



Quarterly Statement  
For the Quarter Ended March 31, 2013  
OF THE CONDITION AND AFFAIRS OF THE  
American Standard Insurance Company of Ohio

NAIC Group Code: 0473 (current period), 0473 (prior period)    NAIC Company Code: 10387    Employer's ID Number: 39-1835305

Organized under the Laws of Ohio, State of Domicile or Port of Entry: Ohio, Country of Domicile: U. S.

Incorporated/Organized: November 21, 1995    Commenced Business: January 1, 1996

STATUTORY HOME OFFICE:  
550 Polaris Parkway, Suite 100, Westerville, Ohio 43082

MAIN ADMINISTRATIVE OFFICE, MAILING ADDRESS, AND PRIMARY LOCATION OF BOOKS AND RECORDS:  
6000 American Parkway, Madison, Wisconsin 53783-0001  
Telephone: 608-249-2111  
Internet Website Address: [www.amfam.com](http://www.amfam.com)

STATUTORY STATEMENT CONTACT: Brad A. Krause  
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OFFICERS

| Name                   | Title                                      |
|------------------------|--|
| Jack Charles Salzwedel | Chairman and C.E.O.                        |
| Daniel Robert Schultz  | President and C.O.O.                       |
| Daniel James Kelly     | Chief Financial Officer, Treasurer         |
| David Clifford Holman  | Chief Legal Officer, Secretary             |
| Peter Chesley Gunder   | Chief Investment Officer                   |
| Kari Elizabeth Grasee  | Vice President, Controller                 |
| Richard Martin Steffen | Vice President, Agency Sales - East Region |
| Ann Marie Thompson     | Assistant Treasurer                        |
| Ann Frances Wenzel     | Assistant Secretary                        |

DIRECTORS OR TRUSTEES

|                        |                       |
|------------------------|-----------------------|
| David Clifford Holman  | Daniel Robert Schultz |
| Daniel James Kelly     | William Boyd Westrate |
| Jack Charles Salzwedel |                       |

State of Wisconsin  
County of Dane

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            | Signature                      | Signature                          |
| Daniel R. Schultz    | David C. Holman                | Daniel J. Kelly                    |
| President and C.O.O. | Chief Legal Officer, Secretary | Chief Financial Officer, Treasurer |

Subscribed and sworn to before me this    day of May, 2013

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

ASSETS

|                      |  | Current Statement Date |                    |                                   | 4  |
|----------------------|--|------------------------|--------------------|-----------------------------------|--|
|                      |  | 1                      | 2                  | 3                                 |  |
|                      |  | Assets                 | Nonadmitted Assets | Net Admitted Assets (Cols. 1 - 2) | December 31 Prior Year Net Admitted Assets |
| 1.                   | Bonds .....  | 6,500,534              |                    | 6,500,534                         | 6,505,116                                  |
| 2.                   | Stocks:  |                        |                    |                                   |  |
| 2.1                  | Preferred stocks .....   |                        |                    |                                   |  |
| 2.2                  | Common stocks .....  |                        |                    |                                   |  |
| 3.                   | Mortgage loans on real estate:   |                        |                    |                                   |  |
| 3.1                  | First liens .....  |                        |                    |                                   |  |
| 3.2                  | Other than first liens .....   |                        |                    |                                   |  |
| 4.                   | Real estate:   |                        |                    |                                   |  |
| 4.1                  | Properties occupied by the company (less \$.....0 encumbrances) .....  |                        |                    |                                   |  |
| 4.2                  | Properties held for the production of income (less \$.....0 encumbrances) .....  |                        |                    |                                   |  |
| 4.3                  | Properties held for sale (less \$.....0 encumbrances) .....  |                        |                    |                                   |  |
| 5.                   | Cash (\$.....992,545), cash equivalents (\$.....0) and short-term investments (\$.....153,136) .....   | 1,145,681              |                    | 1,145,681                         | 1,315,902                                  |
| 6.                   | Contract loans (including \$.....0 premium notes) .....  |                        |                    |                                   |  |
| 7.                   | Derivatives .....  |                        |                    |                                   |  |
| 8.                   | Other invested assets .....  |                        |                    |                                   |  |
| 9.                   | Receivables for securities .....   | 2                      |                    | 2                                 | 1,806                                      |
| 10.                  | Securities lending reinvested collateral assets .....  |                        |                    |                                   |  |
| 11.                  | Aggregate write-ins for invested assets .....  |                        |                    |                                   |  |
| 12.                  | Subtotals, cash and invested assets (Lines 1 to 11) .....  | 7,646,217              |                    | 7,646,217                         | 7,822,824                                  |
| 13.                  | Title plants less \$.....0 charged off (for Title insurers only) .....   |                        |                    |                                   |  |
| 14.                  | Investment income due and accrued .....  | 79,379                 |                    | 79,379                            | 149,431                                    |
| 15.                  | Premiums and considerations:   |                        |                    |                                   |  |
| 15.1                 | Uncollected premiums and agents' balances in the course of collection .....  |                        |                    |                                   |  |
| 15.2                 | Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) ..... |                        |                    |                                   |  |
| 15.3                 | Accrued retrospective premiums .....   |                        |                    |                                   |  |
| 16.                  | Reinsurance:   |                        |                    |                                   |  |
| 16.1                 | Amounts recoverable from reinsurers .....  | 5,541                  |                    | 5,541                             | (255,808)                                  |
| 16.2                 | Funds held by or deposited with reinsured companies .....  |                        |                    |                                   |  |
| 16.3                 | Other amounts receivable under reinsurance contracts .....   |                        |                    |                                   |  |
| 17.                  | Amounts receivable relating to uninsured plans .....   |                        |                    |                                   |  |
| 18.1                 | Current federal and foreign income tax recoverable and interest thereon .....  |                        |                    |                                   |  |
| 18.2                 | Net deferred tax asset .....   | 26,878                 | 26,878             |                                   |  |
| 19.                  | Guaranty funds receivable or on deposit .....  |                        |                    |                                   |  |
| 20.                  | Electronic data processing equipment and software .....  |                        |                    |                                   |  |
| 21.                  | Furniture and equipment, including health care delivery assets (\$.....0) .....  |                        |                    |                                   |  |
| 22.                  | Net adjustments in assets and liabilities due to foreign exchange rates .....  |                        |                    |                                   |  |
| 23.                  | Receivables from parent, subsidiaries and affiliates .....   | 58,977                 |                    | 58,977                            | (129,376)                                  |
| 24.                  | Health care (\$.....0) and other amounts receivable .....  |                        |                    |                                   |  |
| 25.                  | Aggregate write-ins for other than invested assets .....   |                        |                    |                                   |  |
| 26.                  | TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....                                 | 7,816,992              | 26,878             | 7,790,114                         | 7,587,071                                  |
| 27.                  | From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....  |                        |                    |                                   |  |
| 28.                  | TOTAL (Lines 26 and 27) .....  | 7,816,992              | 26,878             | 7,790,114                         | 7,587,071                                  |
| DETAILS OF WRITE-INS |  |                        |                    |                                   |  |
| 1101.                | .....  |                        |                    |                                   |  |
| 1102.                | .....  |                        |                    |                                   |  |
| 1103.                | .....  |                        |                    |                                   |  |
| 1198.                | Summary of remaining write-ins for Line 11 from overflow page .....  |                        |                    |                                   |  |
| 1199.                | TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....   |                        |                    |                                   |  |
| 2501.                | .....  |                        |                    |                                   |  |
| 2502.                | .....  |                        |                    |                                   |  |
| 2503.                | .....  |                        |                    |                                   |  |
| 2598.                | Summary of remaining write-ins for Line 25 from overflow page .....  |                        |                    |                                   |  |
| 2599.                | TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....   |                        |                    |                                   |  |

LIABILITIES, SURPLUS AND OTHER FUNDS

|                      |  | 1                         | 2                          |
|----------------------|--|---------------------------|----------------------------|
|                      |  | Current<br>Statement Date | December 31,<br>Prior Year |
| 1.                   | Losses (current accident year \$.....0) .....  |                           |                            |
| 2.                   | Reinsurance payable on paid losses and loss adjustment expenses .....  |                           |                            |
| 3.                   | Loss adjustment expenses .....   |                           |                            |
| 4.                   | Commissions payable, contingent commissions and other similar charges .....  |                           |                            |
| 5.                   | Other expenses (excluding taxes, licenses and fees) .....  |                           |                            |
| 6.                   | Taxes, licenses and fees (excluding federal and foreign income taxes) .....  |                           |                            |
| 7.1                  | Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)) .....   | 4,496                     | 1,184                      |
| 7.2                  | Net deferred tax liability .....   |                           |                            |
| 8.                   | Borrowed money \$.....0 and interest thereon \$.....0 .....  |                           |                            |
| 9.                   | Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....9,919,363 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) ..... |                           |                            |
| 10.                  | Advance premium .....  | 52,754                    | 26,367                     |
| 11.                  | Dividends declared and unpaid:   |                           |                            |
| 11.1                 | Stockholders .....   |                           |                            |
| 11.2                 | Policyholders .....  |                           |                            |
| 12.                  | Ceded reinsurance premiums payable (net of ceding commissions) .....   | 177,274                   | 374,949                    |
| 13.                  | Funds held by company under reinsurance treaties .....   |                           |                            |
| 14.                  | Amounts withheld or retained by company for account of others .....  | (1,244)                   | (1,244)                    |
| 15.                  | Remittances and items not allocated .....  |                           |                            |
| 16.                  | Provision for reinsurance (including \$.....0 certified) .....   |                           |                            |
| 17.                  | Net adjustments in assets and liabilities due to foreign exchange rates .....  |                           |                            |
| 18.                  | Drafts outstanding .....   | 228,084                   | 347,036                    |
| 19.                  | Payable to parent, subsidiaries and affiliates .....   | 69,600                    | (354,504)                  |
| 20.                  | Derivatives .....  |                           |                            |
| 21.                  | Payable for securities .....   |                           |                            |
| 22.                  | Payable for securities lending .....   |                           |                            |
| 23.                  | Liability for amounts held under uninsured plans .....   |                           |                            |
| 24.                  | Capital notes \$.....0 and interest thereon \$.....0 .....   |                           |                            |
| 25.                  | Aggregate write-ins for liabilities .....  | 22,532                    | 23,648                     |
| 26.                  | TOTAL liabilities excluding protected cell liabilities (Lines 1 through 25) .....  | 553,496                   | 417,436                    |
| 27.                  | Protected cell liabilities .....   |                           |                            |
| 28.                  | TOTAL liabilities (Lines 26 and 27) .....  | 553,496                   | 417,436                    |
| 29.                  | Aggregate write-ins for special surplus funds .....  |                           |                            |
| 30.                  | Common capital stock .....   | 1,000,000                 | 1,000,000                  |
| 31.                  | Preferred capital stock .....  |                           |                            |
| 32.                  | Aggregate write-ins for other than special surplus funds .....   |                           |                            |
| 33.                  | Surplus notes .....  |                           |                            |
| 34.                  | Gross paid in and contributed surplus .....  | 1,824,806                 | 1,824,806                  |
| 35.                  | Unassigned funds (surplus) .....   | 4,411,812                 | 4,344,829                  |
| 36.                  | Less treasury stock, at cost:  |                           |                            |
| 36.1                 | .....0 shares common (value included in Line 30 \$.....0) .....  |                           |                            |
| 36.2                 | .....0 shares preferred (value included in Line 31 \$.....0) .....   |                           |                            |
| 37.                  | Surplus as regards policyholders (Lines 29 to 35, less 36) .....   | 7,236,618                 | 7,169,635                  |
| 38.                  | TOTALS (Page 2, Line 28, Col. 3) .....   | 7,790,114                 | 7,587,071                  |
| DETAILS OF WRITE-INS |  |                           |                            |
| 2501.                | All Other Liabilities .....  | 22,532                    | 23,648                     |
| 2502.                | .....  |                           |                            |
| 2503.                | .....  |                           |                            |
| 2598.                | Summary of remaining write-ins for Line 25 from overflow page .....  |                           |                            |
| 2599.                | TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....   | 22,532                    | 23,648                     |
| 2901.                | .....  |                           |                            |
| 2902.                | .....  |                           |                            |
| 2903.                | .....  |                           |                            |
| 2998.                | Summary of remaining write-ins for Line 29 from overflow page .....  |                           |                            |
| 2999.                | TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....   |                           |                            |
| 3201.                | .....  |                           |                            |
| 3202.                | .....  |                           |                            |
| 3203.                | .....  |                           |                            |
| 3298.                | Summary of remaining write-ins for Line 32 from overflow page .....  |                           |                            |
| 3299.                | TOTALS (Lines 3201 through 3203 plus 3298) (Line 32 above) .....   |                           |                            |

STATEMENT OF INCOME

|                             |   | 1                       | 2                     | 3                               |
|-----------------------------|---|-------------------------|-----------------------|---------------------------------|
|                             |   | Current Year<br>to Date | Prior Year<br>to Date | Prior Year Ended<br>December 31 |
| UNDERWRITING INCOME         |   |                         |                       |                                 |
| 1.                          | Premiums earned   |                         |                       |                                 |
| 1.1                         | Direct (written \$.....8,774,196)   | 7,547,760               | 6,134,686             | 28,596,295                      |
| 1.2                         | Assumed (written \$.....0)  |                         |                       |                                 |
| 1.3                         | Ceded (written \$.....8,774,196)  | 7,547,760               | 6,134,686             | 28,596,295                      |
| 1.4                         | Net (written \$.....0)  |                         |                       |                                 |
| DEDUCTIONS:                 |   |                         |                       |                                 |
| 2.                          | Losses incurred (current accident year \$.....0)  |                         |                       |                                 |
| 2.1                         | Direct  | 6,214,923               | 4,405,859             | 18,609,397                      |
| 2.2                         | Assumed   |                         |                       |                                 |
| 2.3                         | Ceded   | 6,214,923               | 4,405,859             | 18,609,397                      |
| 2.4                         | Net   |                         |                       |                                 |
| 3.                          | Loss adjustment expenses incurred   |                         |                       |                                 |
| 4.                          | Other underwriting expenses incurred  |                         |                       |                                 |
| 5.                          | Aggregate write-ins for underwriting deductions   |                         |                       |                                 |
| 6.                          | TOTAL underwriting deductions (Lines 2 through 5)   |                         |                       |                                 |
| 7.                          | Net income of protected cells   |                         |                       |                                 |
| 8.                          | Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)  |                         |                       |                                 |
| INVESTMENT INCOME           |   |                         |                       |                                 |
| 9.                          | Net investment income earned  | 71,295                  | 68,570                | 282,835                         |
| 10.                         | Net realized capital gains (losses) less capital gains tax of \$.....0  |                         |                       |                                 |
| 11.                         | Net investment gain (loss) (Lines 9 + 10)   | 71,295                  | 68,570                | 282,835                         |
| OTHER INCOME                |   |                         |                       |                                 |
| 12.                         | Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0)                             |                         |                       |                                 |
| 13.                         | Finance and service charges not included in premiums  |                         |                       |                                 |
| 14.                         | Aggregate write-ins for miscellaneous income  |                         |                       |                                 |
| 15.                         | TOTAL other income (Lines 12 through 14)  |                         |                       |                                 |
| 16.                         | Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)     | 71,295                  | 68,570                | 282,835                         |
| 17.                         | Dividends to policyholders  |                         |                       |                                 |
| 18.                         | Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17) | 71,295                  | 68,570                | 282,835                         |
| 19.                         | Federal and foreign income taxes incurred   | 4,312                   | 3,310                 | 21,805                          |
| 20.                         | Net income (Line 18 minus Line 19) (to Line 22)   | 66,983                  | 65,260                | 261,030                         |
| CAPITAL AND SURPLUS ACCOUNT |   |                         |                       |                                 |
| 21.                         | Surplus as regards policyholders, December 31 prior year  | 7,169,635               | 6,908,605             | 6,908,605                       |
| 22.                         | Net income (from Line 20)   | 66,983                  | 65,260                | 261,030                         |
| 23.                         | Net transfers (to) or from Protected Cell accounts  |                         |                       |                                 |
| 24.                         | Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0   |                         |                       |                                 |
| 25.                         | Change in net unrealized foreign exchange capital gain (loss)   |                         |                       |                                 |
| 26.                         | Change in net deferred income tax   | 152                     | 152                   | 5,622                           |
| 27.                         | Change in nonadmitted assets  | (152)                   | (152)                 | (5,622)                         |
| 28.                         | Change in provision for reinsurance   |                         |                       |                                 |
| 29.                         | Change in surplus notes   |                         |                       |                                 |
| 30.                         | Surplus (contributed to) withdrawn from Protected cells   |                         |                       |                                 |
| 31.                         | Cumulative effect of changes in accounting principles   |                         |                       |                                 |
| 32.                         | Capital changes:  |                         |                       |                                 |
| 32.1                        | Paid in   |                         |                       |                                 |
| 32.2                        | Transferred from surplus (Stock Dividend)   |                         |                       |                                 |
| 32.3                        | Transferred to surplus  |                         |                       |                                 |
| 33.                         | Surplus adjustments:  |                         |                       |                                 |
| 33.1                        | Paid in   |                         |                       |                                 |
| 33.2                        | Transferred to capital (Stock Dividend)   |                         |                       |                                 |
| 33.3                        | Transferred from capital  |                         |                       |                                 |
| 34.                         | Net remittances from or (to) Home Office  |                         |                       |                                 |
| 35.                         | Dividends to stockholders   |                         |                       |                                 |
| 36.                         | Change in treasury stock  |                         |                       |                                 |
| 37.                         | Aggregate write-ins for gains and losses in surplus   |                         |                       |                                 |
| 38.                         | Change in surplus as regards policyholders (Lines 22 through 37)  | 66,983                  | 65,260                | 261,030                         |
| 39.                         | Surplus as regards policyholders, as of statement date (Lines 21 plus 38)   | 7,236,618               | 6,973,865             | 7,169,635                       |
| DETAILS OF WRITE-INS        |   |                         |                       |                                 |
| 0501.                       |   |                         |                       |                                 |
| 0502.                       |   |                         |                       |                                 |
| 0503.                       |   |                         |                       |                                 |
| 0598.                       | Summary of remaining write-ins for Line 5 from overflow page  |                         |                       |                                 |
| 0599.                       | TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)   |                         |                       |                                 |
| 1401.                       |   |                         |                       |                                 |
| 1402.                       |   |                         |                       |                                 |
| 1403.                       |   |                         |                       |                                 |
| 1498.                       | Summary of remaining write-ins for Line 14 from overflow page   |                         |                       |                                 |
| 1499.                       | TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)  |                         |                       |                                 |
| 3701.                       |   |                         |                       |                                 |
| 3702.                       |   |                         |                       |                                 |
| 3703.                       |   |                         |                       |                                 |
| 3798.                       | Summary of remaining write-ins for Line 37 from overflow page   |                         |                       |                                 |
| 3799.                       | TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)  |                         |                       |                                 |

CASH FLOW

|   |  | 1         | 2         | 3           |
|---|--|-----------|-----------|-------------|
|   |  | Current   | Prior     | Prior       |
|   |  | Year      | Year      | Year Ended  |
|   |  | To Date   | To Date   | December 31 |
| Cash from Operations  |  |           |           |             |
| 1.  | Premiums collected net of reinsurance .....  | (171,288) | 600,763   | 521,947     |
| 2.  | Net investment income .....  | 145,929   | 141,382   | 299,005     |
| 3.  | Miscellaneous income .....   |           |           |             |
| 4.  | TOTAL (Lines 1 to 3) .....   | (25,359)  | 742,145   | 820,952     |
| 5.  | Benefit and loss related payments .....  | 261,350   | 1,517,299 | (566,160)   |
| 6.  | Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....                        |           |           |             |
| 7.  | Commissions, expenses paid and aggregate write-ins for deductions .....  |           |           |             |
| 8.  | Dividends paid to policyholders .....  |           |           |             |
| 9.  | Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....            | 1,000     | 3,310     | 28,376      |
| 10.   | TOTAL (Lines 5 through 9) .....  | 262,350   | 1,520,609 | (537,784)   |
| 11.   | Net cash from operations (Line 4 minus Line 10) .....  | (287,709) | (778,464) | 1,358,736   |
| Cash from Investments   |  |           |           |             |
| 12.   | Proceeds from investments sold, matured or repaid:   |           |           |             |
| 12.1  | Bonds .....  |           |           |             |
| 12.2  | Stocks .....   |           |           |             |
| 12.3  | Mortgage loans .....   |           |           |             |
| 12.4  | Real estate .....  |           |           |             |
| 12.5  | Other invested assets .....  |           |           |             |
| 12.6  | Net gains or (losses) on cash, cash equivalents and short-term investments .....                                 |           |           |             |
| 12.7  | Miscellaneous proceeds .....   | 1,804     | 1,806     |             |
| 12.8  | TOTAL investment proceeds (Lines 12.1 to 12.7) .....   | 1,804     | 1,806     |             |
| 13.   | Cost of investments acquired (long-term only):   |           |           |             |
| 13.1  | Bonds .....  |           |           |             |
| 13.2  | Stocks .....   |           |           |             |
| 13.3  | Mortgage loans .....   |           |           |             |
| 13.4  | Real estate .....  |           |           |             |
| 13.5  | Other invested assets .....  |           |           |             |
| 13.6  | Miscellaneous applications .....   |           |           |             |
| 13.7  | TOTAL investments acquired (Lines 13.1 to 13.6) .....  |           |           |             |
| 14.   | Net increase (or decrease) in contract loans and premium notes .....   |           |           |             |
| 15.   | Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....  | 1,804     | 1,806     |             |
| Cash from Financing and Miscellaneous Sources                       |  |           |           |             |
| 16.   | Cash provided (applied):   |           |           |             |
| 16.1  | Surplus notes, capital notes .....   |           |           |             |
| 16.2  | Capital and paid in surplus, less treasury stock .....   |           |           |             |
| 16.3  | Borrowed funds .....   |           |           |             |
| 16.4  | Net deposits on deposit-type contracts and other insurance liabilities .....                                     |           |           |             |
| 16.5  | Dividends to stockholders .....  |           |           |             |
| 16.6  | Other cash provided (applied) .....  | 115,684   | 1,184,802 | (916,544)   |
| 17.   | Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6) ..... | 115,684   | 1,184,802 | (916,544)   |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS |  |           |           |             |
| 18.   | Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....            | (170,221) | 408,144   | 442,192     |
| 19.   | Cash, cash equivalents and short-term investments:   |           |           |             |
| 19.1  | Beginning of year .....  | 1,315,902 | 873,710   | 873,710     |
| 19.2  | End of period (Line 18 plus Line 19.1) .....   | 1,145,681 | 1,281,854 | 1,315,902   |

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

|         |  |  |  |  |
|---------|--|--|--|--|
| 20.0001 |  |  |  |  |
|---------|--|--|--|--|

STATEMENT AS OF **March 31, 2013** OF THE **American Standard Insurance Company of Ohio**

Notes to Financial Statement

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. American Standard Insurance Company of Ohio (the Company) prepares its statutory financial statements in accordance with accounting practices prescribed or permitted by the Office of the Commissioner of Insurance of the State of Ohio (OCI). Prescribed statutory accounting practices include the National Association of Insurance Commissioners’ (NAIC) “Accounting Practices and Procedures Manual”, version effective March 1, 2013, as well as state laws, regulations, and general administrative rules applicable to all insurance enterprises domiciled in a particular state. In addition, the OCI has a right to permit other specific practices that may deviate from prescribed practices. No permitted differences in statutory accounting practices between the OCI and the NAIC are used in the preparation of these statutory financial statements.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

| <u>NET INCOME</u>   | <u>State of<br/>Domicile</u> | 2013         | 2012         |
|---|------------------------------|--------------|--------------|
| (1) State Basis (Page 4, Line 20, Columns 1 & 2)                  | OH                           | \$ 66,983    | \$ 261,030   |
| (2) State Prescribed Practices that increase/(decrease) NAIC SAP: | OH                           | 0            | 0            |
| (3) State Permitted Practices that increase/(decrease) NAIC SAP:  | OH                           | 0            | 0            |
| (4) NAIC SAP (1-2-3=4)  | OH                           | \$ 66,983    | \$ 261,030   |
| <u>SURPLUS</u>  |                              |              |              |
| (5) State Basis (Page 3, Line 37, Columns 1 & 2)                  | OH                           | \$ 7,236,618 | \$ 7,169,635 |
| (6) State Prescribed Practices that increase/(decrease) NAIC SAP: | OH                           | 0            | 0            |
| (7) State Permitted Practices that increase/(decrease) NAIC SAP:  | OH                           | 0            | 0            |
| (8) NAIC SAP (5-6-7=8)  | OH                           | \$ 7,236,618 | \$ 7,169,635 |

- B. The preparation of financial statements in conformity with the Annual Statement Instructions and Accounting Practices and Procedures manual requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses. It also requires estimates in the disclosure of contingent assets and liabilities. Actual results could differ from these estimates.
- C. Premiums, reserves and expenses are accounted for in accordance with the NAIC Accounting Practices and Procedures manual, subject to deviations prescribed or permitted by the State of Ohio as described above.

In addition, the Company uses the following accounting policies:

- (1) Investments in short-term bonds rated “1” (highest quality), or “2” (high quality) by the Securities Valuation Office (“SVO”) of the NAIC are reported in the financial statements at amortized cost. Bonds rated “3” (medium quality), “4” (low quality), “5” (lower quality), or “6” (lowest quality) by the SVO are reported at the lower of amortized cost or fair value. The interest method is used to amortize any purchase premium or discount, including estimates of future prepayments obtained from independent sources. Money market mutual funds are recorded at amortized cost, which approximates fair market value.
- (2) Investments in bonds rated “1” (highest quality), or “2” (high quality) by the Securities Valuation Office (“SVO”) of the NAIC are reported in the financial statements at amortized cost. Bonds rated “3” (medium quality), “4” (low quality), “5” (lower quality), or “6” (lowest quality) by the SVO are reported at the lower of amortized cost or fair value.
- (3) The Company holds no common stocks.
- (4) The Company holds no preferred stocks.
- (5) The Company holds no mortgage loans.
- (6) The Company holds no loan-backed securities.
- (7) Investments in subsidiary, controlled and affiliated companies are stated as follows: The Company is wholly owned by AMFAM Inc., a holding company, which is wholly owned by American Family Mutual Insurance Company (AFMIC).
- (8) The Company has no investments in joint ventures, partnerships and limited liability companies.
- (9) The Company holds no derivatives.
- (10) The Company does anticipate investment income as a factor in premium deficiency calculations.

# Notes to Financial Statement

- (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 amounts are adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company has not modified its capitalization policy during the current reporting period.
- (13) The Company does not have pharmaceutical rebate receivables.

**2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS**

No change

**3. BUSINESS COMBINATIONS AND GOODWILL**

No change

**4. DISCONTINUED OPERATIONS**

No change

**5. INVESTMENTS**

No change

**6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES**

No change

**7. INVESTMENT INCOME**

No change

**8. DERIVATIVE INSTRUMENTS**

No change

**9. INCOME TAXES**

No change

**10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES**

- A. B. & C. No change.
- D. As of March 31, 2013, The Company reported \$64,518 due from affiliates, and \$246,874 due to affiliates. Terms of the settlement require that these amounts be settled within 30 days.
- E. – L. No change

**11. DEBT**

No change

**12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT PLANS**

No change

**13. CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS**

No change

**14. CONTINGENCIES**

No change

**15. LEASES**

No change

**16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK**

No change

17. SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENT OF LIABILITIES

- A. Transfer of Receivables reported as sales – The proceeds from the transfer for the quarter ending March 31, 2013 and March 31, 2012 are \$7,934,894 and \$4,817,291, respectively. There is no gain or loss from this transaction.
- B - C. No change

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED A&H PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

No change

19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

No change

20. FAIR VALUE MEASUREMENTS

- A. Valuation, Techniques, and Inputs
1. The following summarizes the Company’s financial assets carried at fair value as of March 31, 2013.
- | Description for each class of asset or liability | (Level 1) | (Level 2) | (Level 3) | Total   |
|--|-----------|-----------|-----------|---------|
| a. Assets at fair value                          |           |           |           |         |
| Short-term Investments                           | 153,136   | -         | -         | 153,136 |
| Total assets at fair value                       | 153,136   | -         | -         | 153,136 |
- There were no material transfers between Levels 1 and 2 during the first quarter of 2013.
2. The Company held no Level 3 assets as of March 31, 2013.
3. There were no material transfers into or out of Level 3 during the first quarter of 2013.
4. The Financial assets and financial liabilities recorded on the Balance Sheet at fair value are categorized based on the reliability of inputs to the valuation techniques as follows:
- Level 1Financial assets and financial liabilities whose values are based on unadjusted quoted prices for identical assets or liabilities in an active market that the Company can access.

Level 2Financial assets and financial liabilities whose values are based on the following:  
Quoted prices for similar assets or liabilities in active markets;  
Quoted prices for identical or similar assets or liabilities in non-active markets; or  
Valuation models whose inputs are observable, directly or indirectly, for substantially the full term of the asset or liability.

Level 3Financial assets and financial liabilities whose values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. These inputs may reflect the Company’s estimates of the assumptions that market participants would use in valuing the financial assets and financial liabilities.
- The availability of observable inputs varies by instrument. In situations where fair value is based on internally developed pricing models or inputs that are unobservable in the market, the determination of fair value requires more judgment. In many instances, inputs used to measure fair value fall into different levels of the fair value hierarchy. In those instances, for disclosure purposes, the level in the fair value hierarchy within which the fair value measurement is categorized is determined based on the lowest level input that is significant to the fair value measurement in its entirety.
- The fair value guidance establishes a hierarchy for inputs used in determining fair value that maximize the use of observable inputs and minimizes the use of unobservable inputs by requiring that observable inputs be used when available.
- Fair value is a market-based measure considered from the perspective of a market participant who owns an asset or owes a liability. Accordingly, when market observable data is not readily available, the Company’s own assumptions are set to reflect those that market participants would be presumed to use in pricing the asset or liability at the measurement date. The Company uses prices and inputs that are current as of the measurement date, including during periods of market disruption. In periods of market disruption, the ability to observe prices and inputs may be reduced for many instruments. This condition could cause an instrument to be reclassified from Level 1 to Level 2 or from Level 2 to Level 3.
- When available, the Company uses the market approach to estimate the fair value of its financial instruments, which is based on quoted prices in active markets that are readily and regularly available. Generally, these are the most liquid of the Company’s holdings and valuation of these securities does not involve management judgment. Matrix pricing and other similar techniques are other examples of the market approach.



When quoted prices in active markets are not available, the Company uses the income approach, or a combination of the market and income approaches, to estimate the fair value of its financial instruments. The income approach involves using discounted cash flow and other standard valuation methodologies. The inputs in applying these market standard valuation methodologies include, but are not limited to interest rates, benchmark yields, bid/ask spreads, dealer quotes, liquidity, term to maturity, estimated future cash flows, credit risk and default projections, collateral performance, deal and tranche attributes, and general market data.

The following valuation techniques and inputs were used to estimate the fair value of each class of significant financial instruments:

**Level 1 Measurements**

Short-term Investments: Comprised of actively traded money market funds that have daily quoted net asset values for identical assets that the Company can access.

The Company held no Level 2 or Level 3 securities carried at fair value as of March 31, 2013.

- B. Not applicable
- C. Valuation, Methods, and Assumptions

1. The following summarizes the fair value of the Company’s financial assets as of March 31, 2013:

| Type of Financial Instrument | Aggregate<br>Fair Value | Admitted<br>Assets |           |           |           |  | Not<br>Practicable<br>(Carrying<br>Value) |
|------------------------------|-------------------------|--------------------|-----------|-----------|-----------|--|---|
|                              |                         |                    | (Level 1) | (Level 2) | (Level 3) |  |   |
| Bonds                        | 7,214,692               | 6,500,534          | 407,012   | 6,807,680 | -         |  | -   |
| Short-term Investments       | 153,136                 | 153,136            | 153,136   | -         | -         |  | -   |

2. The following valuation methods and assumptions were used to measure the fair values of each type of financial asset and financial liability:

Bonds: The fair value of Level 1 bonds, consisting of U.S. Treasury Notes, is determined using unadjusted quoted prices in an active market. The majority of the Company’s level 2 bonds are valued using the market and income approaches by the SVO or by leading, nationally recognized providers of market data and analytics if no SVO price is available. When available, recent trades of identical or similar assets are used to price these securities. However, because many fixed income securities do not actively trade on a daily basis, pricing models are often used to determine security prices. The pricing models discount future cash flows at estimated market interest rates. These rates are derived by calculating the appropriate spreads over comparable U.S. Treasury securities based on credit quality, industry, and structure of the asset. Observable inputs used by the models include benchmark yields, bid/ask spreads, dealer quotes, liquidity, term to maturity, credit risk and default projections, collateral performance, deal and tranche attributes, and general market data. Inputs may vary depending on type of security.

Short-term Investments: Valuation methods and assumptions are discussed in Note 20.A.4.

- D. Not applicable

21. OTHER ITEMS

- A.- B. No change
- C. Other Disclosures

Assets in the amount of \$86,454 and \$86,526 at March 31, 2013 and December 31, 2012, respectively, were on deposit with government authorities or trustees as required by law.
- D.- G. No change

22. EVENTS SUBSEQUENT

No change

23. REINSURANCE

A & B. No change

STATEMENT AS OF **March 31, 2013** OF THE **American Standard Insurance Company of Ohio**

Notes to Financial Statement

C. Reinsurance Assumed And Ceded

1. The following table summarizes ceded and assumed unearned premiums and the related commission equity at March 31, 2013:
- |               | Assumed Reinsurance |                   | Ceded Reinsurance |                   | Net             |                   |
|---------------|---------------------|-------------------|-------------------|-------------------|-----------------|-------------------|
|               | Premium Reserve     | Commission Equity | Premium Reserve   | Commission Equity | Premium Reserve | Commission Equity |
| a) Affiliates | \$ -                | \$ -              | \$ 9,919,363      | \$ 1,106,670      | \$ (9,919,363)  | \$ (1,106,670)    |
| b) All Other  | -                   | -                 | -                 | -                 | -               | -                 |
| c) TOTAL      | \$ -                | \$ -              | \$ 9,919,363      | \$ 1,106,670      | \$ (9,919,363)  | \$ (1,106,670)    |
- d) Direct Unearned Premium Reserve
- \$ 9,919,363
2. Certain agency agreements and ceded reinsurance contracts provide for additional or return commissions based on the actual loss experience of the produced or reinsured business. There were no amounts accrued at March 31, 2013.

|   | Direct | Assumed | Ceded | Net  |
|---|--------|---------|-------|------|
| a) Contingent Commission                | -      | -       | -     | -    |
| b) Sliding Scale Adjustments            | -      | -       | -     | -    |
| c) Other Profit Commission Arrangements | -      | -       | -     | -    |
| d) TOTAL                                | \$ -   | \$ -    | \$ -  | \$ - |

3. Not applicable.

D.-H. No change

24. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

No change

25. CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

No change

26. INTERCOMPANY POOLING ARRANGEMENTS

No change

27. STRUCTURED SETTLEMENTS

No change

28. HEALTH CARE RECEIVABLES

No change

29. PARTICIPATING POLICIES

No change

30. PREMIUM DEFICIENCY RESERVES

No change

31. HIGH DEDUCTIBLES

No change

32. DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES AND UNPAID LOSS ADJUSTMENT EXPENSES

No change

33. ASBESTOS/ENVIRONMENTAL RESERVES

No change

34. SUBSCRIBERS SAVINGS ACCOUNT

No change

35. MULTIPLE PERIL CROP INSURANCE

No change

36. FINANCIAL GUARANTY INSURANCE

No change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

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

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

Yes[ ] No[X]
- 2.2 If yes, date of change:

.....
- 3.1 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[ ] No[X]
- 3.2 If the response to 3.1 is yes, provide a brief description of those changes:
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[ ] No[X]
- 4.2 If yes, provide the name of 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 Company Code | State of Domicile |
| .....          | .....             | .....             |

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation.

Yes[ ] No[ ] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2011
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....12/31/2011
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....04/05/2013
- 6.4 By what department or departments?  
Ohio Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

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

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

Yes[ ] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[ ] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[ ] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

| 1              | 2                      | 3              | 4              | 5              | 6              |
|----------------|------------------------|----------------|----------------|----------------|----------------|
| Affiliate Name | Location (City, State) | FRB            | OCC            | FDIC           | SEC            |
| .....          | .....                  | . Yes[ ] No[X] | . Yes[ ] No[X] | . Yes[ ] No[X] | . Yes[ ] No[X] |

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  
(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[ ]
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[ ] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[ ] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

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

Yes[X] No[ ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$.....64,518

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[ ] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$.....0
13. Amount of real estate and mortgages held in short-term investments:

\$.....0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[ ] No[X]
- 14.2 If yes, please complete the following:

**GENERAL INTERROGATORIES (Continued)**

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?  
If no, attach a description with this statement.

Yes[ ] No[X]  
Yes[ ] No[ ] N/A[X]

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.3 Total payable for securities lending reported on the liability page

\$ ..... 0  
\$ ..... 0  
\$ ..... 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

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

Yes[X] No[ ]

| 1                    | 2   |
|----------------------|---|
| Name of Custodian(s) | Custodian Address                               |
| US Bank .....        | 777 E. Wisconsin Ave, Milwaukee, WI 53202 ..... |

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

| 1       | 2           | 3                       |
|---------|-------------|-------------------------|
| Name(s) | Location(s) | Complete Explanation(s) |
| .....   | .....       | .....                   |

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

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

Yes[ ] No[X]

| 1             | 2             | 3                 | 4      |
|---------------|---------------|-------------------|--------|
| Old Custodian | New Custodian | Date<br>of Change | Reason |
| .....         | .....         | .....             | .....  |

17.5 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                                  | 2       | 3       |
|------------------------------------|---------|---------|
| Central Registration<br>Depository | Name(s) | Address |
| .....                              | .....   | .....   |

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

18.2 If no, list exceptions:

Yes[X] No[ ]

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?  
If yes, attach an explanation.

Yes[ ] No[ ] N/A[X]

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?  
If yes, attach an explanation.

Yes[ ] No[X]

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled?  
3.2 If yes, give full and complete information thereto

Yes[ ] No[X]

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see annual statement instructions pertaining to disclosure of discounting for definition of "tabular reserves"), discounted at a rate of interest greater than zero?  
4.2 If yes, complete the following schedule:

Yes[ ] No[X]

| 1<br><br>Line of Business | 2<br><br>Maximum Interest | 3<br><br>Discount Rate | TOTAL DISCOUNT         |                     |               |                | DISCOUNT TAKEN DURING PERIOD |                     |                |                 |
|---------------------------|---------------------------|------------------------|------------------------|---------------------|---------------|----------------|------------------------------|---------------------|----------------|-----------------|
|                           |                           |                        | 4<br><br>Unpaid Losses | 5<br><br>Unpaid LAE | 6<br><br>IBNR | 7<br><br>TOTAL | 8<br><br>Unpaid Losses       | 9<br><br>Unpaid LAE | 10<br><br>IBNR | 11<br><br>TOTAL |
| 04.2999 Total .....       |                           |                        | .....                  | .....               | .....         | .....          | .....                        | .....               | .....          | .....           |

5. Operating Percentages:  
5.1 A&H loss percent  
5.2 A&H cost containment percent  
5.3 A&H expense percent excluding cost containment expenses

.....0.000%  
.....0.000%  
.....0.000%

6.1 Do you act as a custodian for health savings accounts?  
6.2 If yes, please provide the amount of custodial funds held as of the reporting date.  
6.3 Do you act as an administrator for health savings accounts?  
6.4 If yes, please provide the balance of the funds administered as of the reporting date.

Yes[ ] No[X]  
\$.....0  
Yes[ ] No[X]  
\$.....0

**SCHEDULE F - CEDED REINSURANCE**  
**Showing all new reinsurers - Current Year to Date**

| 1<br>NAIC<br>Company<br>Code | 2<br>Federal<br>ID Number | 3<br>Name of<br>Reinsurer | 4<br>Domiciliary<br>Jurisdiction | 5<br>Is Insurer<br>Authorized?<br>(Yes or No) |
|------------------------------|---------------------------|---------------------------|----------------------------------|---|
|                              |                           | NONE                      |                                  |   |
|                              |                           |                           |                                  |   |

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

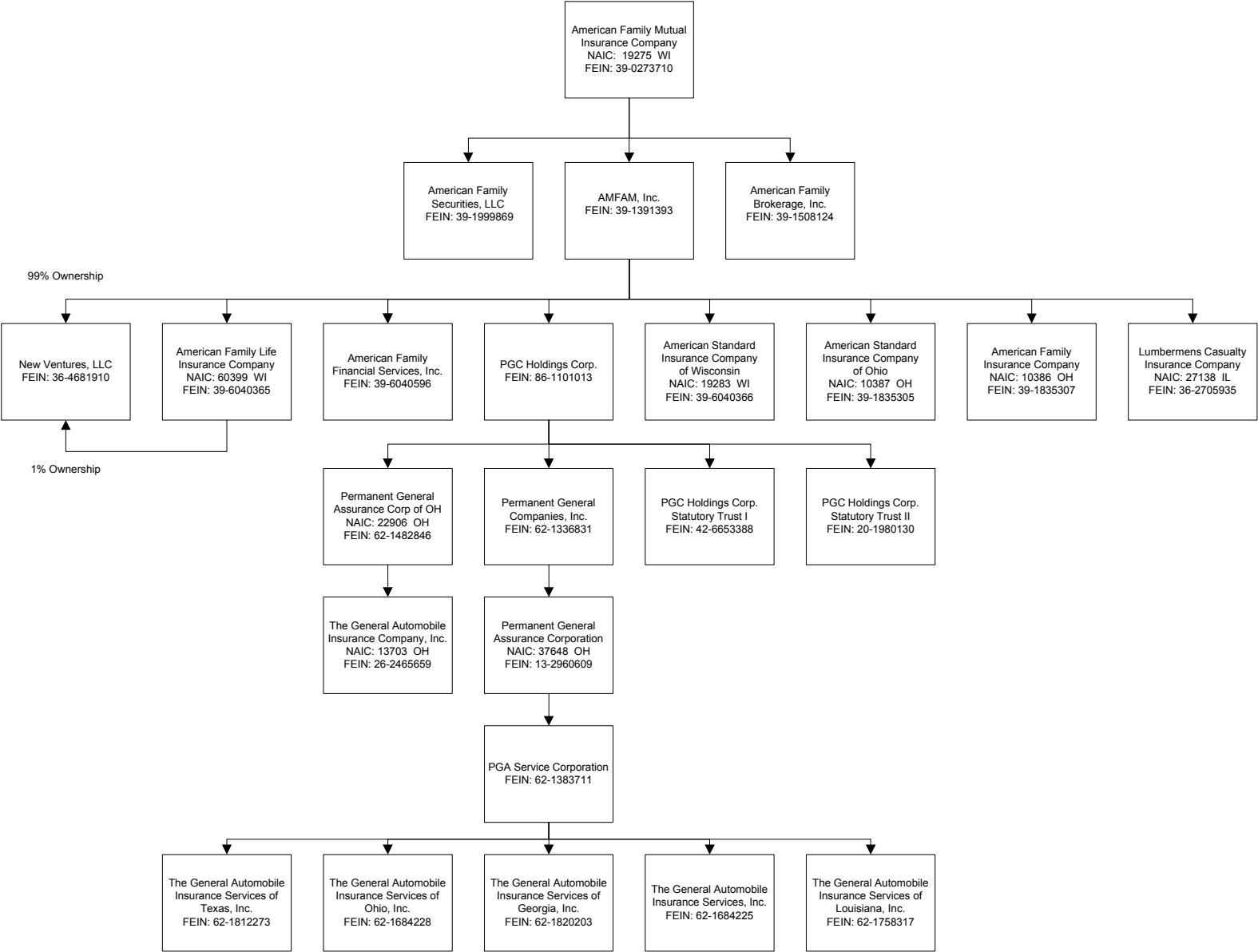
**Current Year to Date - Allocated by States and Territories**

|  |                                     | 1             | Direct Premiums Written |                       | Direct Losses Paid (Deducting Salvage) |                       | Direct Losses Unpaid    |                       |
|--|-------------------------------------|---------------|-------------------------|-----------------------|--|-----------------------|-------------------------|-----------------------|
|  |                                     |               | 2                       | 3                     | 4                                      | 5                     | 6                       | 7                     |
| States, Etc.   |                                     | Active Status | Current Year<br>To Date | Prior Year<br>To Date | Current Year<br>To Date                | Prior Year<br>To Date | Current Year<br>To Date | Prior Year<br>To Date |
| 1.   | Alabama (AL) .....                  | N             |                         |                       |  |                       |                         |                       |
| 2.   | Alaska (AK) .....                   | N             |                         |                       |  |                       |                         |                       |
| 3.   | Arizona (AZ) .....                  | N             |                         |                       |  |                       |                         |                       |
| 4.   | Arkansas (AR) .....                 | N             |                         |                       |  |                       |                         |                       |
| 5.   | California (CA) .....               | N             |                         |                       |  |                       |                         |                       |
| 6.   | Colorado (CO) .....                 | N             |                         |                       |  |                       |                         |                       |
| 7.   | Connecticut (CT) .....              | N             |                         |                       |  |                       |                         |                       |
| 8.   | Delaware (DE) .....                 | N             |                         |                       |  |                       |                         |                       |
| 9.   | District of Columbia (DC) .....     | N             |                         |                       |  |                       |                         |                       |
| 10.  | Florida (FL) .....                  | N             |                         |                       |  |                       |                         |                       |
| 11.  | Georgia (GA) .....                  | L             | 3,556,886               | 2,287,750             | 2,117,095                              | 1,129,998             | 5,980,224               | 2,616,136             |
| 12.  | Hawaii (HI) .....                   | N             |                         |                       |  |                       |                         |                       |
| 13.  | Idaho (ID) .....                    | N             |                         |                       |  |                       |                         |                       |
| 14.  | Illinois (IL) .....                 | N             |                         |                       |  |                       |                         |                       |
| 15.  | Indiana (IN) .....                  | N             |                         |                       |  |                       |                         |                       |
| 16.  | Iowa (IA) .....                     | N             |                         |                       |  |                       |                         |                       |
| 17.  | Kansas (KS) .....                   | N             |                         |                       |  |                       |                         |                       |
| 18.  | Kentucky (KY) .....                 | N             |                         |                       |  |                       |                         |                       |
| 19.  | Louisiana (LA) .....                | N             |                         |                       |  |                       |                         |                       |
| 20.  | Maine (ME) .....                    | N             |                         |                       |  |                       |                         |                       |
| 21.  | Maryland (MD) .....                 | N             |                         |                       |  |                       |                         |                       |
| 22.  | Massachusetts (MA) .....            | N             |                         |                       |  |                       |                         |                       |
| 23.  | Michigan (MI) .....                 | N             |                         |                       |  |                       |                         |                       |
| 24.  | Minnesota (MN) .....                | N             |                         |                       |  |                       |                         |                       |
| 25.  | Mississippi (MS) .....              | N             |                         |                       |  |                       |                         |                       |
| 26.  | Missouri (MO) .....                 | N             |                         |                       |  |                       |                         |                       |
| 27.  | Montana (MT) .....                  | N             |                         |                       |  |                       |                         |                       |
| 28.  | Nebraska (NE) .....                 | N             |                         |                       |  |                       |                         |                       |
| 29.  | Nevada (NV) .....                   | N             |                         |                       |  |                       |                         |                       |
| 30.  | New Hampshire (NH) .....            | N             |                         |                       |  |                       |                         |                       |
| 31.  | New Jersey (NJ) .....               | N             |                         |                       |  |                       |                         |                       |
| 32.  | New Mexico (NM) .....               | N             |                         |                       |  |                       |                         |                       |
| 33.  | New York (NY) .....                 | N             |                         |                       |  |                       |                         |                       |
| 34.  | North Carolina (NC) .....           | N             |                         |                       |  |                       |                         |                       |
| 35.  | North Dakota (ND) .....             | N             |                         |                       |  |                       |                         |                       |
| 36.  | Ohio (OH) .....                     | L             | 5,217,310               | 5,092,537             | 3,135,560                              | 3,153,650             | 9,456,390               | 8,088,783             |
| 37.  | Oklahoma (OK) .....                 | N             |                         |                       |  |                       |                         |                       |
| 38.  | Oregon (OR) .....                   | N             |                         |                       |  |                       |                         |                       |
| 39.  | Pennsylvania (PA) .....             | N             |                         |                       |  |                       |                         |                       |
| 40.  | Rhode Island (RI) .....             | N             |                         |                       |  |                       |                         |                       |
| 41.  | South Carolina (SC) .....           | N             |                         |                       |  |                       |                         |                       |
| 42.  | South Dakota (SD) .....             | N             |                         |                       |  |                       |                         |                       |
| 43.  | Tennessee (TN) .....                | N             |                         |                       |  |                       |                         |                       |
| 44.  | Texas (TX) .....                    | N             |                         |                       |  |                       |                         |                       |
| 45.  | Utah (UT) .....                     | N             |                         |                       |  |                       |                         |                       |
| 46.  | Vermont (VT) .....                  | N             |                         |                       |  |                       |                         |                       |
| 47.  | Virginia (VA) .....                 | N             |                         |                       |  |                       |                         |                       |
| 48.  | Washington (WA) .....               | N             |                         |                       |  |                       |                         |                       |
| 49.  | West Virginia (WV) .....            | N             |                         |                       |  |                       |                         |                       |
| 50.  | Wisconsin (WI) .....                | N             |                         |                       |  |                       |                         |                       |
| 51.  | Wyoming (WY) .....                  | N             |                         |                       |  |                       |                         |                       |
| 52.  | American Samoa (AS) .....           | N             |                         |                       |  |                       |                         |                       |
| 53.  | Guam (GU) .....                     | N             |                         |                       |  |                       |                         |                       |
| 54.  | Puerto Rico (PR) .....              | N             |                         |                       |  |                       |                         |                       |
| 55.  | U.S. Virgin Islands (VI) .....      | N             |                         |                       |  |                       |                         |                       |
| 56.  | Northern Mariana Islands (MP) ..... | N             |                         |                       |  |                       |                         |                       |
| 57.  | Canada (CAN) .....                  | N             |                         |                       |  |                       |                         |                       |
| 58.  | Aggregate other alien (OT) .....    | X X X         |                         |                       |  |                       |                         |                       |
| 59.  | Totals .....                        | (a). 2        | 8,774,196               | 7,380,287             | 5,252,655                              | 4,283,648             | 15,436,614              | 10,704,919            |
| DETAILS OF WRITE-INS   |                                     |               |                         |                       |  |                       |                         |                       |
| 5801.0 .....   | X X X                               |               |                         |                       |  |                       |                         |                       |
| 5802.0 .....   | X X X                               |               |                         |                       |  |                       |                         |                       |
| 5803.0 .....   | X X X                               |               |                         |                       |  |                       |                         |                       |
| 5898. Summary of remaining write-ins for Line<br>58 from overflow page ..... | X X X                               |               |                         |                       |  |                       |                         |                       |
| 5899. TOTALS (Lines 5801 through 5803 plus<br>5898) (Line 58 above) .....    | X X X                               |               |                         |                       |  |                       |                         |                       |

(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.

(a) Insert the number of L responses except for Canada and Other Alien.

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





**SCHEDULE Y**

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

Q12

| 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) | Names 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 Comp-any Code | Federal ID Number | FEDERAL RSSD | CIK   | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domic-iliary Loca-tion | Relation-ship to Report-ing 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 ..... |

| Line of Business     |   | Current Year to Date           |                                |                                | 4<br>Prior Year to Date<br>Direct Loss<br>Percentage |
|----------------------|---|--------------------------------|--------------------------------|--------------------------------|--|
|                      |   | 1<br>Direct Premiums<br>Earned | 2<br>Direct Losses<br>Incurred | 3<br>Direct<br>Loss Percentage |  |
| 1.                   | Fire .....  |                                |                                |                                |  |
| 2.                   | Allied lines .....  |                                |                                |                                |  |
| 3.                   | Farmowners multiple peril .....                                     |                                |                                |                                |  |
| 4.                   | Homeowners multiple peril .....                                     |                                |                                |                                |  |
| 5.                   | Commercial multiple peril .....                                     |                                |                                |                                |  |
| 6.                   | Mortgage guaranty .....   |                                |                                |                                |  |
| 8.                   | Ocean marine .....  |                                |                                |                                |  |
| 9.                   | Inland marine .....   |                                |                                |                                |  |
| 10.                  | Financial guaranty .....  |                                |                                |                                |  |
| 11.1                 | Medical professional liability - occurrence .....                   |                                |                                |                                |  |
| 11.2                 | Medical professional liability - claims made .....                  |                                |                                |                                |  |
| 12.                  | Earthquake .....  |                                |                                |                                |  |
| 13.                  | Group accident and health .....                                     |                                |                                |                                |  |
| 14.                  | Credit accident and health .....                                    |                                |                                |                                |  |
| 15.                  | Other accident and health .....                                     |                                |                                |                                |  |
| 16.                  | Workers' compensation .....   |                                |                                |                                |  |
| 17.1                 | Other liability - occurrence .....                                  |                                |                                |                                |  |
| 17.2                 | Other liability - claims made .....                                 |                                |                                |                                |  |
| 17.3                 | Excess Workers' Compensation .....                                  |                                |                                |                                |  |
| 18.1                 | Products liability - occurrence .....                               |                                |                                |                                |  |
| 18.2                 | Products liability - claims made .....                              |                                |                                |                                |  |
| 19.1                 | 19.2 Private passenger auto liability .....                         | 4,947,646                      | 4,519,072                      | 91.338                         | 76.561   |
| 19.3                 | 19.4 Commercial auto liability .....                                |                                |                                |                                |  |
| 21.                  | Auto physical damage .....  | 2,600,114                      | 1,695,851                      | 65.222                         | 62.692   |
| 22.                  | Aircraft (all perils) .....   |                                |                                |                                |  |
| 23.                  | Fidelity .....  |                                |                                |                                |  |
| 24.                  | Surety .....  |                                |                                |                                |  |
| 26.                  | Burglary and theft .....  |                                |                                |                                |  |
| 27.                  | Boiler and machinery .....  |                                |                                |                                |  |
| 28.                  | Credit .....  |                                |                                |                                |  |
| 29.                  | International .....   |                                |                                |                                |  |
| 30.                  | Warranty .....  |                                |                                |                                |  |
| 31.                  | Reinsurance-Nonproportional Assumed Property .....                  | X X X                          | X X X                          | X X X                          | X X X  |
| 32.                  | Reinsurance-Nonproportional Assumed Liability .....                 | X X X                          | X X X                          | X X X                          | X X X  |
| 33.                  | Reinsurance-Nonproportional Assumed Financial Lines .....           | X X X                          | X X X                          | X X X                          | X X X  |
| 34.                  | Aggregate write-ins for other lines of business .....               |                                |                                |                                |  |
| 35.                  | TOTALS .....  | 7,547,760                      | 6,214,923                      | 82.341                         | 71.819   |
| DETAILS OF WRITE-INS |   |                                |                                |                                |  |
| 3401.                | 0 .....   |                                |                                |                                |  |
| 3402.                | 0 .....   |                                |                                |                                |  |
| 3403.                | 0 .....   |                                |                                |                                |  |
| 3498.                | Summary of remaining write-ins for Line 34 from overflow page ..... |                                |                                |                                |  |
| 3499.                | TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above) .....    |                                |                                |                                |  |

PART 2 - DIRECT PREMIUMS WRITTEN

| Line of Business     |   | 1<br>Current<br>Quarter | 2<br>Current<br>Year to Date | 3<br>Prior Year<br>Year to Date |
|----------------------|---|-------------------------|------------------------------|---------------------------------|
|                      |   |                         |                              |                                 |
| 1.                   | Fire .....  |                         |                              |                                 |
| 2.                   | Allied lines .....  |                         |                              |                                 |
| 3.                   | Farmowners multiple peril .....                                     |                         |                              |                                 |
| 4.                   | Homeowners multiple peril .....                                     |                         |                              |                                 |
| 5.                   | Commercial multiple peril .....                                     |                         |                              |                                 |
| 6.                   | Mortgage guaranty .....   |                         |                              |                                 |
| 8.                   | Ocean marine .....  |                         |                              |                                 |
| 9.                   | Inland marine .....   |                         |                              |                                 |
| 10.                  | Financial guaranty .....  |                         |                              |                                 |
| 11.1                 | Medical professional liability - occurrence .....                   |                         |                              |                                 |
| 11.2                 | Medical professional liability - claims made .....                  |                         |                              |                                 |
| 12.                  | Earthquake .....  |                         |                              |                                 |
| 13.                  | Group accident and health .....                                     |                         |                              |                                 |
| 14.                  | Credit accident and health .....                                    |                         |                              |                                 |
| 15.                  | Other accident and health .....                                     |                         |                              |                                 |
| 16.                  | Workers' compensation .....   |                         |                              |                                 |
| 17.1                 | Other liability - occurrence .....                                  |                         |                              |                                 |
| 17.2                 | Other liability - claims made .....                                 |                         |                              |                                 |
| 17.3                 | Excess Workers' Compensation .....                                  |                         |                              |                                 |
| 18.1                 | Products liability - occurrence .....                               |                         |                              |                                 |
| 18.2                 | Products liability - claims made .....                              |                         |                              |                                 |
| 19.1                 | 19.2 Private passenger auto liability .....                         | 5,788,406               | 5,788,406                    | 4,855,688                       |
| 19.3                 | 19.4 Commercial auto liability .....                                |                         |                              |                                 |
| 21.                  | Auto physical damage .....  | 2,985,790               | 2,985,790                    | 2,524,599                       |
| 22.                  | Aircraft (all perils) .....   |                         |                              |                                 |
| 23.                  | Fidelity .....  |                         |                              |                                 |
| 24.                  | Surety .....  |                         |                              |                                 |
| 26.                  | Burglary and theft .....  |                         |                              |                                 |
| 27.                  | Boiler and machinery .....  |                         |                              |                                 |
| 28.                  | Credit .....  |                         |                              |                                 |
| 29.                  | International .....   |                         |                              |                                 |
| 30.                  | Warranty .....  |                         |                              |                                 |
| 31.                  | Reinsurance-Nonproportional Assumed Property .....                  | X X X                   | X X X                        | X X X                           |
| 32.                  | Reinsurance-Nonproportional Assumed Liability .....                 | X X X                   | X X X                        | X X X                           |
| 33.                  | Reinsurance-Nonproportional Assumed Financial Lines .....           | X X X                   | X X X                        | X X X                           |
| 34.                  | Aggregate write-ins for other lines of business .....               |                         |                              |                                 |
| 35.                  | TOTALS .....  | 8,774,196               | 8,774,196                    | 7,380,287                       |
| DETAILS OF WRITE-INS |   |                         |                              |                                 |
| 3401.                | write-in description 1 for line 33 .....                            |                         |                              |                                 |
| 3402.                | write-in description 2 for line 33 .....                            |                         |                              |                                 |
| 3403.                | write-in description 3 for line 33 .....                            |                         |                              |                                 |
| 3498.                | Summary of remaining write-ins for Line 34 from overflow page ..... |                         |                              |                                 |
| 3499.                | TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above) .....    |                         |                              |                                 |

**PART 3 (000 omitted)**  
**LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE**

|                                |   | 1   | 2   | 3  | 4  | 5  | 6  | 7   | 8  | 9                                    | 10   | 11   | 12   | 13   |
|--------------------------------|---|---|---|--|--|--|--|---|--|--------------------------------------|--|--|--|--|
| Years in Which Losses Occurred |   | Prior Year-End Known Case Loss and LAE Reserves | Prior Year-End IBNR Loss and LAE Reserves | Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2) | 2013 Loss and LAE Payments on Claims Reported as of Prior Year-End | 2013 Loss and LAE Payments on Claims Unreported as of Prior Year-End | Total 2013 Loss and LAE Payments (Cols. 4 + 5) | Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End | Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End | Q.S. Date IBNR Loss and LAE Reserves | Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9) | Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1) | Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2) | Prior Year-End Total Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 11 + 12) |
| 1.                             | 2010 + Prior .....                                      | .....   | .....                                     | .....  | .....  | .....  | .....  | .....   | .....  | .....                                | .....  | .....  | .....  | .....  |
| 2.                             | 2011 .....  | .....   | .....                                     | .....  | .....  | .....  | .....  | .....   | .....  | .....                                | .....  | .....  | .....  | .....  |
| 3.                             | Subtotals 2011 + Prior .....                            | .....   | .....                                     | .....  | .....  | .....  | .....  | .....   | .....  | .....                                | .....  | .....  | .....  | .....  |
| 4.                             | 2012 .....  | .....   | .....                                     | .....  | .....  | .....  | .....  | .....   | .....  | .....                                | .....  | .....  | .....  | .....  |
| 5.                             | Subtotals 2012 + Prior .....                            | .....   | .....                                     | .....  | .....  | .....  | .....  | .....   | .....  | .....                                | .....  | .....  | .....  | .....  |
| 6.                             | 2013 .....  | X X X .....                                     | X X X .....                               | X X X .....  | X X X .....  | .....  | .....  | X X X .....   | .....  | .....                                | .....  | X X X .....  | X X X .....  | X X X .....  |
| 7.                             | Totals .....  | .....   | .....                                     | .....  | .....  | N O N E  |  | .....   | .....  | .....                                | .....  | Col. 11, Line 7<br>As % of Col. 1<br>Line 7<br>1.....  | Col. 12, Line 7<br>As % of Col. 2<br>Line 7<br>2.....  | Col. 13, Line 7<br>As % of Col. 3<br>Line 7<br>3.....                                      |
| 8.                             | Prior Year-End's Surplus As Regards Policyholders ..... | .....   | .....                                     | .....  | .....  |  |  | .....   | .....  | .....                                | .....  | .....  | .....  | Col. 13, Line 7<br>Line 8<br>4.....  |



**OVERFLOW PAGE FOR WRITE-INS**

STATEMENT AS OF **March 31, 2013** OF THE **American Standard Insurance Company of Ohio**  
**SCHEDULE A - VERIFICATION**

| Real Estate |  | 1            | 2                               |
|-------------|--|--------------|---------------------------------|
|             |  | Year To Date | Prior Year Ended<br>December 31 |
| 1.          | Book/adjusted carrying value, December 31 of prior year .....  |              |                                 |
| 2.          | Cost of acquired .....   |              |                                 |
| 2.1         | Actual cost at time of acquisition .....   |              |                                 |
| 2.2         | Additional investment made after acquisition .....   |              |                                 |
| 3.          | Current year change in encumbrances .....  |              |                                 |
| 4.          | Total gain (loss) on disposals .....   |              |                                 |
| 5.          | Deduct amounts received on disposals .....   |              |                                 |
| 6.          | Total foreign exchange change in book/adjusted carrying value .....                                    |              |                                 |
| 7.          | Deduct current year's other than temporary impairment recognized .....                                 |              |                                 |
| 8.          | Deduct current year's depreciation .....   |              |                                 |
| 9.          | Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8 ) ..... |              |                                 |
| 10.         | Deduct total nonadmitted amounts .....   |              |                                 |
| 11.         | Statement value at end of current period (Line 9 minus Line 10) .....                                  |              |                                 |

**SCHEDULE B - VERIFICATION**  
**Mortgage Loans**

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

**SCHEDULE BA - VERIFICATION**  
**Other Long-Term Invested Assets**

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

**SCHEDULE D - VERIFICATION**  
**Bonds and Stocks**

|     |   | 1            | 2                               |
|-----|---|--------------|---------------------------------|
|     |   | Year To Date | Prior Year Ended<br>December 31 |
| 1.  | Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....                     | 6,505,116    | 6,522,921                       |
| 2.  | Cost of bonds and stocks acquired .....   |              |                                 |
| 3.  | Accrual of discount .....   |              |                                 |
| 4.  | Unrealized valuation increase (decrease) .....  |              |                                 |
| 5.  | Total gain (loss) on disposals .....  |              |                                 |
| 6.  | Deduct consideration for bonds and stocks disposed of .....   |              |                                 |
| 7.  | Deduct amortization of premium .....  | 4,582        | 17,805                          |
| 8.  | Total foreign exchange change in book/adjusted carrying value .....                                   |              |                                 |
| 9.  | Deduct current year's other than temporary impairment recognized .....                                |              |                                 |
| 10. | Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) ..... | 6,500,534    | 6,505,116                       |
| 11. | Deduct total nonadmitted amounts .....  |              |                                 |
| 12. | Statement value at end of current period (Line 10 minus Line 11) .....                                | 6,500,534    | 6,505,116                       |

**SCHEDULE D - PART 1B**  
**Showing the Acquisitions, Dispositions and Non-Trading Activity**  
**During the Current Quarter for all Bonds and Preferred Stock by Rating Class**

|   | 1  | 2   | 3   | 4   | 5  | 6   | 7  | 8  |
|---|--|---|---|---|--|---|--|--|
|   | Book/Adjusted<br>Carrying Value<br>Beginning of<br>Current Quarter | Acquisitions<br>During Current<br>Quarter | Dispositions<br>During Current<br>Quarter | Non-Trading<br>Activity During<br>Current Quarter | Book/Adjusted<br>Carrying Value<br>End of<br>First Quarter | Book/Adjusted<br>Carrying Value<br>End of<br>Second Quarter | Book/Adjusted<br>Carrying Value<br>End of<br>Third Quarter | Book/Adjusted<br>Carrying Value<br>December 31<br>Prior Year |
| <b>BONDS</b>                            |  |   |   |   |  |   |  |  |
| 1. Class 1 (a) .....                    | 6,510,748  | 147,504                                   |   | (4,582)   | 6,653,670  |   |  | 6,510,748  |
| 2. Class 2 (a) .....                    |  |   |   |   |  |   |  |  |
| 3. Class 3 (a) .....                    |  |   |   |   |  |   |  |  |
| 4. Class 4 (a) .....                    |  |   |   |   |  |   |  |  |
| 5. Class 5 (a) .....                    |  |   |   |   |  |   |  |  |
| 6. Class 6 (a) .....                    |  |   |   |   |  |   |  |  |
| 7. Total Bonds .....                    | 6,510,748  | 147,504                                   |   | (4,582)   | 6,653,670  |   |  | 6,510,748  |
| <b>PREFERRED STOCK</b>                  |  |   |   |   |  |   |  |  |
| 8. Class 1 .....                        |  |   |   |   |  |   |  |  |
| 9. Class 2 .....                        |  |   |   |   |  |   |  |  |
| 10. Class 3 .....                       |  |   |   |   |  |   |  |  |
| 11. Class 4 .....                       |  |   |   |   |  |   |  |  |
| 12. Class 5 .....                       |  |   |   |   |  |   |  |  |
| 13. Class 6 .....                       |  |   |   |   |  |   |  |  |
| 14. Total Preferred Stock .....         |  |   |   |   |  |   |  |  |
| 15. Total Bonds & Preferred Stock ..... | 6,510,748  | 147,504                                   |   | (4,582)   | 6,653,670  |   |  | 6,510,748  |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....153,136; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0



**SCHEDULE DA - PART 1**

**Short - Term Investments**

|                       | 1<br>Book/Adjusted<br>Carrying<br>Value | 2<br><br>Par Value | 3<br><br>Actual<br>Cost | 4<br><br>Interest Collected<br>Year To Date | 5<br>Paid for Accrued<br>Interest<br>Year To Date |
|-----------------------|---|--------------------|-------------------------|---|---|
| 9199999. Totals ..... | 153,136                                 | X X X              | 153,136                 | 6   |   |

**SCHEDULE DA - Verification**

**Short-Term Investments**

|     |  | 1<br><br>Year To Date | 2<br>Prior Year Ended<br>December 31 |
|-----|--|-----------------------|--------------------------------------|
| 1.  | Book/adjusted carrying value, December 31 of prior year .....  | 5,632                 | 85,249                               |
| 2.  | Cost of short-term investments acquired .....  | 147,504               | 688,899                              |
| 3.  | Accrual of discount .....  |                       |                                      |
| 4.  | Unrealized valuation increase (decrease) .....   |                       |                                      |
| 5.  | Total gain (loss) on disposals .....   |                       |                                      |
| 6.  | Deduct consideration received on disposals .....   |                       | 768,516                              |
| 7.  | Deduct amortization of premium .....   |                       |                                      |
| 8.  | Total foreign exchange change in book/adjusted carrying value .....                                      |                       |                                      |
| 9.  | Deduct current year's other than temporary impairment recognized ....                                    |                       |                                      |
| 10. | Book/adjusted carrying value at end of current period (Lines 1 + 2 +<br>3 + 4 + 5 - 6 - 7 + 8 - 9) ..... | 153,136               | 5,632                                |
| 11. | Deduct total nonadmitted amounts .....   |                       |                                      |
| 12. | Statement value at end of current period (Line 10 minus Line 11) .....                                   | 153,136               | 5,632                                |

**SI04      Schedule DB - Part A Verification ..... NONE**

**SI04      Schedule DB - Part B Verification ..... NONE**

**SI05      Schedule DB Part C Section 1 ..... NONE**

**SI06      Schedule DB Part C Section 2 ..... NONE**

**SI07      Schedule DB - Verification ..... NONE**

**SI08      Schedule E - Verification (Cash Equivalents) ..... NONE**

|     |   |      |
|-----|---|------|
| E01 | Schedule A Part 2 .....   | NONE |
| E01 | Schedule A Part 3 .....   | NONE |
| E02 | Schedule B Part 2 .....   | NONE |
| E02 | Schedule B Part 3 .....   | NONE |
| E03 | Schedule BA Part 2 .....  | NONE |
| E03 | Schedule BA Part 3 .....  | NONE |
| E04 | Schedule D Part 3 .....   | NONE |
| E05 | Schedule D Part 4 .....   | NONE |
| E06 | Schedule DB Part A Section 1 .....  | NONE |
| E07 | Schedule DB Part B Section 1 .....  | NONE |
| E08 | Schedule DB Part D Section 1 .....  | NONE |
| E09 | Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity ..... | NONE |
| E09 | Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity ..... | NONE |
| E10 | Schedule DL - Part 1 - Securities Lending Collateral Assets .....           | NONE |
| E11 | Schedule DL - Part 2 - Securities Lending Collateral Assets .....           | NONE |

**SCHEDULE E - PART 1 - CASH**

**Month End Depository Balances**

| 1  |                          |  | 2     | 3                   | 4   | 5   | Book Balance at End of Each Month<br>During Current Quarter |                 |                | 9     |
|--|--------------------------|--|-------|---------------------|---|---|---|-----------------|----------------|-------|
| Depository   |                          |  | Code  | Rate of<br>Interest | Amount<br>of Interest<br>Received<br>During<br>Current<br>Quarter | Amount of<br>Interest<br>Accrued<br>at Current<br>Statement<br>Date | 6   | 7               | 8              |       |
|  |                          |  |       |                     |   |   | First<br>Month  | Second<br>Month | Third<br>Month | *     |
| <b>open depositories</b>   |                          |  |       |                     |   |   |   |                 |                |       |
| US Bank .....  | Madison, Wisconsin ..... |  |       |                     |   |   | .... 1,165,198  | .... 1,476,100  | ..... 992,545  | X X X |
| 0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories ..         |                          |  | X X X | ... X X X ..        |   |   |   |                 |                | X X X |
| 0199999 Totals - Open Depositories .....   |                          |  | X X X | ... X X X ..        |   |   | .... 1,165,198  | .... 1,476,100  | ..... 992,545  | X X X |
| 0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories ..... |                          |  | X X X | ... X X X ..        |   |   |   |                 |                | X X X |
| 0299999 Totals - Suspended Depositories .....  |                          |  | X X X | ... X X X ..        |   |   |   |                 |                | X X X |
| 0399999 Total Cash On Deposit .....  |                          |  | X X X | ... X X X ..        |   |   | .... 1,165,198  | .... 1,476,100  | ..... 992,545  | X X X |
| 0499999 Cash in Company's Office .....   |                          |  | X X X | ... X X X ..        | X X X ..  | ... X X X ..  |   |                 |                | X X X |
| 0599999 Total Cash .....   |                          |  | X X X | ... X X X ..        |   |   | .... 1,165,198  | .... 1,476,100  | ..... 992,545  | X X X |

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

| 1                                      | 2    | 3                | 4                   | 5                | 6                               | 7                                      | 8                              |
|--|------|------------------|---------------------|------------------|---------------------------------|--|--------------------------------|
| Description                            | Code | Date<br>Acquired | Rate of<br>Interest | Maturity<br>Date | Book/Adjusted<br>Carrying Value | Amount of<br>Interest<br>Due & Accrued | Amount Received<br>During Year |
| <div>NONE</div>                        |      |                  |                     |                  |                                 |  |                                |
| 8699999 Total - Cash Equivalents ..... |      |                  |                     |                  | .....                           | .....                                  | .....                          |

**INDEX TO PROPERTY & CASUALTY  
QUARTERLY STATEMENT**

|   |
|---|
| Accident and Health Insurance; Q3; Q13  |
| Accounting Changes and Corrections of Errors; Q6, Note 2  |
| Accounting Practices and Policies; Q6, Note 1   |
| Admitted Assets; Q2; QSI01  |
| Affiliated Transactions; Q2; Q3; Q7; Q7.1   |
| Asbestos Losses and Loss Adjustment Expenses; Q6, Note 33                                       |
| Bonds; Q2; Q5; Q7.1; Q7.2; QSI01; QSI02; QE04; QE05; QSupp2                                     |
| Business Combinations and Goodwill; Q6, Note 3  |
| Capital Gains (Losses); Q3; Q4; Q5  |
| Capital Stock; Q3; Q4; Q6, Note 13  |
| Capital Notes; Q3; Q5; Q6, Note 11  |
| Caps; QE06; QSI04   |
| Cash; Q2; Q5; QE12; QSupp2  |
| Cash Equivalents; Q2; Q5; QE13  |
| Collars; QE06; QSI04  |
| Commissions; Q3; Q5   |
| Common Stock; Q2; Q7.1; Q7.2; QSI01; QE04; QE05; QSupp2   |
| Counterparty Exposure; Q6, Note 8; QE06; QE08   |
| Contingencies; Q6, Note 14  |
| Debt; Q6, Note 11   |
| Deferred Compensation; Q6, Note 12  |
| Derivative Instruments; Q6, Note 8; QSI04; QSI05; QSI06; QSI07; QE06; QE07; QE08                |
| Director and Officer; QSupp7  |
| Discontinued Operations; Q6, Note 4   |
| Discounting of Liabilities; Q6, Note 32; Q8   |
| Electronic Data Processing Equipment; Q2  |
| Environmental Losses and Loss Adjustment Expenses; Q6, Note 33                                  |
| Exchange or Counterparty; QE06; QE08  |
| Expenses; Q3; Q4; Q5; Q8; QE01; QSupp3  |
| Extinguishment of Liabilities; Q6, Note 17  |
| Extraordinary Items; Q6, Note 21  |
| Fair Value; Q7, Note 20   |
| Federal ID Number; Q9   |
| Federal Reserve Board; Q7   |
| Finance and Service Charge; Q4  |
| Floors; QE06; QSI04   |
| Foreign Exchange; Q2; Q3; Q4; QSI01; QSI02; QSI03; QE04; QE05                                   |
| Forwards; QE06; QSI04   |
| Futures Contracts; QE07; QSI04  |
| Guaranty Fund; Q2   |
| Health Care Receivables; Q6, Note 28  |
| Hedging Transactions; Q7.1; QE06; QE07  |
| High Deductible Policies; Q6, Note 31   |
| Holding Company; Q7; Q11; Q12   |
| Income Generation Transactions; QE06;QE07   |
| Income Taxes; Q2; Q3; Q4; Q5; Q6, Note 9  |
| Intercompany Pooling; Q6, Note 26   |
| Investment Income; Q2; Q4; Q5; Q6, Note 7; QSupp2   |
| Investments; Q2; Q4; Q6, Note 5; Q7.1; Q7.2; QSI01; QSI03; QE03; QE04; QE05; QE08; QE13; QSupp2 |
| Joint Venture; Q6, Note 6   |
| Leases; Q6, Note 15   |
| Licensing; Q3; Q7; Q10  |
| Limited Liability Company (LLC); Q6, Note 6   |
| Limited Partnership; Q6, Note 6   |
| Lines of Business; Q8; Q13  |
| Long-Term Invested Assets; QSI01; QE03  |
| Loss Development; Q6  |
| Losses; Q3; Q4; Q5; Q6, Note 25; Q8; Q10; Q13; Q14; QSupp1; QSupp3                              |
| Loss Adjustment Expenses; Q3; Q6, Note 26; Q8; Q14; QSupp3                                      |
| Managing General Agents; Q6, Note 19; Q7  |
| Medical Malpractice Insurance; Q13; Q15; QSupp5   |
| Medicare Part D Coverage; QSupp6  |
| Mortgage Loans; Q2; Q5; Q7.1; QSI01; QE02; QSupp2   |
| Multiple Peril Crop Insurance; Q6, Note 35  |
| Nonadmitted Assets; Q2; Q4; QSI01; QSI03  |
| Non-Tabular Discount; Q6, Note 32   |
| Off-Balance Sheet Risk; Q6, Note 16   |

**INDEX TO PROPERTY & CASUALTY  
QUARTERLY STATEMENT**

- Options; Q7.1; QE06; QSI04
- Organizational Chart; Q7; Q11
- Other Derivative Transactions; QE06; QE07
- Parent, Subsidiaries and Affiliates; Q2; Q3; Q6, Note 10; Q7.1
- Participating Policies; Q6, Note 29
- Pharmaceutical Rebates; Q6, Note 28
- Policyholder Dividends; Q3; Q4; Q5
- Postemployment Benefits; Q6, Note 12
- Postretirement Benefits; Q6, Note 12
- Preferred Stock; Q2; Q7.1; Q7.2; QSI01; QSI02; QE04; QSupp2
- Premium Deficiency Reserves; Q6, Note 30
- Premium Notes; Q2; Q5
- Premiums; Q3; Q5; Qsupp3
  - Accrued Retrospective; Q2
  - Advance; Q3
  - Direct; Q10; Q13
  - Earned; Q4; Q10; Q13; QSupp5
  - Earned but Unbilled; Q2
  - Unearned; Q3
  - Written; Q4; Q10; Q13; QSupp5
- Quasi Reorganizations; Q6, Note 13
- Real Estate; Q2; Q5; Q7.1; QSI01; QE01; QSupp2
- Redetermination, Contract Subject to; Q6, Note 24
- Reinsurance; Q6, Note 23
  - Assumed; Q13
  - Ceded; Q3; Q9; QSupp3
  - Commutation; Q6, Note 23
  - Funds Held; Q2; Q3
  - Losses; Q3; Q4; Q8; QSupp3
  - Payable; Q3; QSupp3
  - Premiums; Q3; QSupp3
  - Receivable; Q2; QSupp3
  - Unsecured; Q6, Note 23
  - Uncollectible; Q6, Note 23
- Reserves
  - Incurred but Not Reported (IBNR); Q8; Q14
  - Unpaid Loss Adjustment Expense (LAE); Q14
- Retirement Plans; Q6, Note 12
- Retrospectively Rated Contracts; Q6, Note 24
- Salvage and Subrogation; Q10
- Securities Lending; Q2; Q3; QE9; QE11
- Servicing of Financial Assets; Q6, Note 17
- Short-Term Investments; Q2; Q5; Q7.1; QSI03; QSupp2
- Special Deposits; QSupp2
- Stockholder Dividends; Q3; Q4; Q5
- Structured Settlements; Q6, Note 27
- Subscriber Savings Accounts; Q6, Note 34
- Subsequent Events; Q6, Note 22
- Surplus; Q3; Q4; Q5; Q6, Note 13; Q14; Q15; QSupp1; QSupp2; QSupp3
- Surplus Notes; Q3; Q4; Q5
- Swaps; QE07; QSI04
- Synthetic Assets; QSI04; QSI05
- Tabular Discount; Q6, Note 32
- Third Party Administrator; Q6, Note 19; Q7
- Treasury Stock; Q3; Q4; Q5
- Underwriting Expenses; Q4
- Uninsured Accident and Health; Q3; Q6, Note 18
- Valuation Allowance; QSI01
- Wash Sales; Q6, Note 17