



# EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)



NAIC Group Code: 0473

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Company Code: 10387

19 Georgia

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal employees health benefits program premium (b)												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	6,547,305	5,633,740		2,141,052	4,260,746	7,027,609	4,712,018	103,845	355,203	501,579	201,619	528,981
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	3,622,638	3,176,655		1,143,352	1,857,368	1,831,845	145,882	3,127	4,579	3,951	111,556	303,195
21.2 Commercial auto physical damage	193	188		156							6	10
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	10,170,136	8,810,583		3,284,560	6,118,114	8,859,454	4,857,900	106,972	359,782	505,530	313,181	832,186
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

# EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)



NAIC Group Code: 0473

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Company Code: 10387

19 Ohio

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal employees health benefits program premium (b)												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	12,176,709	12,080,695		3,537,141	8,504,383	9,721,730	9,534,813	496,978	460,446	1,496,067	185,172	998,938
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	6,247,921	6,123,482		1,870,466	3,984,500	3,917,452	81,633	15,398	31,176	22,979	95,012	517,575
21.2 Commercial auto physical damage	1,529	1,506		761	2,400	2,400					23	131
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	18,426,159	18,205,683		5,408,368	12,491,283	13,641,582	9,616,446	512,376	491,622	1,519,046	280,207	1,516,644
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

# EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)



NAIC Group Code: 0473

## DIRECT BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code: 10387

19 Grand Total

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal employees health benefits program premium (b)												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	18,724,014	17,714,435		5,678,193	12,765,129	16,749,339	14,246,831	600,823	815,649	1,997,646	386,791	1,527,919
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	9,870,559	9,300,137		3,013,818	5,841,868	5,749,297	227,515	18,525	35,755	26,930	206,568	820,770
21.2 Commercial auto physical damage	1,722	1,694		917	2,400	2,400					29	141
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	28,596,295	27,016,266		8,692,928	18,609,397	22,501,036	14,474,346	619,348	851,404	2,024,576	593,388	2,348,830
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

20 Schedule F Part 1 Assumed Reinsurance ..... NONE

21 Schedule F Part 2 Reinsurance Effected ..... NONE

## SCHEDULE F - PART 3

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

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
<b>Authorized - Affiliates - U.S. Non-Pool</b>																			
39-0273710	19275	American Family Mutual Ins Co	WI		28,596	(256)		7,711		6,763	2,911	8,693		25,822	375		25,447		
0299999 Total - Authorized - Affiliates - U.S. Non-Pool					28,596	(256)	7,711		6,763	2,911	8,693		25,822	375		25,447			
0499999 Total - Authorized - Affiliates					28,596	(256)	7,711		6,763	2,911	8,693		25,822	375		25,447			
0999999 Total - Authorized					28,596	(256)	7,711		6,763	2,911	8,693		25,822	375		25,447			
2899999 Total - Authorized, Unauthorized and Certified					28,596	(256)	7,711		6,763	2,911	8,693		25,822	375		25,447			
9999999 Totals					28,596	(256)	7,711		6,763	2,911	8,693		25,822	375		25,447			

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

	1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1)	.....	.....	.....
2)	.....	.....	.....
3)	.....	.....	.....
4)	.....	.....	.....
5)	.....	.....	.....

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B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1)	American Family Mutual Ins Co	25,822	28,596	Yes[X] No[ ]
2)	.....	.....	.....	Yes[ ] No[X]
3)	.....	.....	.....	Yes[ ] No[X]
4)	.....	.....	.....	Yes[ ] No[X]
5)	.....	.....	.....	Yes[ ] No[X]

## SCHEDULE F - PART 4

### Aging of Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12	13
				5	Overdue				11			
					6	7	8	9		10		
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Current	1 - 29 Days	30-90 Days	91-120 Days	Over 120 Days	Total Overdue Columns 6 + 7 + 8 + 9	Cols. 5 + 10	Percentage Overdue Col. 10/Col. 11	Percentage More Than 120 Days Overdue Col. 9/Col. 11
<b>Authorized - Affiliates - U.S. Non-Pool</b>												
39-0273710	19275	AMERICAN FAMILY MUT INS CO	WI	(256)						(256)		
0299999 Total - Authorized - Affiliates - U.S. Non-Pool				(256)						(256)		
0499999 Total - Authorized - Affiliates				(256)						(256)		
0999999 Total - Authorized				(256)						(256)		
2899999 Total - Authorized, Unauthorized and Certified				(256)						(256)		
2999999 Total - Protected Cells												
9999999 Totals				(256)						(256)		

24 Schedule F Part 5 Unauthorized Reinsurance ..... NONE

25 Schedule F Part 6 - Section 1 Reinsurance Ceded to Certified Reinsurers . . . . NONE

26 Schedule F Part 6 - Section 1 (Continued) ..... NONE

27 Schedule F Part 6 - Section 2 Overdue Reins. Ceded to Certified Reinsurers . . NONE

28 Schedule F Part 7 Overdue Authorized Reinsurance ..... NONE

29 Schedule F Part 8 Overdue Reinsurance ..... NONE

## SCHEDULE F - PART 9

### Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
<b>ASSETS (Page 2, Column 3)</b>			
1. Cash and invested assets (Line 12) .....	7,822,824		7,822,824
2. Premiums and considerations (Line 15) .....			
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....	(255,808)	255,808	
4. Funds held by or deposited with reinsured companies (Line 16.2) .....			
5. Other assets .....	20,055		20,055
6. Net amount recoverable from reinsurers .....			
7. Protected cell assets (Line 27) .....		25,447,385	25,447,385
8. TOTALS (Line 28) .....	7,587,071	25,703,193	33,290,264
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....		17,385,214	17,385,214
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	1,184		1,184
11. Unearned premiums (Line 9) .....		8,692,928	8,692,928
12. Advance premiums (Line 10) .....	26,367		26,367
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....			
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12) .....	374,949	(374,949)	
15. Funds held by company under reinsurance treaties (Line 13) .....			
16. Amounts withheld or retained by company for account of others (Line 14) .....	(1,244)		(1,244)
17. Provision for reinsurance (Line 16) .....			
18. Other liabilities .....	16,180		16,180
19. TOTAL Liabilities excluding protected cell business (Line 26) .....	417,436	25,703,193	26,120,629
20. Protected cell liabilities (Line 27) .....			
21. Surplus as regards policyholders (Line 37) .....	7,169,635	X X X	7,169,635
22. TOTALS (Line 38) .....	7,587,071	25,703,193	33,290,264

Note: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes[X] No[ ]

If yes, give full explanation: American Standard Insurance Company of Ohio has a 100% reinsurance agreement with parent company, American Family Mutual Insurance Company.

31 Schedule H Part 1 A & H Exhibit ..... NONE

32 Schedule H Parts 2, 3 & 4 - A & H Exh Cont ..... NONE

33 Schedule H Part 5 Health Claims ..... NONE

35 Schedule P - Part 2 Summary ..... NONE

35 Schedule P - Part 3 Summary ..... NONE

35 Schedule P - Part 4 Summary ..... NONE

36 Schedule P - Part 1A ..... NONE

**SCHEDULE P - PART 1B**  
**PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported - Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Columns 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	X X X	X X X	X X X	(11)	(11)							X X X
2. 2003	33,857	33,857		22,788	22,788	1,075	1,075	2,961	2,961			7,697
3. 2004	29,293	29,293		18,001	18,001	835	835	2,662	2,662			5,911
4. 2005	25,354	25,354		14,604	14,604	583	583	2,504	2,504			4,825
5. 2006	22,580	22,580		11,725	11,725	468	468	2,378	2,378			3,936
6. 2007	19,703	19,703		10,414	10,414	456	456	2,271	2,271			3,315
7. 2008	14,836	14,836		7,575	7,575	409	409	1,723	1,723			2,469
8. 2009	12,893	12,893		6,824	6,824	483	483	825	825			2,191
9. 2010	13,059	13,059		7,854	7,854	339	339	791	791			2,555
10. 2011	14,367	14,367		8,628	8,628	162	162	1,680	1,680			3,076
11. 2012	17,714	17,714		7,722	7,722	55	55	1,739	1,739			3,782
12. Totals	X X X	X X X	X X X	116,124	116,124	4,865	4,865	19,534	19,534			X X X

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior	34	34	1	1			9	9	15	15			3
2. 2003	3	3	5	5			8	8					1
3. 2004			13	13			13	13	1	1			
4. 2005	4	4	22	22			8	8	2	2			1
5. 2006	100	100	47	47			54	54	7	7			1
6. 2007	75	75	70	70			47	47	7	7			4
7. 2008	53	53	129	129			59	59	9	9			4
8. 2009	65	65	211	211			74	74	15	15			9
9. 2010	513	513	506	506			266	266	51	51			51
10. 2011	1,427	1,427	1,459	1,459			503	503	147	147			164
11. 2012	4,942	4,942	4,568	4,568			956	956	544	544			982
12. Totals	7,216	7,216	7,031	7,031			1,997	1,997	798	798			1,220

	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	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2003	26,840	26,840		79.3	79.3						
3. 2004	21,525	21,525		73.5	73.5						
4. 2005	17,727	17,727		69.9	69.9						
5. 2006	14,779	14,779		65.5	65.5						
6. 2007	13,340	13,340		67.7	67.7						
7. 2008	9,957	9,957		67.1	67.1						
8. 2009	8,497	8,497		65.9	65.9						
9. 2010	10,320	10,320		79.0	79.0						
10. 2011	14,006	14,006		97.5	97.5						
11. 2012	20,526	20,526		115.9	115.9						
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE American Standard Insurance Company of Ohio  
**SCHEDULE P - PART 1C**  
**COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 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 ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...
2. 2003 ...												
3. 2004 ...												
4. 2005 ...												
5. 2006 ...												
6. 2007 ...												
7. 2008 ...												
8. 2009 ...												
9. 2010 ...	... 2 ...	... 2 ...										
10. 2011 ...												
11. 2012 ...												
12. Totals ...	... X X X ...	... X X X ...	... X X X ...									... X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses 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 Direct and Assumed	22 Ceded			
	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 ...													
2. 2003 ...													
3. 2004 ...													
4. 2005 ...													
5. 2006 ...													
6. 2007 ...													
7. 2008 ...													
8. 2009 ...													
9. 2010 ...													
10. 2011 ...													
11. 2012 ...													
12. Totals ...													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		
2. 2003 ...											
3. 2004 ...											
4. 2005 ...											
5. 2006 ...											
6. 2007 ...											
7. 2008 ...											
8. 2009 ...											
9. 2010 ...											
10. 2011 ...											
11. 2012 ...											
12. Totals ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...			... X X X ...		

39 Schedule P - Part 1D ..... NONE

40 Schedule P - Part 1E ..... NONE

41 Schedule P - Part 1F Sn 1 ..... NONE

42 Schedule P - Part 1F Sn 2 ..... NONE

43 Schedule P - Part 1G ..... NONE

44 Schedule P - Part 1H Sn 1 ..... NONE

45 Schedule P - Part 1H Sn 2 ..... NONE

46 Schedule P - Part 1I ..... NONE

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE American Standard Insurance Company of Ohio  
**SCHEDULE P - PART 1J**  
**AUTO PHYSICAL DAMAGE**

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 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 ...	X X X	X X X	X X X	(91)	(91)	6	6				X X X	
2. 2011 ...	7,131	7,131		4,442	4,442	14	14	921	921		5,595	
3. 2012 ...	9,302	9,302		5,594	5,594	3	3	848	848		8,490	
4. Totals ...	X X X	X X X	X X X	9,945	9,945	23	23	1,769	1,769		X X X	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses 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 Direct and Assumed	22 Ceded			
	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 ...	3	3	(90)	(90)			13	13	1	1			1
2. 2011 ...	3	3	(29)	(29)			5	5	1	1			2
3. 2012 ...	490	490	(149)	(149)			8	8	85	85			351
4. Totals ...	496	496	(268)	(268)			26	26	87	87			354

	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 ...	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2011 ...	5,357	5,357		75.1	75.1						
3. 2012 ...	6,879	6,879		74.0	74.0						
4. Totals ...	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

48	Schedule P - Part 1K	NONE
49	Schedule P - Part 1L	NONE
50	Schedule P - Part 1M	NONE
51	Schedule P - Part 1N	NONE
52	Schedule P - Part 1O	NONE
53	Schedule P - Part 1P	NONE
54	Schedule P - Part 1R Sn 1	NONE
55	Schedule P - Part 1R Sn 2	NONE
56	Schedule P - Part 1S	NONE
57	Schedule P - Part 1T	NONE
58	Schedule P - Part 2A	NONE
58	Schedule P - Part 2B	NONE
58	Schedule P - Part 2C	NONE
58	Schedule P - Part 2D	NONE
58	Schedule P - Part 2E	NONE
59	Schedule P - Part 2F Sn 1	NONE
59	Schedule P - Part 2F Sn 2	NONE
59	Schedule P - Part 2G	NONE
59	Schedule P - Part 2H Sn 1	NONE
59	Schedule P - Part 2H Sn 2	NONE
60	Schedule P - Part 2I	NONE
60	Schedule P - Part 2J	NONE
60	Schedule P - Part 2K	NONE
60	Schedule P - Part 2L	NONE
60	Schedule P - Part 2M	NONE
61	Schedule P - Part 2N	NONE
61	Schedule P - Part 2O	NONE
61	Schedule P - Part 2P	NONE
62	Schedule P - Part 2R Sn 1	NONE
62	Schedule P - Part 2R Sn 2	NONE
62	Schedule P - Part 2S	NONE
62	Schedule P - Part 2T	NONE
63	Schedule P - Part 3A	NONE
63	Schedule P - Part 3B	NONE
63	Schedule P - Part 3C	NONE
63	Schedule P - Part 3D	NONE
63	Schedule P - Part 3E	NONE
64	Schedule P - Part 3F Sn 1	NONE
64	Schedule P - Part 3F Sn 2	NONE
64	Schedule P - Part 3G	NONE
64	Schedule P - Part 3H Sn 1	NONE
64	Schedule P - Part 3H Sn 2	NONE
65	Schedule P - Part 3I	NONE
65	Schedule P - Part 3J	NONE
65	Schedule P - Part 3K	NONE
65	Schedule P - Part 3L	NONE
65	Schedule P - Part 3M	NONE
66	Schedule P - Part 3N	NONE
66	Schedule P - Part 3O	NONE
66	Schedule P - Part 3P	NONE
67	Schedule P - Part 3R Sn 1	NONE
67	Schedule P - Part 3R Sn 2	NONE
67	Schedule P - Part 3S	NONE
67	Schedule P - Part 3T	NONE
68	Schedule P - Part 4A	NONE
68	Schedule P - Part 4B	NONE
68	Schedule P - Part 4C	NONE
68	Schedule P - Part 4D	NONE
68	Schedule P - Part 4E	NONE
69	Schedule P - Part 4F Sn 1	NONE
69	Schedule P - Part 4F Sn 2	NONE
69	Schedule P - Part 4G	NONE
69	Schedule P - Part 4H Sn 1	NONE
69	Schedule P - Part 4H Sn 2	NONE

70	Schedule P - Part 4I .....	NONE
70	Schedule P - Part 4J .....	NONE
70	Schedule P - Part 4K .....	NONE
70	Schedule P - Part 4L .....	NONE
70	Schedule P - Part 4M .....	NONE
71	Schedule P - Part 4N .....	NONE
71	Schedule P - Part 4O .....	NONE
71	Schedule P - Part 4P .....	NONE
72	Schedule P - Part 4R Sn 1 .....	NONE
72	Schedule P - Part 4R Sn 2 .....	NONE
72	Schedule P - Part 4S .....	NONE
72	Schedule P - Part 4T .....	NONE
73	Schedule P - Part 5A Sn 1 .....	NONE
73	Schedule P - Part 5A Sn 2 .....	NONE
73	Schedule P - Part 5A Sn 3 .....	NONE

## SCHEDULE P - PART 5B

### PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

## SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior .....	2,081	612	251	52	24	6	5	3	1	
2. 2003 .....	3,957	5,373	5,689	5,798	5,841	5,850	5,858	5,859	5,860	5,861
3. 2004 .....	X X X	3,139	4,280	4,495	4,566	4,608	4,618	4,622	4,623	4,623
4. 2005 .....	X X X	X X X	2,644	3,462	3,618	3,692	3,717	3,721	3,723	3,723
5. 2006 .....	X X X	X X X	X X X	2,079	2,754	2,899	2,951	2,978	2,983	2,984
6. 2007 .....	X X X	X X X	X X X	X X X	1,797	2,330	2,456	2,501	2,512	2,519
7. 2008 .....	X X X	X X X	X X X	X X X	X X X	1,409	1,840	1,932	1,969	1,972
8. 2009 .....	X X X	X X X	X X X	X X X	X X X	X X X	1,203	1,573	1,650	1,686
9. 2010 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	1,453	1,916	2,013
10. 2011 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	1,797	2,410
11. 2012 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	2,226

## SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior .....	935	347	81	40	17	8	8	5	3	3
2. 2003 .....	1,850	455	151	68	24	9	4	3	2	1
3. 2004 .....	X X X	1,332	304	131	57	20	6	1		
4. 2005 .....	X X X	X X X	994	229	106	30	7	3	1	1
5. 2006 .....	X X X	X X X	X X X	811	200	83	32	8	1	1
6. 2007 .....	X X X	X X X	X X X	X X X	672	166	73	23	10	4
7. 2008 .....	X X X	X X X	X X X	X X X	X X X	507	118	45	7	4
8. 2009 .....	X X X	X X X	X X X	X X X	X X X	X X X	460	117	45	9
9. 2010 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	520	133	51
10. 2011 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	663	164
11. 2012 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	982

## SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior .....	779	107	39	9	6	1	1			
2. 2003 .....	7,172	7,615	7,681	7,696	7,697	7,697	7,697	7,697	7,697	7,697
3. 2004 .....	X X X	5,486	5,855	5,900	5,907	5,909	5,911	5,911	5,911	5,911
4. 2005 .....	X X X	X X X	4,532	4,783	4,818	4,823	4,825	4,825	4,825	4,825
5. 2006 .....	X X X	X X X	X X X	3,666	3,885	3,921	3,934	3,935	3,936	3,936
6. 2007 .....	X X X	X X X	X X X	X X X	3,097	3,285	3,311	3,313	3,314	3,315
7. 2008 .....	X X X	X X X	X X X	X X X	X X X	2,303	2,442	2,465	2,469	2,469
8. 2009 .....	X X X	X X X	X X X	X X X	X X X	X X X	2,030	2,167	2,191	2,191
9. 2010 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	2,360	2,528	2,555
10. 2011 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	2,828	3,076
11. 2012 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	3,782

**SCHEDULE P - PART 5C**  
**COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior .....										
2. 2003 .....										
3. 2004 .....	X X X									
4. 2005 .....	X X X	X X X								
5. 2006 .....	X X X	X X X	X X X							
6. 2007 .....	X X X	X X X	X X X	X X X						
7. 2008 .....	X X X	X X X	X X X	X X X	X X X					
8. 2009 .....	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2010 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2011 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
11. 2012 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior .....										
2. 2003 .....										
3. 2004 .....	X X X									
4. 2005 .....	X X X	X X X								
5. 2006 .....	X X X	X X X	X X X							
6. 2007 .....	X X X	X X X	X X X	X X X						
7. 2008 .....	X X X	X X X	X X X	X X X	X X X					
8. 2009 .....	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2010 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2011 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
11. 2012 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1. Prior .....										
2. 2003 .....										
3. 2004 .....	X X X									
4. 2005 .....	X X X	X X X								
5. 2006 .....	X X X	X X X	X X X							
6. 2007 .....	X X X	X X X	X X X	X X X						
7. 2008 .....	X X X	X X X	X X X	X X X	X X X					
8. 2009 .....	X X X	X X X	X X X	X X X	X X X	X X X				
9. 2010 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
10. 2011 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
11. 2012 .....	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	

76	Schedule P - Part 5D Sn 1 .....	NONE
76	Schedule P - Part 5D Sn 2 .....	NONE
76	Schedule P - Part 5D Sn 3 .....	NONE
77	Schedule P - Part 5E Sn 1 .....	NONE
77	Schedule P - Part 5E Sn 2 .....	NONE
77	Schedule P - Part 5E Sn 3 .....	NONE
78	Schedule P - Part 5F Sn 1A .....	NONE
78	Schedule P - Part 5F Sn 2A .....	NONE
78	Schedule P - Part 5F Sn 3A .....	NONE
79	Schedule P - Part 5F Sn 1B .....	NONE
79	Schedule P - Part 5F Sn 2B .....	NONE
79	Schedule P - Part 5F Sn 3B .....	NONE
80	Schedule P - Part 5H Sn 1A .....	NONE
80	Schedule P - Part 5H Sn 2A .....	NONE
80	Schedule P - Part 5H Sn 3A .....	NONE
81	Schedule P - Part 5H Sn 1B .....	NONE
81	Schedule P - Part 5H Sn 2B .....	NONE
81	Schedule P - Part 5H Sn 3B .....	NONE
82	Schedule P - Part 5R Sn 1A .....	NONE
82	Schedule P - Part 5R Sn 2A .....	NONE
82	Schedule P - Part 5R Sn 3A .....	NONE
83	Schedule P - Part 5R Sn 1B .....	NONE
83	Schedule P - Part 5R Sn 2B .....	NONE
83	Schedule P - Part 5R Sn 3B .....	NONE
84	Schedule P - Part 5T Sn 1 .....	NONE
84	Schedule P - Part 5T Sn 2 .....	NONE
84	Schedule P - Part 5T Sn 3 .....	NONE

**SCHEDULE P - PART 6C**  
**COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012	
1. Prior											
2. 2003											
3. 2004	X X X										
4. 2005	X X X	X X X									
5. 2006	X X X	X X X	X X X								
6. 2007	X X X	X X X	X X X	X X X							
7. 2008	X X X	X X X	X X X	X X X	X X X						
8. 2009	X X X	X X X	X X X	X X X	X X X	X X X					
9. 2010	X X X	X X X	X X X	X X X	X X X	X X X	X X X		2	2	2
10. 2011	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
11. 2012	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
12. TOTAL	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
13. Earned Premiums (Sch. P-Part 1)									2		X X X

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012	
1. Prior											
2. 2003											
3. 2004	X X X										
4. 2005	X X X	X X X									
5. 2006	X X X	X X X	X X X								
6. 2007	X X X	X X X	X X X	X X X							
7. 2008	X X X	X X X	X X X	X X X	X X X						
8. 2009	X X X	X X X	X X X	X X X	X X X	X X X					
9. 2010	X X X	X X X	X X X	X X X	X X X	X X X	X X X		2	2	2
10. 2011	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
11. 2012	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
12. TOTAL	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
13. Earned Premiums (Sch. P-Part 1)									2		X X X

**SCHEDULE P - PART 6D**  
**WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012	
1. Prior											
2. 2003											
3. 2004	X X X										
4. 2005	X X X	X X X									
5. 2006	X X X	X X X	X X X								
6. 2007	X X X	X X X	X X X	X X X							
7. 2008	X X X	X X X	X X X	X X X	X X X						
8. 2009	X X X	X X X	X X X	X X X	X X X	X X X					
9. 2010	X X X	X X X	X X X	X X X	X X X	X X X	X X X				
10. 2011	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
11. 2012	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
12. TOTAL	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
13. Earned Premiums (Sch. P-Part 1)											X X X

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012	
1. Prior											
2. 2003											
3. 2004	X X X										
4. 2005	X X X	X X X									
5. 2006	X X X	X X X	X X X								
6. 2007	X X X	X X X	X X X	X X X							
7. 2008	X X X	X X X	X X X	X X X	X X X						
8. 2009	X X X	X X X	X X X	X X X	X X X	X X X					
9. 2010	X X X	X X X	X X X	X X X	X X X	X X X	X X X				
10. 2011	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			
11. 2012	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		
12. TOTAL	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
13. Earned Premiums (Sch. P-Part 1)											X X X

86	Schedule P - Part 6E Sn 1	NONE
86	Schedule P - Part 6E Sn 2	NONE
86	Schedule P - Part 6H Sn 1A	NONE
86	Schedule P - Part 6H Sn 2A	NONE
87	Schedule P - Part 6H Sn 1B	NONE
87	Schedule P - Part 6H Sn 2B	NONE
87	Schedule P - Part 6M Sn 1	NONE
87	Schedule P - Part 6M Sn 2	NONE
88	Schedule P - Part 6N Sn 1	NONE
88	Schedule P - Part 6N Sn 2	NONE
88	Schedule P - Part 6O Sn 1	NONE
88	Schedule P - Part 6O Sn 2	NONE
89	Schedule P - Part 6R Sn 1A	NONE
89	Schedule P - Part 6R Sn 2A	NONE
89	Schedule P - Part 6R Sn 1B	NONE
89	Schedule P - Part 6R Sn 2B	NONE
90	Schedule P - Part 7A Sn 1	NONE
90	Schedule P - Part 7A Sn 2	NONE
90	Schedule P - Part 7A Sn 3	NONE
91	Schedule P - Part 7A Sn 4	NONE
91	Schedule P - Part 7A Sn 5	NONE
92	Schedule P - Part 7B Sn 1	NONE
92	Schedule P - Part 7B Sn 2	NONE
92	Schedule P - Part 7B Sn 3	NONE
93	Schedule P - Part 7B Sn 4	NONE
93	Schedule P - Part 7B Sn 5	NONE
93	Schedule P - Part 7B Sn 6	NONE
93	Schedule P - Part 7B Sn 7	NONE

## SCHEDULE P INTERROGATORIES

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

- 1.1 Does the company issue Medical Professional Liability Claims-Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions: Yes[ ] No[X]
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? \$ ..... 0
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes[ ] No[ ] N/A[X]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes[ ] No[ ] N/A[X]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes[ ] No[ ] N/A[X]
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in which premiums were earned and losses were incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior .....	.....	.....
1.602 2003 .....	.....	.....
1.603 2004 .....	.....	.....
1.604 2005 .....	.....	.....
1.605 2006 .....	.....	.....
1.606 2007 .....	.....	.....
1.607 2008 .....	.....	.....
1.608 2009 .....	.....	.....
1.609 2010 .....	.....	.....
1.610 2011 .....	.....	.....
1.611 2012 .....	.....	.....
1.612 TOTALS .....	.....	.....

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes[X] No[ ]
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes[X] No[ ]
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on page 10? Yes[ ] No[X]  
 If Yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.  
 Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.  
 Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for: (in thousands of dollars)
- |              |    |         |
|--------------|----|---------|
| 5.1 Fidelity | \$ | ..... 0 |
| 5.2 Surety   | \$ | ..... 0 |
6. Claim count information is reported per claim or per claimant (Indicate which). ..... ✓ .....
- 6.1 per claim
- 6.2 per claimant .....
- If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes[ ] No[X]
- 7.2 An extended statement may be attached.

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**  
**ALLOCATED BY STATES AND TERRITORIES**

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

**NONE**

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
473	American Family Insurance Group	19275	39-0273710				American Family Mutual Insurance Company	WI	UIP	American Family Mutual Insurance Company - Board of Directors	Board of Directors		American Family Mutual Insurance Company - Board of Directors	
		0	39-1999869				American Family Securities, LLC	WI	NIA	American Family Mutual Insurance Company	Ownership	100.0	American Family Mutual Insurance Company	
		0	39-1508124				American Family Brokerage, Inc.	WI	NIA	American Family Mutual Insurance Company	Ownership	100.0	American Family Mutual Insurance Company	
		0	39-1391393				AMFAM, Inc.	WI	UDP	American Family Mutual Insurance Company	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	19283	39-6040366				American Standard Insurance Co. of WI	WI	IA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	10386	39-1835307				American Family Insurance Company	OH	IA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	10387	39-1835305				American Standard Insurance Co. of OH	OH		AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	60399	39-6040365				American Family Life Insurance Co.	WI	IA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
		0	39-6040596				American Family Financial Services, Inc.	WI	NIA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
		0	36-4681910				New Ventures, LLC	WI	NIA	AMFAM, Inc.	Ownership	99.0	American Family Mutual Insurance Company	
		0	36-4681910				New Ventures, LLC	WI	NIA	American Family Life Insurance Co.	Ownership	1.0	American Family Mutual Insurance Company	
		0	86-1101013				PGC Holdings Corporation	DE	NIA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
		0	42-6653388				PGC Holdings Statutory Trust 1	DE	NIA	PGC Holdings Corporation	Ownership	100.0	American Family Mutual Insurance Company	
		0	20-1980130				PGC Holdings Statutory Trust 2	DE	NIA	PGC Holdings Corporation	Ownership	100.0	American Family Mutual Insurance Company	
473	Permanent General Holdings	22906	62-1482846				PGAC of Ohio	OH	IA	PGC Holdings Corporation	Ownership	100.0	American Family Mutual Insurance Company	
473	Permanent General Holdings	37648	13-2960609				Permanent General Assurance Corporation	OH	IA	Permanent General Companies, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
		0	62-1336831				Permanent General Companies, Inc.	TN	NIA	PGC Holdings Corporation	Ownership	100.0	American Family Mutual Insurance Company	
		0	621383711				PGA Service Corporation	TN	NIA	Permanent General Assurance Corporation	Ownership	100.0	American Family Mutual Insurance Company	
		0	62-1684228				The General Auto Insurance Services of Ohio, Inc.	OH	NIA	PGA Service Corporation	Ownership	100.0	American Family Mutual Insurance Company	
		0	62-1684225				The General Auto Insurance Services of California, Inc.	CA	NIA	PGA Service Corporation	Ownership	100.0	American Family Mutual Insurance Company	
		0	62-1758317				The General Auto Insurance Services of Louisiana, Inc.	LA	NIA	PGA Service Corporation	Ownership	100.0	American Family Mutual Insurance Company	
473	Permanent General Holdings	13703	26-2465659				The General Automobile Insurance Company, Inc.	OH	IA	PGAC of Ohio	Ownership	100.0	American Family Mutual Insurance Company	
		0	62-1820203				The General Auto Insurance Services of Georgia, Inc.	GA	NIA	PGA Service Corporation	Ownership	100.0	American Family Mutual Insurance Company	
		0	62-1812273				The General Auto Insurance Services of Texas, Inc.	TX	NIA	PGA Service Corporation	Ownership	100.0	American Family Mutual Insurance Company	

## SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
473		27138	36-2705935				Lumbermens Casualty Insurance Company	IL	IA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	

Asterisk	Explanation
0000001	American Standard Insurance Co. of OH is the Reporting Entity

## SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
19275	39-0273710	American Family Mutual Insurance Co.		(253,669,962)			319,787,664	(103,862,661)			(37,744,959)	(513,747,548)
19283	39-6040366	American Standard Insurance Co of WI					(82,050,399)	51,141,935			(30,908,464)	325,197,117
60399	39-6040365	American Family Life Insurance Co.					(133,613,110)	(4,308,573)			(137,921,683)	
00000	39-6040596	American Family Financial Services Inc.					438,259				438,259	
00000	39-1508124	American Family Brokerage Inc.					(9,608,643)				(9,608,643)	
10386	39-1835307	American Family Insurance Co.					(86,308,011)	48,770,472			(37,537,539)	162,728,097
10387	39-1835305	AMERICAN STANDARD INS CO OF OH					(9,512,066)	8,258,827			(1,253,239)	25,822,334
00000	39-1999869	American Family Securities, LLC										
00000	39-1391393	AMFAM, INC.		253,669,962			866,955				254,536,917	
00000	36-4681910	New Ventures LLC										
00000	86-1101013	PGC Holdings Corporation										
00000	42-6653388	PGC Holdings Statutory Trust 1										
00000	20-1980130	PGC Holdings Statutory Trust 2										
22906	62-1482846	Permanent General Assurance Corporation of Ohio										
37648	13-2960609	Permanent General Assurance Corporation										
00000	62-1336831	Permanent General Companies, Inc.										
00000	621383711	PGA Service Corporation										
00000	62-1684228	The General Auto Insurance Services of Ohio, Inc.										
00000	62-1684225	The General Auto Insurance Services, Inc.										
00000	62-1758317	The General Auto Insurance Services of Louisiana,										
13703	26-2465659	The General Automobile Insurance Company, Inc.										
00000	62-1820203	The General Auto Insurance Services of Georgia, In										
00000	62-1812273	The General Auto Insurance Services of Texas, Inc.										
27138	36-2705935	Lumbermens Casualty Insurance Company					(649)				(649)	
9999999 Control Totals										X X X		

Schedule Y Part 2 Explanation:

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

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

MARCH FILING

- |  |     |
|--|-----|
| 1. Will an actuarial opinion be filed by March 1?  | Yes |
| 2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?                    | Yes |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?                            | Yes |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? | Yes |

APRIL FILING

- |  |     |
|--|-----|
| 5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? | Yes |
| 6. Will Management's Discussion and Analysis be filed by April 1?                                  | Yes |
| 7. Will the Supplemental Investment Risk Interrogatories be filed by April 1?                      | Yes |

MAY FILING

- |   |     |
|---|-----|
| 8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1? | Yes |
|---|-----|

JUNE FILING

- |   |     |
|---|-----|
| 9. Will an audited financial report be filed by June 1?   | Yes |
| 10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Yes |

AUGUST FILING

- |  |     |
|--|-----|
| 11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? | Yes |
|--|-----|

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

MARCH FILING

- |  |     |
|--|-----|
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?   | No  |
| 13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?   | No  |
| 14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?   | No  |
| 15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?   | No  |
| 16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?   | No  |
| 17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?   | No  |
| 18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?  | No  |
| 19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  | No  |
| 20. Will the Confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?   | Yes |
| 21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?   | Yes |
| 22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?  | No  |
| 23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?   | No  |
| 24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?   | No  |
| 25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | No  |
| 26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?       | No  |
| 27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?                     | No  |

APRIL FILING

- |  |    |
|--|----|
| 28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?  | No |
| 29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?  | No |
| 30. Will the Accident and Health Policy Experience Exhibit be filed by April 1?  | No |
| 31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?                                      | No |
| 32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile AND the NAIC by April 1? | No |

AUGUST FILING

- |  |     |
|--|-----|
| 33. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | Yes |
|--|-----|

Explanations:

Bar Codes:

Schedule SIS



Financial Guaranty Insurance Exhibit



Medicare Supplement Insurance Experience Exhibit



Supplement A to Schedule T



Trusteed Surplus Statement



Premiums Attributed to Protected Cells Exhibit



## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Reinsurance Summary Supplemental Filing



Medicare Part D Coverage Supplement



Exceptions to the Reinsurance Attestation Supplement



Bail Bond Supplement



Director and Officer Supplement



Approval for Relief related to five-year rotation for lead Audit Partner



Approval for Relief related to one-year cooling off period for inde. CPA



Approval for Relief related to Require. for Audit Committees



Credit Insurance Exhibit



LTC Supplemental Interrogatories



Accident and Health Policy Experience Exhibit



Supplemental Health Care Exhibit



Supplemental Health Care Exhibit's Expense Allocation Report



**OVERFLOW PAGE FOR WRITE-INS**

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