-	-	-	-
Asset-backed securities	-	-	-	-
Total loan-backed securities	466,803	(8,480)	-	-

5. The Company regularly reviews its investment portfolio for factors that may indicate that a decline in fair value of an investment is other than temporary. The Company considers various factors, such as the duration and extent the security has been below cost, underlying credit rating of the issuer, receipt of scheduled principal and interest cash flows, and the Company's ability and intent to hold the security until recovery.

E. Repurchase Agreements: Not applicable.

5. Investments (continued):

- F. Real Estate: Not applicable.
- G. Low Income Housing Tax Credits: Not applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies: Not applicable.

7. Investment Income:

- A. Accrued Investment Income: The Company nonadmits investment income due and accrued if amounts are over 90 days past due.
- B. Amounts Nonadmitted: Not applicable.

8. Derivative Instruments: Not applicable.

9. Income Taxes:

- A. The components of the net deferred tax asset/(liability) at December 31, 2011 and 2010 are as follows:

1.	Amount (\$)								
	2011			2010			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
a. Gross deferred tax assets	853,468	222,020	1,075,488	1,450,925	221,517	1,672,442	(597,457)	503	(596,954)
b. Statutory valuation allowance adjustment	-	-	-	-	-	-	-	-	-
c. Adjusted gross deferred tax assets	853,468	222,020	1,075,488	1,450,925	221,517	1,672,442	(597,457)	503	(596,954)
d. Deferred tax liabilities	5,661	288,817	294,478	15,890	282,138	298,028	(10,229)	6,679	(3,550)
e. Subtotal (net deferred tax assets/(liability))	847,807	(66,797)	781,010	1,435,035	(60,621)	1,374,414	(587,228)	(6,176)	(593,404)
f. Deferred tax assets nonadmitted	847,807	(88,999)	758,808	592,470	(82,773)	509,697	255,337	(6,226)	249,111
g. Net admitted deferred tax assets/(liability)	-	22,202	22,202	842,565	22,152	864,717	(842,565)	50	(842,515)

2. The Company has not elected to admit additional DTA's pursuant to SSAP 10R, paragraph e. The current period election does not differ from the prior reporting period.
3. Not applicable.

4.	Amount (\$)								
	2011			2010			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Admission calculation components SSAP No. 10R, paragraphs 10.a., 10.b., and 10.c.:									
a. SSAP No. 10R, paragraph 10.a.	-	-	-	75,366	-	75,366	(75,366)	-	(75,366)
b. SSAP No. 10R, paragraph 10.b.	-	22,202	22,202	767,200	22,152	789,352	(767,200)	50	(767,150)
c. SSAP No. 10R, paragraph 10.b.i.	-	22,202	22,202	767,200	22,152	789,352	(767,200)	50	(767,150)
d. SSAP No. 10R, paragraph 10.b.ii.	NA	NA	1,041,116	NA	NA	1,241,870	NA	NA	(200,754)
e. SSAP No. 10R, paragraph 10.c.	5,661	288,817	294,478	15,889	282,138	298,027	(10,228)	6,679	(3,549)
f. Total	5,661	311,019	316,680	858,455	304,290	1,162,745	(852,794)	6,729	(846,065)
Admission calculation components: SSAP No. 10R, paragraph 10.e.:									
g. SSAP No. 10R, paragraph 10.e.i.	-	-	-	-	-	-	-	-	-
h. SSAP No. 10R, paragraph 10.e.ii.	-	-	-	-	-	-	-	-	-
i. SSAP No. 10R, paragraph 10.e.ii.a.	-	-	-	-	-	-	-	-	-
j. SSAP No. 10R, paragraph 10.e.ii.b.	NA	NA	-	NA	NA	-	NA	NA	-
k. SSAP No. 10R, paragraph 10.e.iii.	-	-	-	-	-	-	-	-	-
l. Total	-	-	-	-	-	-	-	-	-
Used in SSAP No. 10R, paragraph 10.d.									
m. Total adjusted capital	NA	NA	13,645,988	NA	NA	13,875,187	NA	NA	(229,199)
n. Authorized control level	NA	NA	1,115,549	NA	NA	1,395,395	NA	NA	(279,846)

5. Impact of Tax Planning Strategies: Not applicable.

6.	Amount (\$)								
	2011			2010			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
SSAP No. 10R, paragraph 10.a, 10b., and 10.c.:									
a. Admitted deferred tax assets	5,661	311,019	316,680	858,455	304,290	1,162,745	(852,794)	6,729	(846,065)
b. Admitted assets	NA	NA	46,617,977	NA	NA	49,580,613	NA	NA	(2,962,636)
c. Adjusted statutory surplus*	NA	NA	10,411,160	NA	NA	12,418,700	NA	NA	(2,007,540)
d. Total adjusted capital from DTAs	NA	NA	22,202	NA	NA	864,718	NA	NA	(842,516)
e. Admitted deferred tax assets	-	-	-	-	-	-	-	-	-
f. Admitted assets	-	-	-	-	-	-	-	-	-
g. Statutory surplus	-	-	-	-	-	-	-	-	-

* As reported on the statutory balance sheet for the most recently filed statement with the domiciliary state commissioner adjusted in accordance with SSAP No. 10R, Paragraph 10bii.

- B. Unrecognized Deferred Tax Liabilities: None.

9. Income Taxes (continued):

C. Current income taxes incurred consist of the following major components:

	Amount (\$)		
	(1)	(2)	(3)
	2011	2010	Change
1. Current Income Tax			
a. Federal	(127,614)	77,337	(204,951)
b. Foreign	-	-	-
c. Subtotal	(127,614)	77,337	(204,951)
d. Federal Income tax on net capital gains	(53,061)	3,954	(57,015)
e. Utilization of capital loss carry-forwards	-	-	-
f. Other	-	-	-
g. Federal and foreign income taxes incurred	(180,675)	81,291	(261,966)

	Amount (\$)		
	(1)	(2)	(3)
	2011	2010	Change
2. Deferred Tax Assets			
a. Ordinary			
1. Discounting of unpaid losses	-	325,731	(325,731)
2. Unearned premium reserve	-	531,123	(531,123)
3. Policyholder reserves	-	-	-
4. Investments	-	-	-
5. Deferred acquisition costs	-	-	-
6. Policyholder dividends accrual	-	-	-
7. Fixed Assets	-	-	-
8. Compensation & benefits accrual	-	402,011	(402,011)
9. Pension accrual	-	-	-
10. Receivables - nonadmitted	-	-	-
11. Net operating loss carry-forward	840,777	22,803	817,974
12. Tax credit carry-forward	6,841	87,236	(80,395)
13. Other	5,850	82,021	(76,171)
Subtotal	853,468	1,450,925	(597,457)
b. Statutory valuation allowance adjustment	-	-	-
c. Nonadmitted	847,807	592,470	255,337
d. Admitted ordinary deferred tax assets	5,661	858,455	(852,794)
e. Capital:			
1. Investments	222,020	221,517	503
2. Net capital loss carry-forward	-	-	-
3. Real estate	-	-	-
4. Other	-	-	-
Subtotal	222,020	221,517	503
f. Statutory valuation allowance adjustment	-	-	-
g. Nonadmitted	(88,999)	(82,773)	(6,226)
h. Admitted capital deferred tax assets	311,019	304,290	6,729
i. Admitted deferred tax assets	316,680	1,162,745	(846,065)

	Amount (\$)		
	(1)	(2)	(3)
	2011	2010	Change
3. Deferred Tax Liabilities			
a. Ordinary			
1. Investments	5,661	5,255	406
2. Fixed assets	-	-	-
3. Deferred and uncollected premium	-	-	-
4. Policyholder reserves	-	-	-
5. Other	-	6,818	(6,818)
6. Salvage & subrogation reserves	-	3,817	(3,817)
Subtotal	5,661	15,890	(10,229)
b. Capital:			
1. Investments	288,817	282,138	6,678
2. Real estate	-	-	-
3. Other	-	-	-
Subtotal	288,817	282,138	6,678
c. Deferred tax liabilities	294,477	298,028	(3,550)
4. Deferred tax assets/liabilities	22,203	864,717	(842,514)

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate:

The significant book to tax adjustments were as follows:

Description	(\$) Tax Effect @ 35%	Effective Tax Rate
Tax Reconciliation by Effective Rate:		
Income before tax	160,361	35.0%
Tax exempt interest and dividends received income deduction	(92,286)	-20.1%
Permanent difference on nonadmitted taxable assets	(31,142)	-6.8%
STAT minimum pension liability	-	0.0%
Change in valuation allowance	-	0.0%
Other	419,220	91.5%
Total	456,153	99.6%
Tax Reconciliation by Statement of Income:		
Federal & foreign tax incurred	(180,675)	-39.4%
Current taxes on realized gains	53,061	11.6%
Change in net deferred income taxes	583,767	127.4%
Total	456,153	99.6%

E. Operating Loss and Tax Credit Carry-forwards:

1. At December 31, 2011, the Company had \$2,402,219 of operating loss carry-forwards beginning in 2010 through 2011, which expire, if unused, beginning in 2030 through 2031.
2. For 2011 and 2010, there is no income tax expense that is available for recoupment in the event of future net losses.
3. Not applicable.

9. Income Taxes (continued):

F. Consolidated Federal Income Tax Return:

1. The Company's federal income tax return is consolidated with the following entities:

State Auto Financial
State Auto P&C
Milbank
Farmers
Stateco
SA Software
2. The method of allocation among the companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is made primarily on a separate return basis with current credit for any net operating losses or other items utilized in the consolidated tax return.

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

A. Nature of the Relationships:

See Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group, Part 1 Organizational Chart.

B. Detail of Transactions Greater than ½% of Admitted Assets:

SA National became party to the Pooling Arrangement (defined in Note 26) effective January 1, 2010, and terminated its participation effective December 31, 2010, when it was sold to a third party. Rockhill, Plaza, American Compensation and Bloomington Compensation became party to the Pooling Arrangement effective January 1, 2011. Effective December 31, 2011, the Pooling Arrangement was amended, effectively changing the pooling participation percentages of certain participants and including in the State Auto Pool certain balance sheet accounts related to underwriting expenses. See Note 26 for additional disclosure.

C. Change in Terms of Intercompany Agreements:

SA National became party to the Pooling Arrangement (defined in Note 26) effective January 1, 2010, and terminated its participation effective December 31, 2010, when it was sold to a third party. Rockhill, Plaza, American Compensation and Bloomington Compensation became party to the Pooling Arrangement effective January 1, 2011. Effective December 31, 2011, the Pooling Arrangement was amended, effectively changing the pooling participation percentages of certain participants and including in the State Auto Pool certain balance sheet accounts related to underwriting expenses. See Note 26 for additional disclosure.

D. Amounts Due to or from Related Parties:

The terms of settlement require that these amounts settle within 60 days after the end of each calendar quarter:

	Amount (\$)			
	December 31, 2011		December 31, 2010	
	Due To:	Due From:	Due To:	Due From:
State Auto Mutual	16,172,028	-	-	4,413,215
Stateco	36,739	-	34,323	-

E. Guarantee or Contingencies for Related Parties: Not applicable.

F. Management, Service Contracts, Cost Sharing Agreements:

Through contractual agreements with affiliated companies within the State Auto Group, State Auto P&C provides employees, while State Auto Mutual provides data processing and certain other data equipment and facilities as needed.

During 2011 and 2010, the following management and/or cost sharing agreements were effective: 1) the "2005 Management and Operations Agreement" to which State Auto Mutual, State Auto P&C, Milbank, SA Ohio, Farmers, SA National, MIGI, Meridian Security, Meridian Citizens Mutual, SA Florida, Beacon National, Beacon Lloyds, Patrons Mutual, Litchfield, State Auto Financial, SA Software, Stateco, Beacon Lloyds Inc., and 518 Property Management and Leasing LLC are parties; 2) the "Midwest Management Agreement" to which State Auto Mutual, State Auto P&C, and SA Wisconsin are parties; 3) the "BroadStreet Capital Partners, Inc. Cost Sharing Agreement" to which State Auto Mutual, State Auto P&C, and BroadStreet Capital are parties; 4) State Auto Mutual, State Auto P&C, Meridian Security, Meridian Citizens Mutual, Farmers, and Milbank entered into an agreement with RTW, Inc., an affiliate for overall claims case management for the workers' compensation program; 5) State Auto Mutual along with affiliates Rockhill, Plaza, American Compensation, Bloomington Compensation, State Auto P&C, Meridian Security, Milbank and Farmers entered into an Underwriting Management Agreement with RED to act as underwriting manager to underwrite insurance and reinsurance coverages for the alternative risk and program market. Each of the foregoing management and/or cost sharing agreements apportions or apportioned among the parties the actual costs of the services provided. The "Midwest Management Agreement" also provides for a management fee based on a percentage of SA Wisconsin's direct written premiums for the services State Auto P&C provides. As of December 31, 2010, SA National ceased to be affiliated with the State Auto Group and was removed as a party to the "2005 Management and Operations Agreement".

Effective January 1, 2010, State Auto Mutual and State Auto P&C became parties to a management and cost sharing agreement with the following insurance companies: Rockhill, Plaza, American Compensation, Bloomington Compensation, as well as the following companies: RHC, National Environmental Coverage Corporation of the South, LLC, National Environmental Coverage Corporation, RTW, Inc., Rockhill Insurance Services, LLC, Rockhill Underwriting Management, LLC, and RED. Under this agreement, State Auto P&C provides services to supplement the services provided by the companies' own employees and State Auto Mutual provides facilities and equipment as a supplement to the companies' own facilities and equipment. RHC may provide certain services to State Auto Mutual and State Auto P&C. Effective January 1, 2011, this agreement was amended to state that substantially all employee services required by the companies will be provided by employees of State Auto P&C. The amended agreement deleted RED as a party.

Stateco, a wholly owned subsidiary of State Auto Financial, provided investment management services to the Company for a fee based on the average fair value of the investment portfolio of the Company.

G. Nature of Relationships that Could Affect Operations:

The Company is a member of the State Auto Group that is defined at Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group. See Schedule Y Part 1 – Organizational Chart. The Company is a wholly owned subsidiary of State Auto Financial, a publicly traded holding company, domiciled in the state of Ohio. State Auto Mutual, an Ohio domiciled property and casualty mutual insurance company, owns approximately 62.6% of the common shares outstanding of State Auto Financial at December 31, 2011.

Effective December 31, 2010, State Auto Financial sold all outstanding shares of stock of its wholly owned subsidiary SA National to Hallmark Insurance Company.

H. Amount Deducted for Investment in Upstream Company: Not applicable

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets: Not applicable.

J. Write-down for Impairments of Investments in Subsidiary, Controlled or Affiliated Companies: Not applicable.

K. Investments in Foreign Insurance Subsidiary: Not applicable.

L. Investments in Downstream Noninsurance Holding Company: Not applicable.

11. Debt: Not applicable.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans:

All employees of the State Auto Group are employees of State Auto P&C, which holds assets and liabilities related to the employee benefit plans of the State Auto Group, and is the plan sponsor of the employee benefit plans.

A. Defined Benefit Plan:

State Auto P&C sponsors a defined benefit plan and a postretirement health care benefit plan. See Note 12(D).

B. Defined Contribution Plans:

State Auto P&C sponsors a defined contribution plan. See Note 12(D).

C. Multiemployer Plans: Not applicable.

D. Consolidated/Holding Company Plans:

State Auto P&C sponsors a defined benefit pension plan covering substantially all State Auto Group employees hired prior to January 1, 2010. Participants are eligible to receive pension benefits upon reaching age 65, or early retirement if certain age and length of service requirements are met prior to age 65. Benefits are determined by applying factors specified in the Plan to a participant's defined average annual compensation and are recognized when paid. The Company is charged for its allocable share of net periodic pension cost based on the Company's pooling percentage. Pension costs allocated to the Company were \$51,768 in 2011. The Company has no legal obligation for benefits under this plan.

State Auto P&C sponsors a postretirement health care benefit plan covering substantially all State Auto Group employees hired prior to January 1, 2010, and their beneficiaries if they retire from the State Auto Group upon reaching an age at which each such employee is eligible to retire. On November 4, 2011, the postretirement benefit plan was amended to change eligibility requirements for participation of employees and certain retirees, which resulted in a curtailment on this date. The Company's portion of this curtailment gain was \$96,128. The Company's share of health care plan expenses amounted to \$65,877 and \$50,599 in 2011 and 2010, respectively.

State Auto P&C maintains a defined contribution plan that covers substantially all of the State Auto Group's employees. State Auto P&C's matching contributions for Safe Harbor contributions are 100% of the first 1% of compensation and 50% of the contributions from 2% to 6%. In addition, State Auto P&C contributes a percentage of the employee's annual income for those employees hired on or after January 1, 2010, and for those employees hired prior to January 1, 2010 who chose to freeze their existing accrued pension benefit effective June 30, 2010. The Company's share of the expense under this plan was \$59,982 and \$41,463 for 2011 and 2010, respectively.

E. Postemployment Benefits and Compensated Absences:

The Company has no obligations for postemployment benefits. A liability for earned but unused vacation has been accrued.

F. Impact of Medicare Modernization Act on Postemployment Benefits (INT 04-17): Not applicable.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations:

A. Capital Stock Authorized, Issued and Outstanding as of the Balance Sheet Date:

The Company has 100,000 shares of \$40 par value common stock authorized and 57,500 shares issued and outstanding. The Company has no preferred stock authorized, issued or outstanding.

B. Dividend Rate of Preferred Stock: Not applicable.

C. Dividend Restrictions:

Dividends on common stock are paid as declared by the Board of Directors of the Company. Under the insurance regulations of Ohio, the maximum amount of dividends that the Company may pay out of earned surplus to shareholders within a twelve month period without prior approval of the Department is limited to the greater of 10% of the most recent year-end policyholders' surplus or net income for the twelve-month period ending the 31st day of December of the previous year-end. Accordingly, the maximum amount of dividends that the Company may pay to shareholders without prior approval of the Department in 2012 is \$1,364,599.

D. Dates and Amounts of Dividends Paid: Not applicable.

E. Portion of the Company's Profits that may be paid as Ordinary Dividends to Stockholders:

Within the limitations of (C) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to shareholders.

F. Restrictions Placed on the Unassigned Funds, Including for Whom the Surplus is Being Held: Not applicable.

G. Mutual Surplus Advances: Not applicable.

H. Company Stock Held for Special Purposes: Not applicable.

I. Changes in Special Surplus Funds: Not applicable.

J. Changes in Unassigned Funds:

The portion of unassigned funds (surplus) represented by cumulative net unrealized gains is \$816,651. This excludes any applicable deferred taxes.

K. Surplus Notes: Not applicable.

L. Impact of Restatement Due to Quasi Reorganizations: Not applicable.

M. Effective Date of Quasi Reorganizations: Not applicable.

14. Contingencies:

A. Contingent Commitments:

The Company has no commitments or contingent commitments to affiliates or other entities. The Company has made no guarantees on behalf of affiliates.

B. Guaranty Fund and Other Assessments:

The Company is subject to guaranty fund and other assessments by the states in which it writes business. Guaranty fund assessments should be accrued at the time of insolvencies. On a direct basis, the Company currently has no liability for guaranty fund assessments. This represents management's best estimate based on information received from the states in which the Company writes business and may change due to many factors, including the Company's share of the ultimate cost of current insolvencies.

C. Gain Contingencies: Not applicable.

D. Claims-Related Extra Contractual Obligation and Bad-Faith Losses Stemming from Lawsuits: Not applicable.

E. Product Warranties: Not applicable.

14. Contingencies (continued):

F. All Other Contingencies:

The Company is involved in litigation and may become involved in potential litigation arising in the ordinary course of business. Additionally, the Company may be impacted by adverse regulatory actions and adverse court decisions where insurance coverages are expanded beyond the scope originally contemplated in the policies. In the opinion of management, the effects, if any, of such litigation and published court decisions are not expected to be material to the financial statements.

15. Leases: Not applicable.

16. Information about Financial Instruments with Off-Balance-Sheet Risk and Financial Instruments with Concentrations of Credit Risk: Not applicable.

17. Sale, Transfer and Servicing of Financial Instruments and Extinguishments of Liabilities:

- A. Transfers of Receivables Reported as Sales: Not applicable.
- B. Transfers and Servicing of Financial Assets: Not applicable.
- C. Wash Sales: None.

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans: Not applicable.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators: Not applicable.

20. Fair Value Measurement:

A. Inputs Used for Assets and Liabilities Measured at Fair Value:

The fair value of each equity security is provided by the Securities Valuation Office ("SVO"). All equity securities are recorded using unadjusted market prices provided by the SVO and have been disclosed in Level 1 in Item 1 below.

The Company utilizes information provided by the SVO to estimate fair value measurements for the majority of its fixed maturities. If market data is not provided by the SVO, fair value is determined by using data provided by a nationally recognized pricing service. See Item B below for fair value disclosures related to fixed maturities.

1. The Company has categorized its assets that are measured and reported at fair value into the three-level fair value hierarchy as reflected in the following table. The Company has no liabilities that are measured and reported at fair value. See Item 3 below for a discussion of the Company's transfer policy. See Item 4 below for a discussion of Level 2 and Level 3 assets.

Description	Amount (\$)			
	December 31, 2011			
	Level 1	Level 2	Level 3	Total
Assets, at fair value				
Common stocks				
Industrial and misc.	2,365,500	-	-	2,365,500
Total assets, at fair value	2,365,500	-	-	2,365,500

Description	Amount (\$)			
	December 31, 2010			
	Level 1	Level 2	Level 3	Total
Assets, at fair value				
Common stocks				
Industrial and misc.	2,892,250	-	-	2,892,250
Total assets, at fair value	2,892,250	-	-	2,892,250

2. The Company has no assets or liabilities measured at fair value in Level 3.
3. Transfers between level categorizations may occur due to changes in the availability of market observable inputs. Transfers in and out of level categorizations are reported as having occurred at the beginning of the quarter in which the transfer occurred. There were no transfers between level categorizations during 2011 and 2010.
4. The Company has no assets or liabilities measured at fair value in Level 2 or Level 3.
5. The Company has no derivative assets or liabilities.

B. Other Fair Value Disclosures:

See Item A for a discussion on valuation techniques.

Description	Amount (\$)			
	December 31, 2011		December 31, 2010	
	Carry Value	Fair Value	Carry Value	Fair Value
Assets				
Long-term bonds				
U.S. governments	8,812,069	9,384,592	10,073,166	10,415,672
U.S. states, territories and possessions	1,801,597	1,929,611	1,812,400	1,771,505
U.S. political subdivisions of states, territories and possessions	4,208,558	4,549,316	3,789,845	3,913,574
U.S. special revenue and special assessment obligations	4,489,812	4,785,798	8,703,309	8,942,005
Industrial and misc.	6,068,865	6,671,074	4,264,151	4,515,280
Total long-term bonds	25,380,901	27,320,391	28,642,871	29,558,036
Short-term bonds				
Industrial and misc.	6,458,690	6,458,690	1,145,191	1,145,191
Total short-term bonds	6,458,690	6,458,690	1,145,191	1,145,191
Total assets	31,839,591	28,779,081	29,788,062	30,703,227

C. Reasons Not Practical to Estimate Fair Value: Not applicable.

21. Other Items:

- A. Extraordinary Items: Not applicable.
- B. Troubled Debt Restructuring: Not applicable.

21. Other Items (continued):

C. Other Disclosures:

The Company elected to use rounding in reporting amounts in this Annual Statement. The Company also set a tolerance for rounding errors at 10 for validation purposes.

Under the terms of the Pooling Arrangement, State Auto Mutual receives all premiums and pays all losses and expenses associated with the insurance business produced by the pool participants, and then settles the intercompany balances generated by these transactions with the participating companies on a quarterly basis within 60 days following each quarter end. When settling the intercompany balances, State Auto Mutual provides the pool participants with full credit for the premiums written and net losses paid during the quarter and retains all receivable amounts from insureds and agents and reinsurance recoverables on paid losses from unaffiliated reinsurers. Any receivable amounts that are ultimately deemed to be uncollectible are charged-off by State Auto Mutual and allocated to the pool member on the basis of pool participation. As a result, each pool participant has an off-balance sheet credit risk based on the participant's pooling percentage related to the balances due to State Auto Mutual, which is collateralized by the unearned premium from the respective policies. The Company had off-balance sheet credit risk of approximately \$0 and \$4,133,672 at December 31, 2011 and 2010, respectively, due to Pooling Arrangement changes as described in Note 26.

Assets in the amount of \$246,805 and \$239,201 at December 31, 2011 and 2010, respectively, were on deposit with government authorities or other regulatory bodies as required by law.

D. Uncollectible Premiums Receivable:

See related discussion at Note 21C.

E. Business Interruption Insurance Recoveries: Not applicable.

F. State Transferable Tax Credits: Not applicable.

G. Subprime Mortgage Related Risk Exposure:

1. The Company has reviewed and considered possible exposure to subprime mortgage related risk through (1) direct investments in subprime mortgage loans; (2) direct investments in securities with underlying subprime exposure, such as residential mortgage backed securities, commercial mortgage backed securities, collateralized debt obligations, structured securities, hedge funds, credit default swaps, and special investment vehicles; (3) equity investments in subsidiary, controlled or affiliated entities with significant subprime related risk exposure; or (4) underwriting risk on policies issued for Mortgage Guaranty or Financial Guaranty insurance coverage and determined that the Company does not have direct exposure to subprime mortgage related risk.
2. The Company does not have direct exposure through investments in subprime mortgage loans.
3. The Company does not have direct exposure through other investments.
4. The Company does not write Mortgage Guaranty or Financial Guaranty insurance coverage and, therefore, does not have underwriting exposure to subprime mortgage risk related to these.

22. Events Subsequent:

Subsequent events have been considered through February 24, 2012 for the statutory statement issued on February 24, 2012.

23. Reinsurance:

A. Unsecured Reinsurance Recoverable:

The following table provides a listing of unsecured reinsurance recoverables that exceed 3% of the Company's policyholders' surplus:

NAIC Code	Federal ID#	Name of Reinsurer	Amount (\$)
25135	31-4316080	State Auto Mutual	68,023,033
22039	13-2673100	General Reinsurance	1,094,009
10227	13-4924125	Munich Reins Amer Inc	599,565
		Total	69,716,607

B. Reinsurance Recoverable in Dispute: Not applicable.

C. Reinsurance Assumed and Ceded:

1. The following table summarizes assumed and ceded unearned premiums and the related commission equity at December 31, 2011, stated in dollars:

	Amount (\$)					
	Assumed		Ceded		Assumed Less Ceded	
	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity
Affiliates	-	-	30,651,988	-	(30,651,988)	-
All other	-	-	372,491	115,368	(372,491)	(115,368)
Totals	-	-	31,024,479	115,368	(31,024,479)	(115,368)
Direct Unearned Premium Reserve: 31,024,479						

2. The additional or return commission, predicated on loss experience or on any other form of profit sharing arrangements in this annual statement as a result of existing contractual arrangements: Not applicable.
3. Protected Cells: Not applicable.

D. Uncollectible Reinsurance: Not applicable.

E. Commutation of Ceded Reinsurance: Not applicable.

F. Retroactive Reinsurance: Not applicable.

G. Reinsurance Accounted for as a Deposit: Not applicable.

H. Run-off Agreements: Not applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination: Not applicable.

25. Changes in Incurred Losses and Loss Adjustment Expenses:

Per Schedule P Part 1 -Summary	Amount (\$)		
	All Accident Years	2011 Accident Year	Prior Accident Years
Loss & LAE reserves at 12/31/10	10,756,655	-	10,756,655
Impact of Pooling Change 1/1/11	1,557,109	-	1,557,109
Loss & LAE incurred in 2011	14,721,465	15,124,847	(403,382)
Loss & LAE paid in 2011	13,517,990	9,010,837	4,507,153
Impact of Pooling Change 12/31/11	(13,517,239)	(6,114,010)	(7,403,229)
Loss & LAE reserves at 12/31/11	-	-	-

Incurred losses and loss adjustment expenses attributable to prior accident years decreased approximately \$403.4 thousand during 2011. This decrease is the result of subsequent reserve review using more mature claim data. Favorable development of loss adjustment expense contributed roughly 23% of the total. Remaining favorable development is attributable primarily to the Homeowners, Commercial Multi-Peril and Fire/Allied lines of business, driven by emergence of lower than anticipated claim severity, largely from accident year 2010 and, to a lesser extent, the past five accident years in the Commercial Multi-Peril line. Somewhat offsetting the favorable development in those lines was adverse development in the Commercial Auto Liability line, driven by an increase in large losses, and the Workers Compensation line, driven by reserve increases on certain life time disability claims.

26. Intercompany Pooling Arrangements:

The Company participates in a quota share reinsurance pooling arrangement with the following affiliated companies (the "Pooling Arrangement"):

Pool Participant (the "State Auto Pool")	NAIC Co. Code	Pooling Participation Percentages		
		2010	Effective 1/1/11	Effective 12/31/11
State Auto Mutual – lead reinsurer	25135	19.0%	19.0%	34.0%
State Auto P&C	25127	59.0%	59.0%	51.0%
Milbank	41653	17.0%	17.0%	14.0%
SA Wisconsin	31755	0.0%	0.0%	0.0%
Farmers	13811	3.0%	3.0%	0.0%
SA Ohio	11017	1.0%	1.0%	0.0%
SA Florida	11502	0.0%	0.0%	0.0%
Meridian Security	23353	0.0%	0.0%	0.0%
Meridian Citizens Mutual	10502	0.5%	0.5%	0.5%
Beacon National	20028	0.0%	0.0%	0.0%
Patrons Mutual	14923	0.4%	0.4%	0.4%
Litchfield	32085	0.1%	0.1%	0.1%
SA National	19530	0.0%	N/A	N/A
Rockhill	28053	N/A	0.0%	0.0%
Plaza	30945	N/A	0.0%	0.0%
American Compensation	45934	N/A	0.0%	0.0%
Bloomington Compensation	12311	N/A	0.0%	0.0%

Under the terms of the arrangement, the participants cede to State Auto Mutual all of their insurance business, net of assumed and ceded reinsurance, and assume from State Auto Mutual an amount equal to their respective participation percentages outlined in the Pooling Arrangement. All business written by each pool participant, except for State Auto Mutual's unaffiliated voluntary assumed reinsurance program with policies effective prior to January 1, 2009, is subject to the Pooling Arrangement. All premiums, losses, loss adjustment expenses and underwriting expenses are allocated among the participants on the basis of each company's respective participation percentage outlined in the Pooling Arrangement. The Pooling Arrangement provides indemnification against loss or liability relating to insurance risk and has been accounted for as reinsurance.

Effective January 1, 2010, the Pooling Arrangement was amended, effectively adding SA National to the Pooling Arrangement as a zero percentage participant and including unaffiliated voluntary assumed reinsurance programs for policies effective January 1, 2009 and thereafter. In conjunction with the January 1, 2010 amendment, the Company received cash, net of a ceding commission, of \$286,014, which relates to the net insurance liabilities assumed by the Company as shown in the table below.

	Amount (\$)
	January 1, 2010
Loss and loss adjustment expense reserves	202,395
Unearned premium	113,309
Total net liabilities received	315,704
Ceding commission paid	(29,690)
Net cash received	286,014

On December 31, 2010, concurrent with the sale of SA National, SA National's participation in the Pooling Arrangement was terminated, and State Auto P&C entered into a 100% quota share and loss portfolio transfer reinsurance agreement ("LPT") with SA National on December 31, 2010 to assume liability for the pre and post closing book of business of SA National until all policies were renewed by SA National on third party systems. This assumed business by State Auto P&C is subject to the Pooling Arrangement. The table below shows the net insurance liabilities assumed by the Company as a result of these transactions after pooling.

	Amount (\$)		
	Pooling Arrangement	Quota Share & LPT	Net
Loss and loss adjustment expense reserves	(170,723)	-	(170,723)
Unearned premiums	(96,473)	96,473	-
LPT reinsurance reserves	-	170,723	170,723
Total net liabilities (transferred) received	(267,196)	267,196	-

Effective January 1, 2011, the Pooling Arrangement was amended, effectively adding Rockhill, Plaza, American Compensation and Bloomington Compensation to the Pooling Arrangement as zero percentage participants. In conjunction with the January 1, 2011 amendment, the Company received cash, net of a ceding commission, of \$1,872,819, which relates to the net insurance assets and liabilities received by the Company as shown in the table below.

	Amount (\$)
	January 1, 2011
Loss and loss adjustment expense reserves	1,557,109
Unearned premiums	427,599
Earned but unbilled reserve	(1,790)
Miscellaneous assets and liabilities	(5,820)
Total net liabilities received	1,977,098
Ceding commission paid	(104,279)
Net cash received	1,872,819

26. Intercompany Pooling Arrangements (continued):

Effective December 31, 2011, the Pooling Arrangement was amended, effectively changing the pooling participation percentages of certain participants and including in the State Auto Pool certain balance sheet accounts related to underwriting expenses. In conjunction with the December 31, 2011 amendment, the Company will make a cash payment, net of a ceding commission, of \$20,570,265, which relates to the net insurance assets and liabilities transferred by the Company. The table below shows the balance sheet effect to the Company.

	Amount (\$)		
	Cash (\$)	Net Insurance Liabilities	Surplus
	December 31, 2011	December 31, 2011	December 31, 2011
Loss and loss adjustment expense reserves	(13,517,239)	(13,517,239)	-
Unearned premiums	(7,113,177)	(7,113,177)	-
Earned but unbilled reserve	(6,999)	(6,999)	-
Miscellaneous assets and liabilities	(1,749,557)	(1,749,557)	-
Net change	(22,386,971)	(22,386,971)	-
Ceding commission	1,816,706	-	1,816,706
Net change, including ceding commission	(20,570,265)	(22,386,971)	1,816,706

Per SSAP No. 62 – *Property and Casualty Reinsurance*, ceded reinsurance written premiums payable may be deducted from amounts due from the reinsurer when a legal right of offset exists. As the Pooling Arrangement provides for the right of offset, the Company has netted within the Statement of Assets and Liabilities the amount due to State Auto Mutual under ceded reinsurance written premiums payable with the amount due from State Auto Mutual on assumed reinsurance written premiums receivable for transactions under the Pooling Arrangement. The following tabular presentation reflects the ceded reinsurance written premiums payable and assumed reinsurance written premiums receivable at December 31, 2011, between each State Auto Pool participant and State Auto Mutual resulting in the net amount due to or due from State Auto Mutual:

	Amount (\$)		
	Assumed Reinsurance Written Premiums Receivable from State Auto Mutual	Ceded Reinsurance Written Premiums Payable to State Auto Mutual	Net Assumed Reinsurance Written Premiums Receivable/(Net Ceded Reinsurance Written Premiums Payable)
State Auto P&C	185,969,639	145,691,482	40,278,157
Milbank	53,584,472	19,341,523	34,242,949
SA Wisconsin	-	8,504,289	(8,504,289)
Farmers	9,456,084	3,405,819	6,050,265
SA Ohio	3,152,028	16,914,493	(13,762,465)
SA Florida	-	43,238	(43,238)
Meridian Security	-	44,555,316	(44,555,316)
Meridian Citizens Mutual	1,576,014	9,986,449	(8,410,435)
Beacon National	-	1,976,209	(1,976,209)
Patrons Mutual	1,260,811	14,723,303	(13,462,492)
Litchfield	315,203	657,289	(342,086)
Rockhill	-	18,233,653	(18,233,653)
Plaza	-	11,795,393	(11,795,393)
American Compensation	-	8,271,992	(8,271,992)
Bloomington Compensation	-	367,382	(367,382)

The following tabular presentation reflects the reinsurance receivable and payable on loss and loss adjustment expense paid at December 31, 2011, between each State Auto Pool participant and State Auto Mutual:

	Amount (\$)	
	Assumed Reinsurance Loss and Loss Adjustment Expense Paid from State Auto Mutual	Ceded Reinsurance Loss and Loss Adjustment Expense Paid to State Auto Mutual
State Auto P&C	166,364,860	108,114,981
Milbank	47,935,638	13,174,412
SA Wisconsin	-	5,253,645
Farmers	8,459,230	2,678,888
SA Ohio	2,819,743	11,643,597
SA Florida	-	800,572
Meridian Security	-	31,721,105
Meridian Citizens Mutual	1,409,872	6,149,946
Beacon National	-	2,136,895
Patrons Mutual	1,127,897	11,558,041
Litchfield	281,974	660,386
Rockhill	-	2,814,840
Plaza	-	3,082,828
American Compensation	-	6,087,622
Bloomington Compensation	-	1,609,300

The following tabular presentation reflects all other intercompany amounts due from and due to State Auto Mutual from entities participating in the Pooling Arrangement at December 31, 2011:

	Amount (\$)	
	Intercompany Amounts Due from State Auto Mutual	Intercompany Amounts Due to State Auto Mutual
State Auto P&C	-	193,202,619
Milbank	-	64,424,033
SA Wisconsin	3,010,842	-
Farmers	-	59,878,400
SA Ohio	-	16,172,028
SA Florida	-	698,564
Meridian Security	9,665,106	-
Meridian Citizens Mutual	3,100,052	-
Beacon National	-	1,387,752
Patrons Mutual	1,323,880	-
Litchfield	233,140	-
Rockhill	2,309,856	-
Plaza	3,121,545	-
American Compensation	1,218,560	-
Bloomington Compensation	277,178	-

Additionally, SA Wisconsin owes State Auto P&C \$65,549, Patrons Mutual owes Litchfield \$527,321, State Auto P&C owes Meridian Citizens Mutual \$60, Meridian Security owes Meridian Citizens Mutual \$470, Rockhill owes Plaza \$65,189, American Compensation owes Plaza \$527,720, American Compensation owes Bloomington Compensation \$210,206, and Bloomington Compensation owes Plaza \$712.

27. **Structured Settlements:** Not applicable.

28. **Health Care Receivables:** Not applicable.

29. **Participating Policies:** Not applicable.

30. **Premium Deficiency Reserves:**

The Company has not recorded a liability related to premium deficiency reserves. The Company considered anticipated investment income when calculating this liability.

31. **High Deductibles:** Not applicable.

32. **Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses:** Not applicable.

33. **Asbestos/Environmental Reserves:**

A. Does the Company have on the books, or has it ever written an insured for which you have identified a potential for the existence of, a liability due to asbestos losses? Yes.

The Company's exposure to asbestos losses arises from the sale of general liability insurance. The Company tries to estimate the full impact of the asbestos exposure by establishing full case basis reserves on all known losses and estimating incurred but not reported losses based on previous experience. As a result of the Company's participation in the Pooling Agreement (see Note 26), the Company cedes all insurance business to State Auto Mutual and assumes 0% from the pool participants. This results in the balance sheet and income statement reflecting no direct, assumed, or ceded reserves, incurred losses and loss adjustment expenses, or payments.

B. State the amount of the ending reserves for Bulk + IBNR included in A (Loss & LAE): None

C. State the amount of the ending reserves for loss adjustment expenses included in A (Case, Bulk + IBNR): None

D. Does the Company have on the books, or has it ever written an insured for which you have identified a potential for the existence of, a liability due to environmental losses? Yes. See Note 33(A) for explanation of direct, assumed, and ceded amounts.

E. State the amount of the ending reserves for Bulk + IBNR included in D (Loss & LAE): None

F. State the amount of the ending reserves for loss adjustment expenses included in D (Case, Bulk + IBNR): None

34. **Subscriber Savings Accounts:** Not applicable.

35. **Multiple Peril Crop Insurance:** Not applicable.

36. **Financial Guaranty Insurance:** Not applicable.

STATE AUTO INSURANCE COMPANY OF OHIO
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

1.1

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?

Yes [X]

No []

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [X]

No []

N/A []

1.3

State regulating?

Ohio

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:

12/31/2008

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2008

3.2

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.

12/31/2008

3.3

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).

03/01/2010

3.4

By what department or departments?

Ohio Department of Insurance

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

Yes []

No []

N/A [X]

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes []

No []

N/A [X]

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11

sales of new business?

Yes []

No [X]

4.12

renewals?

Yes []

No [X]

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21

sales of new business?

Yes []

No [X]

4.22

renewals?

Yes []

No [X]

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes []

No [X]

5.2

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	2	3
Name of Entity	NAIC Co. Code	State of Domicile

6.1

Has the 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]

6.2

If yes, give full information:

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes []

No [X]

7.2

If yes,

7.21

State the percentage of foreign control

.....0.000 %

7.22

State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)

1	2
Nationality	Type of Entity

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 the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Ernst & Young LLP, 1100 Huntington Center, 41 South High Street, Columbus, Ohio 43215

10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes []

No [X]

10.2

If the response to 10.1 is yes, provide information related to this exemption:

10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation?

Yes []

No [X]

10.4

If the response to 10.3 is yes, provide information related to this exemption:

10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [X]

No []

10.6

If the answer to 10.5 is no or n/a, please explain.

STATE AUTO INSURANCE COMPANY OF OHIO
GENERAL INTERROGATORIES

11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Matthew S. Mrozek, FCAS, 518 East Broad Street, Columbus, Ohio 43215, officer of reporting entity

12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?
12.11 Name of real estate holding company

12.12

Number of parcels involved

.....0

12.13

Total book/adjusted carrying value

\$.....0

12.2

If yes, provide explanation.

13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes []

No []

13.3

Have there been any changes made to any of the trust indentures during the year?

Yes []

No []

13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes []

No []

N/A []

14.1

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?
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.

Yes [X]

No []

14.11

If the response to 14.1 is no, please explain:

14.2

Has the code of ethics for senior managers been amended?

Yes [X]

No []

14.21

If the response to 14.2 is yes, provide information related to amendment(s).
The Nominating and Governance Committee of the Company's Board of Directors annually reviews the employee code of conduct, which is applicable to all senior managers.
The 2011 annual review resulted in minor changes to the code.

14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes []

No [X]

14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1

Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance with a NAIC rating of 3 or below?

Yes []

No [X]

15.2

If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16.

Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?

Yes [X]

No []

17.

Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes [X]

No []

18.

Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes [X]

No []

PART 1 - COMMON INTERROGATORIES - FINANCIAL

19.

Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes []

No [X]

20.1

Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
20.11 To directors or other officers
20.12 To stockholders not officers
20.13 Trustees, supreme or grand (Fraternal only)

\$.....0

\$.....0

\$.....0

20.2

Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
20.21 To directors or other officers
20.22 To stockholders not officers
20.23 Trustees, supreme or grand (Fraternal only)

\$.....0

\$.....0

\$.....0

21.1

Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes []

No [X]

21.2

If yes, state the amount thereof at December 31 of the current year:
21.21 Rented from others
21.22 Borrowed from others
21.23 Leased from others
21.24 Other

\$.....0

\$.....0

\$.....0

\$.....0

22.1

Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes []

No [X]

22.2

If answer is yes:
22.21 Amount paid as losses or risk adjustment
22.22 Amount paid as expenses
22.23 Other amounts paid

\$.....0

\$.....0

\$.....0

23.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes []

No [X]

23.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount.

\$.....0

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.1

Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.3)?

Yes [X]

No []

STATE AUTO INSURANCE COMPANY OF OHIO
PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.2 If no, give full and complete information relating thereto.

24.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.4 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A [X]

24.5 If answer to 24.4 is yes, report amount of collateral for conforming programs. \$.....0

24.6 If answer to 24.4 is no, report amount of collateral for other programs. \$.....0

24.7 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]

24.8 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

24.9 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.3) Yes [X] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements \$.....0

25.22 Subject to reverse repurchase agreements \$.....0

25.23 Subject to dollar repurchase agreements \$.....0

25.24 Subject to reverse dollar repurchase agreements \$.....0

25.25 Pledged as collateral \$.....0

25.26 Placed under option agreements \$.....0

25.27 Letter stock or securities restricted as to sale \$.....0

25.28 On deposit with state or other regulatory body \$.....246,805

25.29 Other \$.....0

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]

If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year: \$.....0

28. 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 []

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

1 Name of Custodian(s)	2 Custodian's Address
JP Morgan Chase Worldwide Securities	1111 Polaris Parkway, Suite 2N, Columbus, Ohio 43240

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adj.Carrying Value
29.2999. TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from the above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)

STATE AUTO INSURANCE COMPANY OF OHIO

PART 1 - COMMON INTERROGATORIES - INVESTMENT

30.1	Bonds.....	.....31,839,591	.....33,779,081	.....1,939,490
30.2	Preferred stocks.....			.....0
30.3	Totals.....	.....31,839,591	.....33,779,081	.....1,939,490

30.4 Describe the sources or methods utilized in determining the fair values:
Pricing services and broker / dealers.

- 31.1

Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [☐] No [☒]
- 31.2

If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [☐] No [☐]
- 31.3

If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D.

- 32.1

Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes [☒] No [☐]
- 32.2

If no, list exceptions:

PART 1 - COMMON INTERROGATORIES - OTHER

- 33.1

Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$.....54,045
- 33.2

List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Insurance Services Offices	32,783

- 34.1

Amount of payments for legal expenses, if any?

\$.....10,089
- 34.2

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Baker & Hostetler LLP	3,516

- 35.1

Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

\$.....0
- 35.2

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [☐]

No [X]

1.2

If yes, indicate premium earned on U.S. business only.

\$.....0

1.3

What portion of item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$.....0

1.31

Reason for excluding:

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$.....0

1.5

Indicate total incurred claims on all Medicare Supplement insurance.

\$.....0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$.....0

1.62

Total incurred claims

\$.....0

1.63

Number of covered lives

.....0

All years prior to most current three years:

1.64

Total premium earned

\$.....0

1.65

Total incurred claims

\$.....0

1.66

Number of covered lives

.....0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$.....0

1.72

Total incurred claims

\$.....0

1.73

Number of covered lives

.....0

All years prior to most current three years:

1.74

Total premium earned

\$.....0

1.75

Total incurred claims

\$.....0

1.76

Number of covered lives

.....0

2.

Health test:

	1	2
	Current Year	Prior Year
2.1	Premium Numerator.....	\$.....0
2.2	Premium Denominator.....	\$.....17,860,270
2.3	Premium Ratio (2.1/2.2).....	.....0.0
2.4	Reserve Numerator.....	\$.....0
2.5	Reserve Denominator.....	\$.....2,819,743
2.6	Reserve Ratio (2.4/2.5).....	.....0.0

3.1

Does the reporting entity issue both participating and non-participating policies?

Yes [☐]

No [X]

3.2

If yes, state the amount of calendar year premiums written on:

3.21

Participating policies

\$.....0

3.22

Non-participating policies

\$.....0

4. FOR MUTUAL REPORTING ENTITIES AND RECIPROCAL EXCHANGES ONLY:

4.1

Does the reporting entity issue assessable policies?

Yes [☐]

No [☐]

4.2

Does the reporting entity issue non-assessable policies?

Yes [☐]

No [☐]

4.3

If assessable policies are issued, what is the extent of the contingent liability of the policyholders?

.....0.0 %

4.4

Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums.

\$.....0

5. FOR RECIPROCAL EXCHANGES ONLY:

5.1

Does the exchange appoint local agents?

Yes [☐]

No [☐]

5.2

If yes, is the commission paid:

5.21

Out of Attorney's-in-fact compensation

Yes [☐]

No [☐]

N/A [☐]

5.22

As a direct expense of the exchange

Yes [☐]

No [☐]

N/A [☐]

5.3

What expenses of the exchange are not paid out of the compensation of the Attorney-in-fact?

5.4

Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred?

Yes [☐]

No [☐]

5.5

If yes, give full information:

6.1

What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?

The Company does not currently write workers' compensation business.

6.2

Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:

Computer modeling is performed annually by the Companies' property reinsurance broker on a group basis using the combined property exposures of each State Auto Group company. Natural perils that could impact the Companies include a New Madrid earthquake, an Atlantic or Gulf Coast hurricane, and severe thunderstorm systems, including tornado/hail damage. Catastrophe models used in the past include those developed by Applied Insurance Research (AIR) and Risk Management Solutions (RMS).

6.3

What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?

All of the State Auto Group companies are party to a traditional catastrophe reinsurance agreement providing \$160 million in coverage for covered losses above a \$55 million retention, with a 5% co-participation. Effective December 31, 2011 State Auto Group entered into a three-year quota share agreement ceding approximately 75% of the homeowners book of business.

6.4

Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?

Yes [X]

No [☐]

6.5

If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to uninsured catastrophic loss:

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

7.1

Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?

Yes []

No [X]

7.2

If yes, indicate the number of reinsurance contracts containing such provisions.

.....0

7.3

If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?

Yes []

No []

8.1

Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?

Yes []

No [X]

8.2

If yes, give full information:

9.1

Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:
(a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
(c) Aggregate stop loss reinsurance coverage;
(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity?

Yes []

No [X]

9.2

Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:
(a) The written premium ceded to the reinsurer by the reporting entity or its affiliate represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract?

Yes []

No [X]

9.3

If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:
(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.4

Except for transactions meeting the requirements of paragraph 32 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:
(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?

Yes []

No [X]

9.5

If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.

9.6

The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:
(a) The entity does not utilize reinsurance; or
(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or
(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.

Yes []

No [X]

10.

If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurance a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?

Yes [X]

No []

N/A []

11.1

Has this reporting entity guaranteed policies issued by any other reporting entity and now in force?

Yes []

No [X]

11.2

If yes, give full information:

12.1

If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the assets schedule, Page 2, state the amount of corresponding liabilities recorded for:
12.11 Unpaid losses
12.12 Unpaid underwriting expenses (including loss adjustment expenses)

\$.....0

\$.....0

12.2

Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds:

\$.....0

12.3

If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?

Yes []

No []

N/A [X]

12.4

If yes, provide the range of interest rates charged under such notes during the period covered by this statement:
12.41 From
12.42 To

.....0.0 %

.....0.0 %

12.5

Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies?

Yes []

No [X]

12.6

If yes, state the amount thereof at December 31 of current year:
12.61 Letters of credit
12.62 Collateral and other funds

\$.....0

\$.....0

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

13.1

Largest net aggregate amount insured in any one risk (excluding workers' compensation):

\$.....0

13.2

Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?

Yes [☐] No [☒]

13.3

State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.

.....4

14.1

Is the company a cedant in a multiple cedant reinsurance contract?

Yes [☒] No [☐]

14.2

If yes, please describe the method of allocating and recording reinsurance among the cedants:

The Company's reinsurance treaties are written to include multiple members of the State Auto Group. The total ceded premiums for each treaty are calculated based on that contract's definition of subject premium. Each cedant company's portion of the total ceded premiums is based on its contribution to that subject premium base.

14.3

If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?

Yes [☐] No [☒]

14.4

If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?

Yes [☐] No [☒]

14.5

If the answer to 14.4 is no, please explain:

As noted in #14.2 above, ceded premiums are allocated based on each cedant company's proportionate share of that contract's calculated subject premium base. Although not specified in each contract, Statutory Accounting Principles logically direct the Company to match each company's costs with that company's benefits under each contract.

15.1

Has the reporting entity guaranteed any financed premium accounts?

Yes [☐] No [☒]

15.2

If yes, give full information:

16.1

Does the reporting entity write any warranty business?

Yes [☐] No [☒]

If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home.....					
16.12 Products.....					
16.13 Automobile.....					
16.14 Other*.....					

* Disclose type of coverage:

17.1

Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F-Part 3 that it excludes from Schedule F-Part 5?

Yes [☐] No [☒]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F-Part 5.

Provide the following information for this exemption:

17.11

Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5

\$.....0

17.12

Unfunded portion of Interrogatory 17.11

\$.....0

17.13

Paid losses and loss adjustment expenses portion of Interrogatory 17.11

\$.....0

17.14

Case reserves portion of Interrogatory 17.11

\$.....0

17.15

Incurred but not reported portion of Interrogatory 17.11

\$.....0

17.16

Unearned premium portion of Interrogatory 17.11

\$.....0

17.17

Contingent commission portion of Interrogatory 17.11

\$.....0

Provide the following information for all other amounts included in Schedule F-Part 3 and excluded from Schedule F-Part 5, not included above:

17.18

Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5

\$.....0

17.19

Unfunded portion of Interrogatory 17.18

\$.....0

17.20

Paid losses and loss adjustment expenses portion of Interrogatory 17.18

\$.....0

17.21

Case reserves portion of Interrogatory 17.18

\$.....0

17.22

Incurred but not reported portion of Interrogatory 17.18

\$.....0

17.23

Unearned premium portion of Interrogatory 17.18

\$.....0

17.24

Contingent commission portion of Interrogatory 17.18

\$.....0

18.1

Do you act as a custodian for health savings account?

Yes [☐] No [☒]

18.2

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

\$.....0

18.3

Do you act as an administrator for health savings accounts?

Yes [☐] No [☒]

18.4

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

\$.....0

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	1 2011	2 2010	3 2009	4 2008	5 2007
Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	28,475,836	31,346,329	28,815,507	22,693,955	13,831,651
2. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	25,519,996	27,755,771	25,653,367	19,657,045	12,339,558
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	27,508,846	28,656,187	23,321,185	16,912,743	10,381,589
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	28,771	53,073	45,648	49,066	50,056
5. Nonproportional reinsurance lines (Lines 31, 32 & 33).....	0	0	0	0	0
6. Total (Line 35).....	81,533,449	87,811,360	77,835,707	59,312,809	36,602,855
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	4,733,556	6,825,135	5,754,460	5,731,997	4,951,142
8. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	2,696,257	4,508,999	4,305,634	4,156,425	3,499,392
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	2,814,212	5,287,039	4,553,153	4,534,068	3,600,161
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	28,771	53,073	45,648	49,066	50,056
11. Nonproportional reinsurance lines (Lines 31, 32 & 33).....	0	0	0	0	0
12. Total (Line 35).....	10,272,796	16,674,245	14,658,894	14,471,557	12,100,751
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8).....	(906,506)	(840,342)	(777,959)	(1,504,939)	904,335
14. Net investment gain (loss) (Line 11).....	1,151,466	1,013,007	1,003,148	408,900	1,090,039
15. Total other income (Line 15).....	164,201	32,624	(60,410)	21,998	31,733
16. Dividends to policyholders (Line 17).....	4,047	5,868	4,280	3,574	3,390
17. Federal and foreign income taxes incurred (Line 19).....	(180,675)	81,291	(68,779)	(298,867)	464,431
18. Net income (Line 20).....	585,789	118,130	229,278	(778,748)	1,558,286
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3).....	46,617,977	49,580,613	45,734,894	41,417,629	33,820,052
20. Premiums and considerations (Page 2, Col. 3):					
20.1 In course of collection (Line 15.1).....	0	0	0	0	0
20.2 Deferred and not yet due (Line 15.2).....	0	0	0	14,699	23,963
20.3 Accrued retrospective premiums (Line 15.3).....	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26).....	32,971,989	35,705,426	32,426,110	28,798,851	20,598,672
22. Losses (Page 3, Line 1).....	0	8,738,830	8,027,577	7,618,641	6,340,283
23. Loss adjustment expenses (Page 3, Line 3).....	0	2,017,825	1,962,654	1,761,663	1,520,258
24. Unearned premiums (Page 3, Line 9).....	0	7,569,630	6,616,947	6,207,704	5,226,879
25. Capital paid up (Page 3, Lines 30 & 31).....	2,300,000	2,300,000	2,300,000	2,300,000	2,300,000
26. Surplus as regards policyholders (Page 3, Line 37).....	13,645,988	13,875,187	13,308,784	12,618,778	13,221,380
Cash Flow (Page 5)					
27. Net cash from operations (Line 11).....	(18,924,793)	(404,885)	9,480,641	(1,325,259)	4,470,712
Risk-Based Capital Analysis					
28. Total adjusted capital.....	13,645,988	13,875,187	13,308,784	12,618,778	13,221,380
29. Authorized control level risk-based capital.....	1,115,549	1,395,395	1,319,131	1,243,101	1,065,869
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1).....	73.6	87.6	84.7	84.8	90.1
31. Stocks (Lines 2.1 & 2.2).....	7.6	8.9	9.2	4.6	5.7
32. Mortgage loans on real estate (Lines 3.1 & 3.2).....	0.0	0.0	0.0	0.0	0.0
33. Real estate (Lines 4.1, 4.2 & 4.3).....	0.0	0.0	0.0	0.0	0.0
34. Cash, cash equivalents and short-term investments (Line 5).....	18.7	3.5	6.1	10.6	4.2
35. Contract loans (Line 6).....	0.0	0.0	0.0	0.0	0.0
36. Derivatives (Line 7).....	0.0	0.0	XXX	XXX	XXX
37. Other invested assets (Line 8).....	0.0	0.0	0.0	0.0	0.0
38. Receivable for securities (Line 9).....	0.0	0.0	0.0	0.0	0.0
39. Securities lending reinvested collateral assets (Line 10).....	0.0	0.0	XXX	XXX	XXX
40. Aggregate write-ins for invested assets (Line 11).....	0.0	0.0	0.0	0.0	0.0
41. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds (Sch. D, Summary, Line 12, Col. 1).....	0	0	0	0	0
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1).....	0	0	0	0	0
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1).....	0	0	0	0	0
45. Affiliated short-term investments (Schedule DA, Verification, Col. 5, Line 10).....	0	0	0	0	0
46. Affiliated mortgage loans on real estate.....	0	0	0	0	0
47. All other affiliated.....	0	0	0	0	0
48. Total of above lines 42 to 47.....	0	0	0	0	0
49. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0).....	0.0	0.0	0.0	0.0	0.0

STATE AUTO INSURANCE COMPANY OF OHIO
FIVE-YEAR HISTORICAL DATA

(Continued)

	1	2	3	4	5
	2011	2010	2009	2008	2007
Capital and Surplus Accounts (Page 4)					
50. Net unrealized capital gains (losses) (Line 24).....	17,892	217,438	220,053	58,786	18,816
51. Dividends to stockholders (Line 35).....	0	0	0	0	0
52. Change in surplus as regards policyholders for the year (Line 38).....	(229,199)	566,403	690,006	(602,602)	1,603,755
Gross Losses Paid (Page 9, Part 2, Cols. 1&2)					
53. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	28,605,769	15,703,549	11,315,050	7,718,422	5,044,183
54. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	17,628,201	16,118,104	14,597,625	10,636,735	6,406,268
55. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	29,887,976	19,480,946	15,635,909	12,237,296	4,208,209
56. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	20,309	6,675	6,353	6,079	5,340
57. Nonproportional reinsurance lines (Lines 31, 32 & 33).....	12,157	1,602	2,770	461	1,492
58. Total (Line 35).....	76,154,411	51,310,877	41,557,707	30,598,993	15,665,492
Net Losses Paid (Page 9, Part 2, Col. 4)					
59. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	11,176,443	3,266,590	2,673,637	2,295,660	2,308,395
60. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	3,283,134	2,506,787	2,383,141	2,123,426	1,633,232
61. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	6,791,721	2,975,069	2,968,031	2,864,210	1,953,384
62. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	20,309	6,675	6,353	6,079	5,340
63. Nonproportional reinsurance lines (Lines 31, 32 & 33).....	12,157	1,602	2,770	461	1,492
64. Total (Line 35).....	21,283,764	8,756,723	8,033,933	7,289,836	5,901,843
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
65. Premiums earned (Line 1).....	100.0	100.0	100.0	100.0	100.0
66. Losses incurred (Line 2).....	70.2	60.2	59.4	63.6	48.2
67. Loss expenses incurred (Line 3).....	12.2	10.0	11.8	11.6	9.9
68. Other underwriting expenses incurred (Line 4).....	22.7	35.1	34.3	36.0	34.3
69. Net underwriting gain (loss) (Line 8).....	(5.1)	(5.3)	(5.5)	(11.2)	7.5
Other Percentages					
70. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0).....	37.8	32.9	33.7	33.4	33.7
71. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0).....	82.4	70.3	71.1	75.2	58.2
72. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35, divided by Page 3, Line 37, Col. 1 x 100.0).....	75.3	120.2	110.1	114.7	91.5
One Year Loss Development (000 omitted)					
73. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11).....	0	(586)	(651)	(181)	(512)
74. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 73 above divided by Page 4, Line 21, Col. 1 x 100).....	0.0	(4.4)	(5.2)	(1.4)	(4.4)
Two Year Loss Development (000 omitted)					
75. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12).....	0	(843)	(367)	(593)	(926)
76. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 75 above divided by Page 4, Line 21, Col. 2 x 100.0).....	0.0	(6.7)	(2.8)	(5.1)	(9.4)

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes[] No[]

If no, please explain:

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P - PART 1 - SUMMARY

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported- Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....XXX.....
2. 2002.....	.....0.....	.....37.....	.....(37).....	.....0.....	.....109.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....(109).....	.....XXX.....
3. 2003.....	.....0.....	.....187.....	.....(187).....	.....0.....	.....70.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....(70).....	.....XXX.....
4. 2004.....	.....0.....	.....37.....	.....(37).....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....XXX.....
5. 2005.....	.....0.....	.....45.....	.....(45).....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....XXX.....
6. 2006.....	.....0.....	.....56.....	.....(56).....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....XXX.....
7. 2007.....	.....0.....	.....73.....	.....(73).....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....XXX.....
8. 2008.....	.....0.....	.....41.....	.....(41).....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....XXX.....
9. 2009.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....XXX.....
10. 2010.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....XXX.....
11. 2011.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....XXX.....
12. Totals.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....179.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....(179).....	.....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding- Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX.....
2. 2002.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX.....
3. 2003.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX.....
4. 2004.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX.....
5. 2005.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX.....
6. 2006.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX.....
7. 2007.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX.....
8. 2008.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX.....
9. 2009.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX.....
10. 2010.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX.....
11. 2011.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX.....
12. Totals...	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....XXX.....	.....0.....	.....0.....
2. 2002.	.....0.....	.....109.....	.....(109).....	.....0.0.....	.....294.6.....	.....294.6.....	.....0.....	.....0.....	.....0.00.....	.....0.....	.....0.....
3. 2003.	.....0.....	.....70.....	.....(70).....	.....0.0.....	.....37.4.....	.....37.4.....	.....0.....	.....0.....	.....0.00.....	.....0.....	.....0.....
4. 2004.	.....0.....	.....0.....	.....0.....	.....0.0.....	.....0.0.....	.....0.0.....	.....0.....	.....0.....	.....0.00.....	.....0.....	.....0.....
5. 2005.	.....0.....	.....0.....	.....0.....	.....0.0.....	.....0.0.....	.....0.0.....	.....0.....	.....0.....	.....0.00.....	.....0.....	.....0.....
6. 2006.	.....0.....	.....0.....	.....0.....	.....0.0.....	.....0.0.....	.....0.0.....	.....0.....	.....0.....	.....0.00.....	.....0.....	.....0.....
7. 2007.	.....0.....	.....0.....	.....0.....	.....0.0.....	.....0.0.....	.....0.0.....	.....0.....	.....0.....	.....0.00.....	.....0.....	.....0.....
8. 2008.	.....0.....	.....0.....	.....0.....	.....0.0.....	.....0.0.....	.....0.0.....	.....0.....	.....0.....	.....0.00.....	.....0.....	.....0.....
9. 2009.	.....0.....	.....0.....	.....0.....	.....0.0.....	.....0.0.....	.....0.0.....	.....0.....	.....0.....	.....0.00.....	.....0.....	.....0.....
10. 2010.	.....0.....	.....0.....	.....0.....	.....0.0.....	.....0.0.....	.....0.0.....	.....0.....	.....0.....	.....0.00.....	.....0.....	.....0.....
11. 2011.	.....0.....	.....0.....	.....0.....	.....0.0.....	.....0.0.....	.....0.0.....	.....0.....	.....0.....	.....0.00.....	.....0.....	.....0.....
12. Totals	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....XXX.....	.....0.....	.....0.....

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	One Year	Two Year
1. Prior.....	.....0	.....0	.....0	.....0	.....(13)	.....(13)	.....(13)	.....(13)	.....(13)	.....(13)	.....0	.....0
2. 2002.....	.....(72)	.....(72)	.....(72)	.....(72)	.....(109)	.....(109)	.....(109)	.....(109)	.....(109)	.....(109)	.....0	.....0
3. 2003.....	....XXX.....	.....(47)	.....(47)	.....(47)	.....(70)	.....(70)	.....(70)	.....(70)	.....(70)	.....(70)	.....0	.....0
4. 2004.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2005.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2006.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. 2007.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
8. 2008.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0
9. 2009.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	.....0
10. 2010.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	....XXX.....
11. 2011.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	....XXX.....	....XXX.....
12. Totals.....											.....0	.....0

SCHEDULE P - PART 3 - SUMMARY

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011		
1. Prior.....	.....000.....	.....0	.....0	.....0	.....0	.....(13)	.....(13)	.....(13)	.....(13)	.....(13)	....XXX.....	....XXX.....
2. 2002.....	.....(72)	.....(72)	.....(72)	.....(72)	.....(72)	.....(109)	.....(109)	.....(109)	.....(109)	.....(109)	....XXX.....	....XXX.....
3. 2003.....	....XXX.....	.....(47)	.....(47)	.....(47)	.....(47)	.....(70)	.....(70)	.....(70)	.....(70)	.....(70)	....XXX.....	....XXX.....
4. 2004.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX.....	....XXX.....
5. 2005.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX.....	....XXX.....
6. 2006.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	....XXX.....	....XXX.....
7. 2007.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	.....0	....XXX.....	....XXX.....
8. 2008.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	....XXX.....	....XXX.....
9. 2009.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	....XXX.....	....XXX.....
10. 2010.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	....XXX.....	....XXX.....
11. 2011.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	....XXX.....	....XXX.....

SCHEDULE P - PART 4 - SUMMARY

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
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
1. Prior.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2002.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2003.....	....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2004.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2005.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2006.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0
7. 2007.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	.....0
8. 2008.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0
9. 2009.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0
10. 2010.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0
11. 2011.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0

NONE

STATE AUTO INSURANCE COMPANY OF OHIO
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	1	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		4	5	6	7	8	9
		2	3						
	Active Status	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Losses Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Finance and Service Charges not Included in Premiums	Direct Premiums Written for Federal Purchasing Groups (Incl. in Col. 2)
1. Alabama.....AL	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. Alaska.....AK	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. Arizona.....AZ	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. Arkansas.....AR	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. California.....CA	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. Colorado.....CO	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. Connecticut.....CT	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
8. Delaware.....DE	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
9. District of Columbia.....DC	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10. Florida.....FL	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
11. Georgia.....GA	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
12. Hawaii.....HI	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
13. Idaho.....ID	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
14. Illinois.....IL	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
15. Indiana.....IN	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
16. Iowa.....IA	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
17. Kansas.....KS	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18. Kentucky.....KY	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
19. Louisiana.....LA	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
20. Maine.....ME	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
21. Maryland.....MD	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
22. Massachusetts.....MA	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
23. Michigan.....MI	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
24. Minnesota.....MN	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
25. Mississippi.....MS	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
26. Missouri.....MO	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
27. Montana.....MT	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
28. Nebraska.....NE	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
29. Nevada.....NV	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
30. New Hampshire.....NH	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
31. New Jersey.....NJ	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
32. New Mexico.....NM	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
33. New York.....NY	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
34. North Carolina.....NC	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
35. North Dakota.....ND	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
36. Ohio.....OH	...L....	71,133,168	70,728,894	.....0	54,751,629	56,029,938	23,479,422	458,012	.....0
37. Oklahoma.....OK	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
38. Oregon.....OR	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
39. Pennsylvania.....PA	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
40. Rhode Island.....RI	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
41. South Carolina.....SC	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
42. South Dakota.....SD	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
43. Tennessee.....TN	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
44. Texas.....TX	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
45. Utah.....UT	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
46. Vermont.....VT	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
47. Virginia.....VA	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
48. Washington.....WA	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
49. West Virginia.....WV	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
50. Wisconsin.....WI	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
51. Wyoming.....WY	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
52. American Samoa.....AS	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
53. Guam.....GU	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
54. Puerto Rico.....PR	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
55. US Virgin Islands.....VI	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
56. Northern Mariana Islands..MP	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
57. Canada.....CN	...N....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
58. Aggregate Other Alien.....OT	...XXX...	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
59. Totals.....	(a).....1	71,133,168	70,728,894	.....0	54,751,629	56,029,938	23,479,422	458,012	.....0

DETAILS OF WRITE-INS

5801. ....	...XX...	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5802. ....	...XX...	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5803. ....	...XX...	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5898. Summary of remaining write-ins for Line 58 from overflow page	...XX...	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5899. Totals (Lines 5801 thru 5803+ Line 5898) (Line 58 above)	...XX...	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

(a) Insert the number of "L" responses except for Canada and Other Alien.
(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.
Explanation of Basis of Allocation of Premiums by States, etc.
All Lines: the location of the insured risk controls the state code which is used for all statistical records.

PART 1 – ORGANIZATIONAL CHART

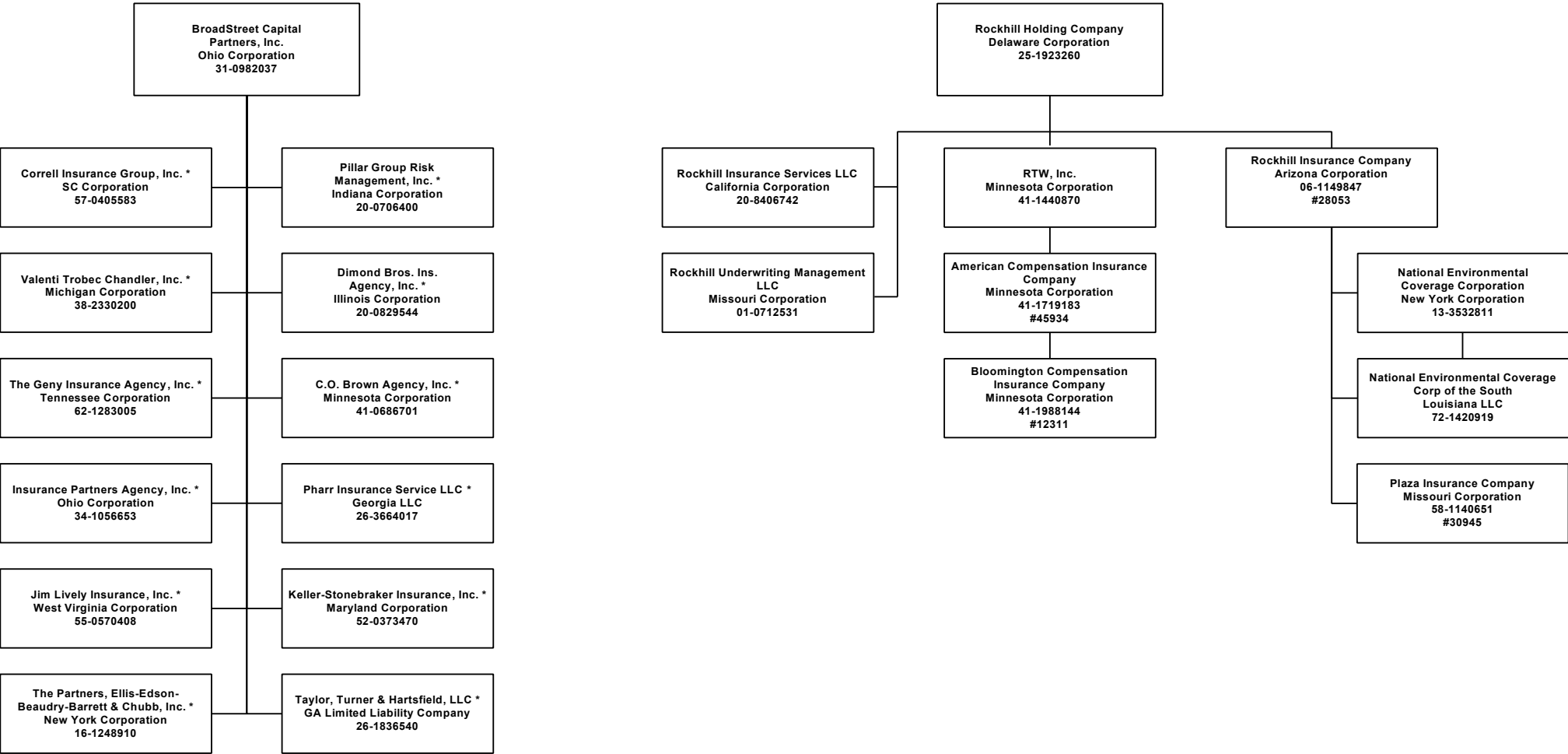
The organizational chart for State Automobile Mutual Insurance Company and its subsidiaries is structured as follows:

- State Automobile Mutual Insurance Company** (Ohio Corporation, 31-4316080, #25135)
 - Public 37.4%** (Dashed box)
 - State Auto Financial Corp.** (Ohio Corporation, 31-1324304)
 - SA Software Shelf, Inc.** (Ohio Corporation, 31-1425223)
 - Milbank Ins. Company** (Iowa Corporation, 46-0368854, #41653)
 - Stateco Financial Services, Inc.** (Ohio Corporation, 31-0676465)
 - State Auto Insurance Company of Ohio** (Ohio Corporation, 31-1651026, #11017)
 - Farmers Casualty Insurance Company** (Iowa Corporation, 42-0248110, #13811)
 - State Auto Property & Casualty Insurance Co.** (Iowa Corporation, 57-6010814, #25127)
 - 518 Property & Mgmt. Leasing, LLC** (Ohio Corporation, 31-1579525)
 - State Auto Florida Ins. Co.** (Indiana Corporation, 31-1753341, #11502)
 - State Auto Insurance Co. Of Wisconsin** (Wisconsin Corporation, 39-1211058, #31755)
 - Risk Evaluation & Design, LLC** (Missouri Corporation, 27-0231394)
 - Rockhill Holding Company** (See Page 94.1)
 - BroadStreet Capital Partners, Inc.** (See Page 94.1)
 - Meridian Insurance Group, Inc.** (Indiana Corporation, 35-1689161)
 - Meridian Citizens Mutual Insurance Company** (Indiana Corporation, 41-0190580, #10502)
 - Meridian Security Ins. Company** (Indiana Corporation, 35-1135866, #23353)
 - State Auto Holdings, Inc.** (Ohio Corporation, 20-8756040)
 - Beacon National Insurance Company** (Texas Corporation, 75-0899679, #20028)
 - Beacon Lloyds, Inc.** (Texas Corporation, 74-2977457)
 - Attorney in Fact**
 - Beacon Lloyds Insurance Company** (Texas Corporation, 75-2829084, #11284)
 - Patrons Mutual Insurance Company of Connecticut** (Connecticut Corporation, 06-0487440, #14923)
 - Patrons Specialty Agency, Inc.** (Connecticut Corporation, 06-1551131)
 - Litchfield Mutual Fire Insurance Company** (Connecticut Corp., 06-0429900, #32085) (Dashed line connection)

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

ORGANIZATIONAL STRUCTURE OF STATE AUTO HOLDING COMPANY SYSTEM



* BroadStreet Capital Partners, Inc. has an equity investment in these corporations.

2011 ALPHABETICAL INDEX -- PROPERTY & CASUALTY ANNUAL STATEMENT BLANK

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