



**STATE AUTO INSURANCE COMPANY OF OHIO**  
**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	13,167,752	0	13,167,752	12,800,833
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	0	0	0	0
2.2 Common stocks.....	1,714,548	0	1,714,548	1,481,993
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	0	0	0	0
4.2 Properties held for the production of income (less \$.....0 encumbrances).....	0	0	0	0
4.3 Properties held for sale (less \$.....0 encumbrances).....	0	0	0	0
5. Cash (\$.....606,592, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	606,592	0	606,592	265,006
6. Contract loans (including \$.....0 premium notes).....	0	0	0	0
7. Derivatives (Schedule DB).....	0	0	0	0
8. Other invested assets (Schedule BA).....	0	0	0	0
9. Receivables for securities.....	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0	0
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	15,488,892	0	15,488,892	14,547,832
13. Title plants less \$.....0 charged off (for Title insurers only).....	0	0	0	0
14. Investment income due and accrued.....	92,810	0	92,810	96,164
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	0	0	0	0
15.3 Accrued retrospective premiums.....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	8,257,721	0	8,257,721	11,300,155
16.2 Funds held by or deposited with reinsured companies.....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts.....	0	0	0	0
17. Amounts receivable relating to uninsured plans.....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon.....	0	0	0	0
18.2 Net deferred tax asset.....	590,675	183,470	407,205	17,553
19. Guaranty funds receivable or on deposit.....	0	0	0	0
20. Electronic data processing equipment and software.....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$.....0).....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates.....	8,083,245	0	8,083,245	6,466,617
24. Health care (\$.....0) and other amounts receivable.....	0	0	0	0
25. Aggregate write-ins for other than invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	32,513,343	183,470	32,329,873	32,428,321
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0	0
28. TOTALS (Lines 26 and 27).....	32,513,343	183,470	32,329,873	32,428,321

**DETAILS OF WRITE-INS**

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

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

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8).....	.0	.0
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6).....	.0	.0
3. Loss adjustment expenses (Part 2A, Line 35, Column 9).....	.0	.0
4. Commissions payable, contingent commissions and other similar charges.....	.0	.0
5. Other expenses (excluding taxes, licenses and fees).....	.0	.0
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	.0	.0
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....	40,756	544,942
7.2 Net deferred tax liability.....	.0	.0
8. Borrowed money \$.....0 and interest thereon \$.....0.....	.0	.0
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$....30,171,129 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act).....	.0	.0
10. Advance premium.....	.0	.0
11. Dividends declared and unpaid:		
11.1 Stockholders.....	.0	.0
11.2 Policyholders.....	.0	.0
12. Ceded reinsurance premiums payable (net of ceding commissions).....	16,301,824	17,231,779
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19).....	2,300	2,300
14. Amounts withheld or retained by company for account of others.....	.0	.0
15. Remittances and items not allocated.....	.0	.0
16. Provision for reinsurance (including \$.....0 certified) (Schedule F, Part 8).....	.0	.0
17. Net adjustments in assets and liabilities due to foreign exchange rates.....	.0	.0
18. Drafts outstanding.....	.0	.0
19. Payable to parent, subsidiaries and affiliates.....	8,550	16,185
20. Derivatives.....	.0	.0
21. Payable for securities.....	.0	.0
22. Payable for securities lending.....	.0	.0
23. Liability for amounts held under uninsured plans.....	.0	.0
24. Capital notes \$.....0 and interest thereon \$.....0.....	.0	.0
25. Aggregate write-ins for liabilities.....	37,516	32,353
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	16,390,946	17,827,559
27. Protected cell liabilities.....	.0	.0
28. Total liabilities (Lines 26 and 27).....	16,390,946	17,827,559
29. Aggregate write-ins for special surplus funds.....	.0	.0
30. Common capital stock.....	2,300,000	2,300,000
31. Preferred capital stock.....	.0	.0
32. Aggregate write-ins for other than special surplus funds.....	.0	.0
33. Surplus notes.....	.0	.0
34. Gross paid in and contributed surplus.....	3,823,680	3,823,680
35. Unassigned funds (surplus).....	9,815,247	8,477,082
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0).....	.0	.0
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....	.0	.0
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39).....	15,938,927	14,600,762
38. TOTALS (Page 2, Line 28, Col. 3).....	32,329,873	32,428,321

**DETAILS OF WRITE-INS**

2501. Equities and deposits in pools and associations.....	37,516	32,353
2502. .....	.0	.0
2503. .....	.0	.0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	37,516	32,353
2901. .....	.0	.0
2902. .....	.0	.0
2903. .....	.0	.0
2998. Summary of remaining write-ins for Line 29 from overflow page.....	.0	.0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	.0	.0
3201. .....	.0	.0
3202. .....	.0	.0
3203. .....	.0	.0
3298. Summary of remaining write-ins for Line 32 from overflow page.....	.0	.0
3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above).....	.0	.0

**STATE AUTO INSURANCE COMPANY OF OHIO**  
**STATEMENT OF INCOME**

	1 Current Year	2 Prior Year
<b>UNDERWRITING INCOME</b>		
1. Premiums earned (Part 1, Line 35, Column 4).....	.0	0
DEDUCTIONS		
2. Losses incurred (Part 2, Line 35, Column 7).....	0	0
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....	0	0
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....	0	0
5. Aggregate write-ins for underwriting deductions.....	0	0
6. Total underwriting deductions (Lines 2 through 5).....	0	0
7. Net income of protected cells.....	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7).....	0	0
<b>INVESTMENT INCOME</b>		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	532,316	532,806
10. Net realized capital gains (losses) less capital gains tax of \$....32,732 (Exhibit of Capital Gains (Losses)).....	110,757	1,222,759
11. Net investment gain (loss) (Lines 9 + 10).....	643,073	1,755,565
<b>OTHER INCOME</b>		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0	0
13. Finance and service charges not included in premiums.....	0	0
14. Aggregate write-ins for miscellaneous income.....	0	0
15. Total other income (Lines 12 through 14).....	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	643,073	1,755,565
17. Dividends to policyholders.....	0	0
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).....	643,073	1,755,565
19. Federal and foreign income taxes incurred.....	8,024	153,276
20. Net income (Line 18 minus Line 19) (to Line 22).....	635,049	1,602,289
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	14,600,762	13,645,988
22. Net income (from Line 20).....	635,049	1,602,289
23. Net transfers (to) from Protected Cell accounts.....	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$....109,712.....	203,752	(417,863)
25. Change in net unrealized foreign exchange capital gain (loss).....	0	0
26. Change in net deferred income tax.....	(151,948)	(153,679)
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Column 3).....	651,312	(120,377)
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1).....	0	0
29. Change in surplus notes.....	0	0
30. Surplus (contributed to) withdrawn from protected cells.....	0	0
31. Cumulative effect of changes in accounting principles.....	0	44,404
32. Capital changes:		
32.1 Paid in.....	0	0
32.2 Transferred from surplus (Stock Dividend).....	0	0
32.3 Transferred to surplus.....	0	0
33. Surplus adjustments:		
33.1 Paid in.....	0	0
33.2 Transferred to capital (Stock Dividend).....	0	0
33.3. Transferred from capital.....	0	0
34. Net remittances from or (to) Home Office.....	0	0
35. Dividends to stockholders.....	0	0
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1).....	0	0
37. Aggregate write-ins for gains and losses in surplus.....	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37).....	1,338,165	954,774
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	15,938,927	14,600,762

**DETAILS OF WRITE-INS**

0501.....	.0	0
0502.....	.0	0
0503.....	.0	0
0598. Summary of remaining write-ins for Line 5 from overflow page.....	.0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	.0	0
1401.....	.0	0
1402.....	.0	0
1403.....	.0	0
1498. Summary of remaining write-ins for Line 14 from overflow page.....	.0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	.0	0
3701.....	.0	0
3702.....	.0	0
3703.....	.0	0
3798. Summary of remaining write-ins for Line 37 from overflow page.....	.0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	.0	0

**STATE AUTO INSURANCE COMPANY OF OHIO**  
**CASH FLOW**

	1 Current Year	2 Prior Year
<b>CASH FROM OPERATIONS</b>		
1. Premiums collected net of reinsurance.....	(929,954)	3,314,697
2. Net investment income.....	579,952	740,170
3. Miscellaneous income.....	0	0
4. Total (Lines 1 through 3).....	(350,002)	4,054,867
5. Benefit and loss related payments.....	(3,042,435)	2,381,548
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	0	0
8. Dividends paid to policyholders.....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	544,942	(120,530)
10. Total (Lines 5 through 9).....	(2,497,493)	2,261,018
11. Net cash from operations (Line 4 minus Line 10).....	2,147,491	1,793,849
<b>CASH FROM INVESTMENTS</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	1,465,197	15,618,829
12.2 Stocks.....	133,872	3,756,212
12.3 Mortgage loans.....	0	0
12.4 Real estate.....	0	0
12.5 Other invested assets.....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	0	0
12.7 Miscellaneous proceeds.....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	1,599,069	19,375,041
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	1,793,509	2,257,039
13.2 Stocks.....	0	2,475,146
13.3 Mortgage loans.....	0	0
13.4 Real estate.....	0	0
13.5 Other invested assets.....	0	0
13.6 Miscellaneous applications.....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	1,793,509	4,732,185
14. Net increase (decrease) in contract loans and premium notes.....	0	0
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(194,440)	14,642,856
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0
16.3 Borrowed funds.....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0
16.5 Dividends to stockholders.....	0	0
16.6 Other cash provided (applied).....	(1,611,465)	(22,630,389)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(1,611,465)	(22,630,389)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	341,586	(6,193,684)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	265,006	6,458,690
19.2 End of year (Line 18 plus Line 19.1).....	606,592	265,006

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

20.0001 .....	0	0
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**STATE AUTO INSURANCE COMPANY OF OHIO**  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS EARNED**

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums December 31 Prior Year- per Col. 3, Last Year's Part 1	3 Unearned Premiums December 31 Current Year- per Col. 5, Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire.....	0	0	0	0
2. Allied lines.....	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0
5. Commercial multiple peril.....	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0
8. Ocean marine.....	0	0	0	0
9. Inland marine.....	0	0	0	0
10. Financial guaranty.....	0	0	0	0
11.1 Medical professional liability - occurrence.....	0	0	0	0
11.2 Medical professional liability - claims-made.....	0	0	0	0
12. Earthquake.....	0	0	0	0
13. Group accident and health.....	0	0	0	0
14. Credit accident and health (group and individual).....	0	0	0	0
15. Other accident and health.....	0	0	0	0
16. Workers' compensation.....	0	0	0	0
17.1 Other liability - occurrence.....	0	0	0	0
17.2 Other liability - claims-made.....	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0
18.1 Products liability - occurrence.....	0	0	0	0
18.2 Products liability - claims-made.....	0	0	0	0
19.1, 19.2 Private passenger auto liability.....	0	0	0	0
19.3, 19.4 Commercial auto liability.....	0	0	0	0
21. Auto physical damage.....	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0
23. Fidelity.....	0	0	0	0
24. Surety.....	0	0	0	0
26. Burglary and theft.....	0	0	0	0
27. Boiler and machinery.....	0	0	0	0
28. Credit.....	0	0	0	0
29. International.....	0	0	0	0
30. Warranty.....	0	0	0	0
31. Reinsurance - nonproportional assumed property.....	0	0	0	0
32. Reinsurance - nonproportional assumed liability.....	0	0	0	0
33. Reinsurance - nonproportional assumed financial lines.....	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0
35. TOTALS.....	0	0	0	0

**NONE**

**DETAILS OF WRITE-INS**

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

**STATE AUTO INSURANCE COMPANY OF OHIO**  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1A - RECAPITULATION OF ALL PREMIUMS**

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

**DETAILS OF WRITE-INS**

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

(a) State here basis of computation used in each case: Pro-Rata Methods

**STATE AUTO INSURANCE COMPANY OF OHIO**  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1B - PREMIUMS WRITTEN**

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written (Cols. 1 + 2 + 3 - 4 - 5)
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire.....	1,742,630	0	48,606	1,776,778	14,458	0
2. Allied lines.....	2,385,411	0	18,424	2,273,980	129,855	0
3. Farmowners multiple peril.....	0	0	0	(20,673)	20,673	0
4. Homeowners multiple peril.....	26,359,165	0	143,499	26,029,315	473,349	0
5. Commercial multiple peril.....	0	0	0	(72,063)	72,063	0
6. Mortgage guaranty.....	0	0	0	0	0	0
8. Ocean marine.....	151,241	0	0	151,280	(39)	0
9. Inland marine.....	857,752	0	0	858,006	(254)	0
10. Financial guaranty.....	0	0	0	0	0	0
11.1 Medical professional liability - occurrence.....	0	0	0	0	0	0
11.2 Medical professional liability - claims-made.....	0	0	0	0	0	0
12. Earthquake.....	264,434	0	0	172,813	91,621	0
13. Group accident and health.....	0	0	0	0	0	0
14. Credit accident and health (group and individual).....	0	0	0	0	0	0
15. Other accident and health.....	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0
17.1 Other liability - occurrence.....	1,419,709	0	0	1,325,994	93,715	0
17.2 Other liability - claims-made.....	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0
18.1 Products liability - occurrence.....	0	0	0	0	0	0
18.2 Products liability - claims-made.....	0	0	0	0	0	0
19.1, 19.2 Private passenger auto liability.....	20,852,511	0	0	20,839,617	12,894	0
19.3, 19.4 Commercial auto liability.....	0	0	0	0	0	0
21. Auto physical damage.....	14,849,336	0	0	14,849,336	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0
26. Burglary and theft.....	0	0	81	.81	0	0
27. Boiler and machinery.....	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0
29. International.....	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0
31. Reinsurance - nonproportional assumed property.....	XXX	0	0	0	0	0
32. Reinsurance - nonproportional assumed liability.....	XXX	0	0	0	0	0
33. Reinsurance - nonproportional assumed financial lines.....	XXX	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
35. TOTALS.....	68,882,189	0	210,610	68,184,464	908,335	0

**DETAILS OF WRITE-INS**

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

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [ ] No [ X ]

If yes: 1. The amount of such installment premiums \$.....0.

2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$.....0.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5 Net Losses Unpaid Current Year (Part 2A, Col. 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Cols. 4 + 5 - 6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire.....	506,427	30,651	537,078	0	0	0	0	0.0
2. Allied lines.....	744,984	18,319	763,303	0	0	0	0	0.0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0.0
4. Homeowners multiple peril.....	10,942,351	77,338	11,019,689	0	0	0	0	0.0
5. Commercial multiple peril.....	0	0	0	0	0	0	0	0.0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0.0
8. Ocean marine.....	28,193	0	28,193	0	0	0	0	0.0
9. Inland marine.....	326,839	0	326,839	0	0	0	0	0.0
10. Financial guaranty.....	0	0	0	0	0	0	0	0.0
11.1 Medical professional liability - occurrence.....	0	0	0	0	0	0	0	0.0
11.2 Medical professional liability - claims-made.....	0	0	0	0	0	0	0	0.0
12. Earthquake.....	0	0	0	0	0	0	0	0.0
13. Group accident and health.....	0	0	0	0	0	0	0	0.0
14. Credit accident and health (group and individual).....	0	0	0	0	0	0	0	0.0
15. Other accident and health.....	0	0	0	0	0	0	0	0.0
16. Workers' compensation.....	0	0	0	0	0	0	0	0.0
17.1 Other liability - occurrence.....	138,271	0	138,271	0	0	0	0	0.0
17.2 Other liability - claims-made.....	0	0	0	0	0	0	0	0.0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0.0
18.1 Products liability - occurrence.....	0	0	0	0	0	0	0	0.0
18.2 Products liability - claims-made.....	0	0	0	0	0	0	0	0.0
19.1, 19.2 Private passenger auto liability.....	13,339,112	0	13,339,112	0	0	0	0	0.0
19.3, 19.4 Commercial auto liability.....	0	0	0	0	0	0	0	0.0
21. Auto physical damage.....	9,321,276	0	9,321,276	0	0	0	0	0.0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0.0
23. Fidelity.....	0	0	0	0	0	0	0	0.0
24. Surety.....	0	0	0	0	0	0	0	0.0
26. Burglary and theft.....	0	14	14	0	0	0	0	0.0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0.0
28. Credit.....	0	0	0	0	0	0	0	0.0
29. International.....	0	0	0	0	0	0	0	0.0
30. Warranty.....	0	0	0	0	0	0	0	0.0
31. Reinsurance - nonproportional assumed property.....	XXX	0	0	0	0	0	0	0.0
32. Reinsurance - nonproportional assumed liability.....	XXX	0	0	0	0	0	0	0.0
33. Reinsurance - nonproportional assumed financial lines.....	XXX	0	0	0	0	0	0	0.0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0.0
35. TOTALS.....	35,347,452	126,322	35,473,774	0	0	0	0	0.0

## DETAILS OF WRITE-INS

3401. ....	0	0	0	0	0	0	0	0.0
3402. ....	0	0	0	0	0	0	0	0.0
3403. ....	0	0	0	0	0	0	0	0.0
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0.0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	XXX. 0.0

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excluding Incurred but not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire.....	86,702	0	86,702	0	17,369	0	17,369	0	0
2. Allied lines.....	157,760	0	157,760	0	125,544	0	125,544	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	2,536,173	0	2,536,173	0	1,962,181	0	1,962,181	0	0
5. Commercial multiple peril.....	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	5,597	0	5,597	0	4,844	0	4,844	0	0
9. Inland marine.....	19,931	0	19,931	0	27,996	0	27,996	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0
11.1 Medical professional liability - occurrence.....	0	0	0	0	0	0	0	0	0
11.2 Medical professional liability - claims-made.....	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0
13. Group accident and health.....	0	0	0	0	0	0	0	(a).....	0
14. Credit accident and health (group and individual).....	0	0	0	0	0	0	0	0	0
15. Other accident and health.....	0	0	0	0	0	0	0	(a).....	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0
17.1 Other liability - occurrence.....	352,285	0	352,285	0	1,226,232	0	1,226,232	0	0
17.2 Other liability - claims-made.....	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0
18.1 Products liability - occurrence.....	0	0	0	0	0	0	0	0	0
18.2 Products liability - claims-made.....	0	0	0	0	0	0	0	0	0
19.1, 19.2 Private passenger auto liability.....	10,001,526	0	10,001,526	0	2,997,545	0	2,997,545	0	0
19.3, 19.4 Commercial auto liability.....	0	0	0	0	0	0	0	0	0
21. Auto physical damage.....	386,681	0	386,681	0	(593,491)	0	(593,491)	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0
29. International.....	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0
31. Reinsurance - nonproportional assumed property.....	XXX.	0	0	0	XXX.	0	0	0	0
32. Reinsurance - nonproportional assumed liability.....	XXX.	0	0	0	XXX.	0	0	0	0
33. Reinsurance - nonproportional assumed financial lines.....	XXX.	0	0	0	XXX.	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0
35. TOTALS.....	13,546,655	0	13,546,655	0	5,768,221	0	5,768,221	0	0

## DETAILS OF WRITE-INS

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

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

**STATE AUTO INSURANCE COMPANY OF OHIO**  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - EXPENSES**

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct.....	1,057,072	0	0	1,057,072
1.2 Reinsurance assumed.....	27,459	0	0	27,459
1.3 Reinsurance ceded.....	1,084,531	0	0	1,084,531
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3).....	0	0	0	0
2. Commission and brokerage:				
2.1 Direct, excluding contingent.....	0	9,785,712	0	9,785,712
2.2 Reinsurance assumed, excluding contingent.....	0	61,992	0	61,992
2.3 Reinsurance ceded, excluding contingent.....	0	9,847,704	0	9,847,704
2.4 Contingent - direct.....	0	1,080,969	0	1,080,969
2.5 Contingent - reinsurance assumed.....	0	0	0	0
2.6 Contingent - reinsurance ceded.....	0	1,080,969	0	1,080,969
2.7 Policy and membership fees.....	0	0	0	0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7).....	0	0	0	0
3. Allowances to manager and agents.....	0	0	0	0
4. Advertising.....	0	0	0	0
5. Boards, bureaus and associations.....	0	0	0	0
6. Surveys and underwriting reports.....	0	0	0	0
7. Audit of assureds' records.....	0	0	0	0
8. Salary and related items:				
8.1 Salaries.....	0	0	1,171	1,171
8.2 Payroll taxes.....	0	0	86	86
9. Employee relations and welfare.....	0	0	2,442	2,442
10. Insurance.....	0	0	182	182
11. Directors' fees.....	0	0	0	0
12. Travel and travel items.....	0	0	352	352
13. Rent and rent items.....	0	0	250	250
14. Equipment.....	0	0	702	702
15. Cost or depreciation of EDP equipment and software.....	0	0	326	326
16. Printing and stationery.....	0	0	58	58
17. Postage, telephone and telegraph, exchange and express.....	0	0	351	351
18. Legal and auditing.....	0	0	34,628	34,628
19. Totals (Lines 3 to 18).....	0	0	40,548	40,548
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$.....0.....	0	0	0	0
20.2 Insurance department licenses and fees.....	0	0	0	0
20.3 Gross guaranty association assessments.....	0	0	0	0
20.4 All other (excluding federal and foreign income and real estate).....	0	0	0	0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4).....	0	0	0	0
21. Real estate expenses.....	0	0	0	0
22. Real estate taxes.....	0	0	0	0
23. Reimbursements by uninsured plans.....	0	0	0	0
24. Aggregate write-ins for miscellaneous expenses.....	0	0	263	263
25. Total expenses incurred.....	0	0	40,811	(a).....40,811
26. Less unpaid expenses - current year.....	0	0	0	0
27. Add unpaid expenses - prior year.....	0	0	0	0
28. Amounts receivable relating to uninsured plans, prior year.....	0	0	0	0
29. Amounts receivable relating to uninsured plans, current year.....	0	0	0	0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29).....	0	0	40,811	40,811

**DETAILS OF WRITE-INS**

2401. Professional consultants.....	0	0	0	0
2402. Miscellaneous.....	0	0	263	263
2403. ....	0	0	0	0
2498. Summary of remaining write-ins for Line 24 from overflow page.....	0	0	0	0
2499. Totals (Lines 2401 thru 2403 plus 2498) (Line 24 above).....	0	0	263	263

(a) Includes management fees of \$....34,215 to affiliates and \$.....0 to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....165,323	.....157,969
1.1 Bonds exempt from U.S. tax.....	(a).....127,845	.....129,026
1.2 Other bonds (unaffiliated).....	(a).....235,165	.....237,996
1.3 Bonds of affiliates.....	(a).....0	.....0
2.1 Preferred stocks (unaffiliated).....	(b).....0	.....0
2.11 Preferred stocks of affiliates.....	(b).....0	.....0
2.2 Common stocks (unaffiliated).....	.....48,118	.....48,118
2.21 Common stocks of affiliates.....	.....0	.....0
3. Mortgage loans.....	(c).....0	.....0
4. Real estate.....	(d).....0	.....0
5. Contract loans.....	.....0	.....0
6. Cash, cash equivalents and short-term investments.....	(e).....29	.....17
7. Derivative instruments.....	(f).....0	.....0
8. Other invested assets.....	.....0	.....0
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....576,481	.....573,126
11. Investment expenses.....	(g).....40,811	
12. Investment taxes, licenses and fees, excluding federal income taxes.....	(g).....0	
13. Interest expense.....	(h).....0	
14. Depreciation on real estate and other invested assets.....	(i).....0	
15. Aggregate write-ins for deductions from investment income.....	.....0	
16. Total deductions (Lines 11 through 15).....	.....40,811	
17. Net investment income (Line 10 minus Line 16).....	.....532,315	

**DETAILS OF WRITE-INS**

0901.....	.....0	.....0
0902.....	.....0	.....0
0903.....	.....0	.....0
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....0	.....0
1501.....	.....0	
1502.....	.....0	
1503.....	.....0	
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....0	.....0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	.....0	.....0

(a) Includes \$....761 accrual of discount less \$....52,677 amortization of premium and less \$....2,249 paid for accrued interest on purchases.

(b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.

(c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.

(d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.

(e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.

(f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.

(g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.

(h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.

(i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	.....128,941	.....0	.....128,941	.....(38,417)	.....0
1.1 Bonds exempt from U.S. tax.....	.....0	.....0	.....0	.....0	.....0
1.2 Other bonds (unaffiliated).....	.....0	.....0	.....0	.....0	.....0
1.3 Bonds of affiliates.....	.....0	.....0	.....0	.....0	.....0
2.1 Preferred stocks (unaffiliated).....	.....0	.....0	.....0	.....0	.....0
2.11 Preferred stocks of affiliates.....	.....0	.....0	.....0	.....0	.....0
2.2 Common stocks (unaffiliated).....	.....14,547	.....0	.....14,547	.....351,880	.....0
2.21 Common stocks of affiliates.....	.....0	.....0	.....0	.....0	.....0
3. Mortgage loans.....	.....0	.....0	.....0	.....0	.....0
4. Real estate.....	.....0	.....0	.....0	.....0	.....0
5. Contract loans.....	.....0	.....0	.....0	.....0	.....0
6. Cash, cash equivalents and short-term investments.....	.....0	.....0	.....0	.....0	.....0
7. Derivative instruments.....	.....0	.....0	.....0	.....0	.....0
8. Other invested assets.....	.....0	.....0	.....0	.....0	.....0
9. Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0	.....0
10. Total capital gains (losses).....	.....143,488	.....0	.....143,488	.....313,463	.....0

**DETAILS OF WRITE-INS**

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

**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....	0	0	0
2.2 Common stocks.....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale.....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans.....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA).....	0	0	0
9. Receivables for securities.....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued.....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums.....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....	0	0	0
16.2 Funds held by or deposited with reinsured companies.....	0	0	0
16.3 Other amounts receivable under reinsurance contracts.....	0	0	0
17. Amounts receivable relating to uninsured plans.....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon.....	0	0	0
18.2 Net deferred tax asset.....	183,470	834,782	651,312
19. Guaranty funds receivable or on deposit.....	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0	0
23. Receivables from parent, subsidiaries and affiliates.....	0	0	0
24. Health care and other amounts receivable.....	0	0	0
25. Aggregate write-ins for other than invested assets.....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	183,470	834,782	651,312
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. TOTALS (Lines 26 and 27).....	183,470	834,782	651,312

**DETAILS OF WRITE-INS**

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

**NOTES TO FINANCIAL STATEMENTS****1. Summary of Significant Accounting Policies:****A. Accounting Practices:**

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

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

Description	State of Domicile	Amount (\$)	
		2013	2012
Net income, OH basis	OH	635,049	1,602,289
State prescribed practice		-	-
State permitted practice		-	-
Net income, NAIC SAP basis	OH	635,049	1,602,289
Statutory surplus, OH basis	OH	15,938,927	14,600,762
State prescribed practice		-	-
State permitted practice		-	-
Statutory surplus, NAIC SAP basis	OH	15,938,927	14,600,762

The Company is a member of the State Auto Holding Company System ("State Auto Group") that is defined at Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group. See Schedule Y Part 1 – Organizational Chart. The following member companies of the State Auto Group referred to throughout these notes are defined as follows: State Automobile Mutual Insurance Company ("State Auto Mutual"), State Auto Insurance Company of Wisconsin ("SA Wisconsin"), State Auto Financial Corporation ("State Auto Financial"), SA Software Shelf, Inc. ("SA Software"), State Auto Property & Casualty Insurance Company ("State Auto P&C"), Stateco Financial Services, Inc. ("Stateco"), Milbank Insurance Company ("Milbank"), State Auto Insurance Company of Ohio ("SA Ohio"), Meridian Citizens Mutual Insurance Company ("Meridian Citizens Mutual"), Meridian Insurance Group, Inc. ("MIG"), Risk Evaluation & Design, LLC ("RED"), Meridian Security Insurance Company ("Meridian Security"), Patrons Mutual Insurance Company of Connecticut ("Patrons Mutual"), Rockhill Holding Company ("RHC"), Rockhill Insurance Company ("Rockhill"), Plaza Insurance Company ("Plaza"), American Compensation Insurance Company ("American Compensation"), and Bloomington Compensation Insurance Company ("Bloomington Compensation"). Litchfield Mutual Fire Insurance Company ("Litchfield") was merged with Patrons Mutual on March 31, 2013. Beacon Lloyds, Inc. ("Beacon Lloyds, Inc.") was dissolved on January 11, 2013. Farmers Casualty Insurance Company ("Farmers") was merged with State Auto P&C on December 31, 2012. State Auto Florida Insurance Company ("SA Florida") and Beacon National Insurance Company ("Beacon National") were merged with Meridian Security on December 31, 2012. Beacon Lloyds Insurance Company ("Beacon Lloyds") was dissolved on December 31, 2012. An amount representing 85% of State Auto Mutual's holding of the equity securities in BroadStreet Capital Partners, Inc. ("BroadStreet Capital") was sold on March 1, 2012.

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

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

**C. Accounting Policy:**

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

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

In addition, the Company uses the following accounting policies:

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

**2. Accounting Changes and Corrections of Errors:** Not applicable.**3. Business Combinations and Goodwill:** Not applicable.**4. Discontinued Operations:** Not applicable.**5. Investments:****A. Mortgage Loans:** Not applicable.**B. Debt Restructuring:** Not applicable.**C. Reverse Mortgages:** Not applicable.**D. Loan-Backed Securities:**

1. Prepayment assumptions for mortgage-backed securities, asset-backed securities and collateralized mortgage obligations were generated using a purchased prepayment model. The prepayment model uses a number of factors to estimate prepayment activity including the time of year (seasonality), current levels of interest rates (refinancing incentive), economic activity (including housing turnover) and term and age of the underlying collateral (burnout, seasoning).
2. The Company has not recognized any other than temporary impairments on its loan-backed securities.
3. The Company has not recognized any other than temporary impairments on its loan-backed securities.

**5. Investments (continued):**

4. The Company has loan-backed securities in which the fair value is less than cost or amortized cost for which an other than temporary impairment has not been recognized.

		Amount (\$)
a. The aggregate amount of unrealized losses		
1. Less than 12 Months		(23,458)
2. 12 Months or Longer		-
b. The aggregate related fair value of securities with unrealized losses		
1. Less than 12 Months		1,064,245
2. 12 Months or Longer		-

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

E. Repurchase Agreements: Not applicable.

F. Real Estate: Not applicable.

G. Low Income Housing Tax Credits: Not applicable.

H. Restricted Assets:

1. Restricted assets (including pledged) summarized by restricted asset category

	Amount (\$)								Percentage (%)			
	Gross Restricted											
	Current Year					6	7	8				
	1	2	G/A Supporting S/A Restricted Assets (a)	3	4			9	10			
	Total General Account (G/A)			Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Admitted Restricted to Total Admitted Assets		
a. Subject to contractual obligation for which liability is not shown	-	-	-	-	-	-	-	-	-	-		
b. Collateral held under security lending arrangements	-	-	-	-	-	-	-	-	-	-		
c. Subject to repurchase agreements	-	-	-	-	-	-	-	-	-	-		
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-	-	-	-		
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-	-	-	-		
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-	-	-	-		
g. Placed under option contracts	-	-	-	-	-	-	-	-	-	-		
h. Letter stock or securities restricted as to sale	-	-	-	-	-	-	-	-	-	-		
i. On deposit with state	505,614	-	-	-	505,614	251,284	254,330	505,614	1.56	1.56		
j. On deposit with other regulatory bodies	-	-	-	-	-	-	-	-	-	-		
k. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-	-	-	-		
l. Other restricted assets	-	-	-	-	-	-	-	-	-	-		
m. Total restricted assets	505,614	-	-	-	505,614	251,284	254,330	505,614	1.56	1.56		

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

**7. Investment Income:**

A. Accrued Investment Income: The Company nonadmits investment income due and accrued if amounts are over 90 days past due.

B. Amounts Nonadmitted: Not applicable.

**8. Derivative Instruments: Not applicable.****9. Income Taxes:**

A. The components of the net deferred tax asset/(liability) at December 31, 2013 and 2012 are as follows:

1.	Amount (\$)								
	2013			2012			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
a. Gross deferred tax assets	715,701	45,962	761,663	855,072	58,509	913,581	(139,371)	(12,547)	(151,918)
b. Statutory valuation allowance adjustment	-	-	-	-	-	-	-	-	-
c. Adjusted gross deferred tax assets	715,701	45,962	761,663	855,072	58,509	913,581	(139,371)	(12,547)	(151,918)
d. Deferred tax assets nonadmitted	322,283	(138,814)	183,469	855,072	(20,291)	834,781	(532,789)	(118,523)	(651,312)
e. Subtotal net admitted deferred tax asset	393,418	184,776	578,194	-	78,800	78,800	393,418	105,976	499,394
f. Deferred tax liabilities	-	170,989	170,989	-	61,247	61,247	-	109,742	109,742
g. Net admitted deferred tax assets/(liability)	393,418	13,787	407,205	-	17,553	17,553	393,418	(3,766)	389,652

## 9. Income Taxes (continued):

2.	Amount (\$)								
	2013			2012			Change		
Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total	
Admission calculation components SSAP No. 101									
a. Recovered through loss carrybacks	-	-	-	-	-	-	-	-	-
b. The lesser of 2(b)1 and 2(b)2 below:	393,418	13,787	407,205	-	17,553	17,553	393,418	(3,766)	389,652
1. Adjusted gross DTA's expected to be realized within one or three years	393,418	13,787	407,205	-	17,553	17,553	393,418	(3,766)	389,652
2. Adjusted DTA's allowed per limitation threshold	NA	NA	2,302,238	NA	NA	2,269,223	NA	NA	33,105
c. Adjusted gross DTA's offset by gross DTLs	-	170,987	170,987	-	61,247	61,247	-	109,740	109,740
d. Total DTA's admitted	393,418	184,774	578,192	-	78,800	78,800	393,418	105,974	499,392

3.	2013	2012
a. Ratio percentage used to determine recovery period and threshold limitation	5118%	1356%
b. Amount of adjusted capital & surplus used to determine recovery period and threshold limitation in 2(b)2 above	15,348,252	15,128,151

4.	2013		2012		Change	
	Ordinary	Capital	Ordinary	Capital	Ordinary	Capital
a. Impact of tax planning strategies:						
1. Adjusted gross DTAs	715,701	45,962	855,072	58,509	(139,371)	(12,547)
2. Percentage of total adjusted gross DTAs by tax character attributable to planning	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
3. Net admitted adjusted gross DTAs	393,418	184,776	-	78,800	393,418	105,976
4. Percentage of net admitted gross DTAs attributable to planning	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

b. Does the Company's tax-planning strategies include the use of reinsurance? Yes  No 

B. Unrecognized Deferred Tax Liabilities: None.

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

	Amount (\$)		
	2013	2012	Change
1. Current income tax:			
a. Federal	8,024	153,276	(145,252)
b. Foreign	-	-	-
c. Subtotal	8,024	153,276	(145,252)
d. Federal Income tax on net capital gains	32,732	393,022	(360,290)
e. Utilization of capital loss carry-forwards	-	-	-
f. Other	-	-	-
g. Federal and foreign income taxes incurred	40,756	546,298	(505,542)
2. Deferred tax assets:			
a. Ordinary			
1. Discounting of unpaid losses	-	-	-
2. Unearned premium reserve	-	-	-
3. Policyholder reserves	-	-	-
4. Investments	-	-	-
5. Deferred acquisition costs	-	-	-
6. Policyholder dividends accrual	-	-	-
7. Fixed Assets	-	-	-
8. Compensation & benefits accrual	-	-	-
9. Pension accrual	-	-	-
10. Receivables - nonadmitted	-	-	-
11. Net operating loss carry-forward	708,860	842,381	(133,521)
12. Tax credit carry-forward	6,841	6,841	-
13. Other	-	5,850	(5,850)
Subtotal	715,701	855,072	(139,371)
b. Statutory valuation allowance adjustment	-	-	-
c. Nonadmitted	322,283	855,072	(532,789)
d. Admitted ordinary deferred tax assets	393,418	-	393,418
e. Capital:			
1. Investments	45,962	58,509	(12,547)
2. Net capital loss carry-forward	-	-	-
3. Real estate	-	-	-
4. Other	-	-	-
Subtotal	45,962	58,509	(12,547)
f. Statutory valuation allowance adjustment	-	-	-
g. Nonadmitted	(138,814)	(20,291)	(118,523)
h. Admitted capital deferred tax assets	184,776	78,800	105,976
i. Admitted deferred tax assets	578,194	78,800	499,394

**9. Income Taxes (continued):**

	Amount (\$)		
	2013	2012	Change
3. Deferred tax liabilities:			
a. Ordinary			
1. Investments	-	-	-
2. Fixed assets	-	-	-
3. Deferred and uncollected premium	-	-	-
4. Policyholder reserves	-	-	-
5. Other	-	-	-
Subtotal	-	-	-
b. Capital:			
1. Investments	170,989	61,247	109,742
2. Real estate	-	-	-
3. Other	-	-	-
Subtotal	170,989	61,247	109,742
c. Deferred tax liabilities	170,989	61,247	109,742
4. Net deferred tax asset/(liabilities)	407,205	17,553	389,652

D. The significant book to tax adjustments were as follows:

	Amount (\$) Tax Effect @ 35%	Effective Tax Rate
Tax Reconciliation by Effective Rate:		
Income before tax	236,532	35.0%
Tax exempt interest and dividends received income deduction	(43,828)	-6.5%
Permanent difference on nonadmitted taxable assets	-	0.0%
STAT minimum pension liability	-	0.0%
Change in valuation allowance	-	0.0%
Other	-	0.0%
Total	192,704	28.5%
Tax Reconciliation by Statement of Income:		
Federal & foreign tax incurred	8,024	7.1%
Current taxes on realized gains	32,732	18.3%
Change in net deferred income taxes	151,948	7.2%
Total	192,704	32.6%

E. Operating Loss and Tax Credit Carry-forwards:

- At December 31, 2013, the Company had \$2,025,315 of operating loss carry-forwards beginning in 2010 through 2011, which expire, if unused, beginning in 2030 through 2031. The Company had \$6,841 of alternative minimum tax credits that do not expire.
- For 2013 and 2012, there is no income tax expense that is available for recoupment in the event of future net losses.
- The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return:

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

State Auto Financial  
State Auto P&C  
Milbank  
Stateco  
SA Software

- The method of allocation among the companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is made primarily on a separate return basis with current credit for any net operating losses or other items utilized in the consolidated tax return.

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

A. Nature of the Relationships:

See Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group, Part 1 Organizational Chart. On March 31, 2013, Litchfield was merged into Patrons Mutual. On June 20, 2013, Patrons Specialty Agency was dissolved.

B. Detail of Transactions Greater than 1/2% of Admitted Assets:

The Company incurred federal income taxes of \$40,756 and \$546,298 through December 31, 2013 and 2012, respectively, through the Tax Sharing Agreement. See Note 9 for additional disclosure.

C. Change in Terms of Intercompany Agreements:

The Pooling Arrangement was amended to increase Patrons Mutual's participation percentage to 0.5% from 0.4% due to its merger with Litchfield, effective March 31, 2013.

D. Amounts Due to or from Related Parties:

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

	Amount (\$)			
	December 31, 2013		December 31, 2012	
	Due To:	Due From:	Due To:	Due From:
State Auto Mutual	-	8,083,245	-	6,466,617
Stateco	8,550	-	16,185	-

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

F. Management, Service Contracts, Cost Sharing Agreements:

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

**10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (continued):**

During 2013 and 2012, the following management and/or cost sharing agreements were effective:

1. the "2005 Management and Operations Agreement" to which State Auto Mutual, State Auto P&C, Milbank, SA Ohio, MIGI, Meridian Security, Meridian Citizens Mutual, Patrons Mutual, State Auto Financial, SA Software, Stateco, and 518 Property Management and Leasing LLC are parties;
2. the "Midwest Management Agreement" to which State Auto Mutual, State Auto P&C, and SA Wisconsin are parties;
3. the "RTW Consulting Services Agreement" to which State Auto Mutual, State Auto P&C, Meridian Security, Meridian Citizens Mutual, and Milbank entered into an agreement with RTW, Inc., an affiliate for overall claims case management for the workers' compensation program;
4. the "RED Underwriting Management Agreement" to which State Auto Mutual, Rockhill, Plaza, American Compensation, Bloomington Compensation, State Auto P&C, Meridian Security, and Milbank entered into with Risk Evaluation and Design, LLC. to act as underwriting manager to underwrite insurance and reinsurance coverages for the alternative risk and program market;
5. the "Rockhill Management & Operations Agreement" to which State Auto Mutual, State Auto P&C, Rockhill, Plaza, American Compensation, Bloomington Compensation, RHC, National Environmental Coverage Corporation, RTW, Inc., Rockhill Insurance Services, LLC., and Rockhill Underwriting Management, LLC. are parties;
6. the "Rockhill-RUM Administrative Services Agreement" to which Rockhill and Rockhill Underwriting Management, LLC. are parties;
7. the "Rockhill-RIS Surplus Lines Broker Agreement" to which Rockhill and Rockhill Insurance Services, LLC. are parties;
8. the "Rockhill-NEN Administrative Services Agreement" to which Rockhill and National Environmental Coverage Corporation are parties;
9. the "Rockhill Cost Sharing Agreement" to which Rockhill, RHC, and Rockhill Underwriting Management, LLC. are parties;
10. the "RTW-ACI Intercompany Management Agreement" to which American Compensation and RTW, Inc. are parties;
11. the "RTW-BCI Intercompany Management Agreement" to which Bloomington Compensation and RTW, Inc. are parties;
12. the "RUM Administrative Services Agreement" to which State Auto Mutual and Rockhill Underwriting Management, LLC. are parties;
13. the "Stateco Investment Management Agreement" to which Stateco, a wholly owned subsidiary of State Auto Financial, provides investment management services to the Company for a fee based on the average fair value of the investment portfolio of the Company;
14. the "RUM-ACI Administrative Services Agreement" to which Rockhill Underwriting Management, LLC. and American Compensation are parties;
15. the "RUM Underwriting Services Agreement" to which Rockhill Underwriting Management, LLC. and Plaza are parties; and
16. the "RTW Administrative Services Agreement" to which RTW, Inc. and Plaza are parties.

Additionally, in 2012, the "BroadStreet Capital Partners, Inc. Cost Sharing Agreement" to which State Auto Mutual, State Auto P&C and BroadStreet Capital were parties, was in effect until March 1, 2012 when it was terminated following the sale of State Auto Mutual's majority ownership in BroadStreet Capital.

Each of the foregoing management and/or cost sharing agreements apportions or apportioned among the parties the actual costs of the services provided. With the exception of the "2005 Management & Operations Agreement", the "BroadStreet Capital Partners, Inc. Cost Sharing Agreement" and the "Rockhill Management & Operations Agreement", the above agreements provide for a management fee for services provided.

**G. Nature of Relationships that Could Affect Operations:**

The Company is a member of the State Auto Group that is defined in Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group. See Schedule Y Part 1 – Organizational Chart. The Company is a wholly owned subsidiary of State Auto Financial, a publicly traded holding company, domiciled in the state of Ohio. State Auto Mutual, an Ohio domiciled property and casualty mutual insurance company, owns approximately 62.1% of the common shares outstanding of State Auto Financial at December 31, 2013.

**H. Amount Deducted for Investment in Upstream Company: Not applicable****I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets: Not applicable.****J. Write-down for Impairments of Investments in Subsidiary, Controlled or Affiliated Companies: Not applicable.****K. Investments in Foreign Insurance Subsidiary: Not applicable.****L. Investments in Downstream Noninsurance Holding Company: Not applicable.****11. Debt: Not applicable.****12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans:**

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

**A. Defined Benefit Plan: Not applicable.****B. Investment policies and strategies: Not applicable.****C. Fair Value Measurement: Not applicable.****D. Basis Assumption: Not applicable.****E. Defined Contribution Plan: Not applicable.****F. Multiemployer Plans: Not applicable.****G. Consolidated/Holding Company Plans: Not applicable.****H. Postemployment Benefits and Compensated Absences: Not applicable.****I. Impact of Medicare Modernization Act on Postemployment Benefits (INT 04-17): Not applicable.****13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations:****A. Capital Stock Authorized, Issued and Outstanding as of the Balance Sheet Date:**

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

**B. Dividend Rate of Preferred Stock: Not applicable.****C. Dividend Restrictions:**

Dividends on common stock are paid as declared by the Board of Directors of the Company. Under the insurance regulations of Ohio, the maximum amount of dividends that the Company may pay out of earned surplus to shareholders within a twelve month period without prior approval of the Department is limited to the greater of 10% of the most recent year-end policyholders' surplus or net income for the twelve-month period ending the 31st day of December of the previous year-end. Accordingly, the maximum amount of dividends that the Company may pay to shareholders without prior approval of the Department in 2014 is \$1,593,893.

**D. Dates and Amounts of Dividends Paid: Not applicable.****E. Portion of the Company's Profits that may be paid as Ordinary Dividends to Stockholders:**

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

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

**13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations (continued):**

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

I. Changes in Special Surplus Funds: Not applicable.

J. Changes in Unassigned Funds:

The portion of unassigned funds (surplus) represented by cumulative net unrealized gains is \$487,248. This excludes any applicable deferred taxes.

K. Surplus Notes: Not applicable.

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

M. Effective Date of Quasi Reorganizations: Not applicable.

**14. Contingencies:**

A. Contingent Commitments:

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

B. Guaranty Fund and Other Assessments:

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

C. Gain Contingencies: Not applicable.

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

E. Product Warranties: Not applicable.

F. All Other Contingencies:

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

**15. Leases:** Not applicable.**16. Information about Financial Instruments with Off-Balance-Sheet Risk and Financial Instruments with Concentrations of Credit Risk:** Not applicable.**17. Sale, Transfer and Servicing of Financial Instruments and Extinguishments of Liabilities:**

A. Transfers of Receivables Reported as Sales: Not applicable.

B. Transfers and Servicing of Financial Assets:

1. Loaned Securities: None.

2. Servicing Assets and Servicing Liabilities:

a. Risks: None.

b. Contractually Specified Servicing Fees: None.

c. Assumptions Used to Estimate: None.

3. Servicing Assets and Servicing Liabilities Measured at Fair Value: Not applicable

4. Securitzations, Asset-backed Financing Agreements and Similar Transfers with Continued Involvement:

a. Income Statements Presented: None.

b. Statement of Financial Position Presented: None.

5. Assets Accounted for as Secured Borrowing: None.

6. Receivables with Recourse: None.

7. Securities Underlying Repurchase and Reverse Repurchase Agreements: None.

C. Wash Sales: None.

**18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans:** Not applicable.**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators:** Not applicable.**20. Fair Value Measurement:**

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

The Company has categorized its assets and liabilities that are reported on the balance sheet at fair value into the three-level fair value hierarchy as reflected in the table below. The three-level fair value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined. The three levels are defined as follows.

Level 1 – Quoted Prices in Active Markets for Identical Assets and Liabilities: This category, for items measured at fair value on a recurring basis, includes exchange-traded common stocks. The estimated fair value of the equity securities within this category are based on unadjusted market prices provided by the Securities Valuation Office ("SVO") and are thus classified as level 1.

Level 2 – Significant Other Observable Inputs: The Company has no assets or liabilities measured and reported at fair value in this category.

Level 3 – Significant Unobservable Inputs: The Company has no assets or liabilities measured and reported at fair value in this category.

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

Fair Value Measurements at Reporting Date	Amount (\$)			
	(Level 1)	(Level 2)	(Level 3)	Total
Description for each class of asset or liability				
a. Assets at fair value				
Common stock				
Industrial and misc	1,714,548	-	-	1,714,548
Total common stocks	1,714,548	-	-	1,714,548
Total assets at fair value	1,714,548	-	-	1,714,548

**20. Fair Value Measurement (continued):**

2. The Company has no assets or liabilities measured and reported at fair value in Level 3.
3. Transfers between level categorizations may occur due to changes in the availability of market observable inputs. Transfers in and out of level categorizations are reported as having occurred at the beginning of the quarter in which the transfer occurred. There were no transfers between level categorizations as of December 31, 2013.
4. The Company has no assets or liabilities measured and reported at fair value in Level 2 or Level 3.
5. The Company has no derivative assets or liabilities.

B. Other Fair Value Disclosures: Not applicable.

C. Fair Values for All Financial Instruments by Levels 1, 2, and 3:

See Item A for a discussion on valuation techniques for assets and liabilities that are measured and reported at fair value.

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

December 31, 2013

Type of Financial Instrument	Amount (\$)				
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)
Bonds	13,507,562	13,167,752	-	13,507,562	-
Common stocks	1,714,548	1,714,548	1,714,548	-	-

December 31, 2012

Type of Financial Instrument	Amount (\$)				
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)
Bonds	13,993,257	12,800,833	-	13,993,257	-
Common stocks	1,481,993	1,481,993	1,481,993	-	-
Cash equivalents and short-term investments	265,006	265,006	265,006	-	-

D. Financial Instruments for which Not Practical to Estimate Fair Values: Not applicable.

**21. Other Items:**

A. Extraordinary Items: Not applicable.

B. Troubled Debt Restructuring: Not applicable.

C. Other Disclosures and Unusual Items:

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

Under the terms of the 2005 Management and Operations Agreement, State Auto Mutual receives all premiums and pays all losses and expenses associated with the insurance business produced by the pool participants, and then settles the intercompany balances generated by these transactions with the participating companies on a quarterly basis within 60 days following each quarter end. When settling the intercompany balances, State Auto Mutual provides the pool participants with full credit for the premiums written and net losses paid during the quarter and retains all receivable amounts from insureds and agents and reinsurance recoverables on paid losses from unaffiliated reinsurers. Any receivable amounts that are ultimately deemed to be uncollectible are charged-off by State Auto Mutual and allocated to the pool member on the basis of pool participation. As a result, each pool participant has an off-balance sheet credit risk based on the participant's pooling percentage related to the balances due to State Auto Mutual, which is collateralized by the unearned premium from the respective policies.

D. Business Interruption Insurance Recoveries: Not applicable.

E. State Transferable Tax Credits: Not applicable.

F. Subprime Mortgage Related Risk Exposure:

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

G. Offsetting and Netting of Assets and Liabilities: Not applicable.

H. Joint and Several Liabilities: Not applicable.

**22. Events Subsequent:**

Subsequent events have been considered through February 20, 2014 for the statutory statement issued on February 20, 2014.

**23. Reinsurance:**

A. Unsecured Reinsurance Recoverable:

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

NAIC Code	Federal ID#	Name of Reinsurer	Amount (\$)
25135	31-4316080	State Auto Mutual	61,138,118
		Total	61,138,118

B. Reinsurance Recoverable in Dispute: Not applicable.

**23. Reinsurance (continued):****C. Reinsurance Assumed and Ceded:**

1. The following table summarizes assumed and ceded unearned premiums and the related commission equity at December 31, 2012, stated in dollars:

	Amount (\$)					
	Assumed		Ceded		Assumed Less Ceded	
	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity
Affiliates	-	-	30,167,557	-	(30,167,557)	-
All other	-	-	3,572	1,072	(3,572)	(1,072)
Totals	-	-	30,171,129	1,072	(30,171,129)	(1,072)

Direct Unearned Premium Reserve: 30,171,129

2. The additional or return commission, predicated on loss experience or on any other form of profit sharing arrangements in this annual statement as a result of existing contractual arrangements is accrued as follows:

	Amount (\$)			
	Direct	Assumed	Ceded	Net
a. Contingent Commission	-	-	1,114,000	(1,114,000)
b. Sliding Scale Adjustments	-	-	-	-
c. Other Profit Commission Arrangements	-	-	-	-
Total	-	-	1,114,000	(1,114,000)

3. Protected Cells: Not applicable.

**D. Uncollectible Reinsurance: Not applicable.****E. Commutation of Ceded Reinsurance: Not applicable.****F. Retroactive Reinsurance: Not applicable.****G. Reinsurance Accounted for as a Deposit: Not applicable.****H. Run-off Agreements: Not applicable.****i. Certified Reinsurer Rating Downgraded or Status Subject to Revocation: Not applicable.****24. Retrospectively Rated Contracts and Contracts Subject to Redetermination: Not applicable.****25. Changes in Incurred Losses and Loss Adjustment Expenses:**

The Company receives no losses or loss adjustment expenses from State Auto Mutual in accordance with the Pooling Arrangement.

**26. Intercompany Pooling Arrangements:**

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

Pool Participant (the "State Auto Pool")	NAIC Co. Code	Pooling Participation Percentages	
		2012	2013
State Auto Mutual – lead reinsurer	25135	34.0%	34.0%
State Auto P&C	25127	51.0%	51.0%
Milbank	41653	14.0%	14.0%
SA Wisconsin	31755	0.0%	0.0%
SA Ohio	11017	0.0%	0.0%
Meridian Security	23353	0.0%	0.0%
Meridian Citizens Mutual	10502	0.5%	0.5%
Patrons Mutual	14923	0.5%	0.5%
Rockhill	28053	0.0%	0.0%
Plaza	30945	0.0%	0.0%
American Compensation	45934	0.0%	0.0%
Bloomington Compensation	12311	0.0%	0.0%

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

Per SSAP No. 62R – *Property and Casualty Reinsurance*, ceded reinsurance written premiums payable may be deducted from amounts due from the reinsurer when a legal right of offset exists. As the Pooling Arrangement provides for the right of offset, the Company has netted within the Statement of Assets and Liabilities the amount due to State Auto Mutual under ceded reinsurance written premiums payable with the amount due from State Auto Mutual on assumed reinsurance written premiums receivable for transactions under the Pooling Arrangement. The following tabular presentation reflects the ceded reinsurance written premiums payable and assumed reinsurance written premiums receivable at December 31, 2013, between each State Auto Pool participant and State Auto Mutual resulting in the net amount due to or due from State Auto Mutual:

	Amount (\$)		
	Assumed Reinsurance Written Premiums Receivable from State Auto Mutual	Ceded Reinsurance Written Premiums Payable to State Auto Mutual	Net Assumed Reinsurance Written Premiums Receivable/(Net Ceded Reinsurance Written Premiums Payable)
State Auto P&C	198,749,704	165,799,129	32,950,575
Milbank	54,558,742	22,401,801	32,156,941
SA Wisconsin	-	6,607,534	(6,607,534)
SA Ohio	-	16,264,062	(16,264,062)
Meridian Security	-	44,955,130	(44,955,130)
Meridian Citizens Mutual	1,948,527	11,157,918	(9,209,391)
Patrons Mutual	1,948,527	17,519,008	(15,570,481)
Rockhill	-	34,172,456	(34,172,456)
Plaza	-	22,029,923	(22,029,923)
American Compensation	-	12,822,362	(12,822,362)
Bloomington Compensation	-	1,421,792	(1,421,792)

**26. Intercompany Pooling Arrangements (continued):**

The following tabular presentation reflects the reinsurance receivable and payable on loss and loss adjustment expense paid at December 31, 2013, between each State Auto Pool participant and State Auto Mutual:

	Amount (\$)	
	Assumed Reinsurance Loss and Loss Adjustment Expense Paid from State Auto Mutual	Ceded Reinsurance Loss and Loss Adjustment Expense Paid to State Auto Mutual
State Auto P&C	124,299,365	93,451,539
Milbank	34,121,394	14,843,270
SA Wisconsin	-	4,764,190
SA Ohio	-	8,270,454
Meridian Security	-	33,387,436
Meridian Citizens Mutual	1,218,621	6,449,327
Patrons Mutual	1,218,621	8,357,472
Rockhill	-	5,898,345
Plaza	-	9,214,625
American Compensation	-	5,510,465
Bloomington Compensation	-	706,731

The following tabular presentation reflects all other intercompany amounts due from and due to State Auto Mutual from entities participating in the Pooling Arrangement at December 31, 2013:

	Amount (\$)	
	Intercompany Amounts Due from State Auto Mutual	Intercompany Amounts Due to State Auto Mutual
State Auto P&C	-	3,581,036
Milbank	-	12,924,392
SA Wisconsin	1,840,932	-
SA Ohio	8,083,245	-
Meridian Security	11,532,550	-
Meridian Citizens Mutual	4,196,419	-
Patrons Mutual	5,880,631	-
Rockhill	11,396,898	-
Plaza	3,704,690	-
American Compensation	2,173,163	-
Bloomington Compensation	147,293	-

Additionally, SA Wisconsin owes State Auto P&C \$50,275, Rockhill owes Plaza \$110,168, Rockhill owes American Compensation \$51, Plaza owes Bloomington Compensation \$12,088, American Compensation owes Plaza \$634, and American Compensation owes Bloomington Compensation \$668,438.

**27. Structured Settlements:** Not applicable.**28. Health Care Receivables:** Not applicable.**29. Participating Policies:** Not applicable.**30. Premium Deficiency Reserves:**

1. Liability carried for premium deficiency reserves	-
2. Date of the most recent evaluation of this liability	12/31/2013
3. Was anticipated investment income utilized in the calculation?	Yes

**31. High Deductibles:** Not applicable.**32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses:** Not applicable.**33. Asbestos/Environmental Reserves:**

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

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

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

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

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

**33. Asbestos/Environmental Reserves (continued):**

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

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

**34. Subscriber Savings Accounts:** Not applicable.**35. Multiple Peril Crop Insurance:** Not applicable.**36. Financial Guaranty Insurance:** Not applicable.

# STATE AUTO INSURANCE COMPANY OF OHIO

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES - GENERAL

1.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?					Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]												
If yes, complete Schedule Y, Parts 1, 1A and 2.																			
1.2	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?					Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]												
1.3	State regulating? <u>Ohio</u>																		
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 [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]												
2.2	If yes, date of change:																		
3.1	State as of what date the latest financial examination of the reporting entity was made or is being made.					<u>12/31/2013</u>													
3.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.					<u>12/31/2008</u>													
3.3	State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).					<u>03/01/2010</u>													
3.4	By what department or departments? <u>Ohio Department of Insurance</u>																		
3.5	Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?					Yes [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> ]												
3.6	Have all of the recommendations within the latest financial examination report been complied with?					Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]												
4.1	During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:																		
4.11	sales of new business?					Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]												
4.12	renewals?					Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]												
4.2	During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:																		
4.21	sales of new business?					Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]												
4.22	renewals?					Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]												
5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?																		
5.2	If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1 Name of Entity</td> <td style="width: 25%;">2 NAIC Co. Code</td> <td style="width: 25%;">3 State of Domicile</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>						1 Name of Entity	2 NAIC Co. Code	3 State of Domicile											
1 Name of Entity	2 NAIC Co. Code	3 State of Domicile																	
6.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?					Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]												
6.2	If yes, give full information:																		
7.1	Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?					Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]												
7.2	If yes,																		
7.21	State the percentage of foreign control					.....0.000 %													
7.22	State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1 Nationality</td> <td style="width: 25%;">2 Type of Entity</td> <td style="width: 25%;"> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>						1 Nationality	2 Type of Entity												
1 Nationality	2 Type of Entity																		
8.1	Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?					Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]												
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 [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]												
8.4	If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.66%;">1 Affiliate Name</td> <td style="width: 16.66%;">2 Location (City, State)</td> <td style="width: 16.66%;">3 FRB</td> <td style="width: 16.66%;">4 OCC</td> <td style="width: 16.66%;">5 FDIC</td> <td style="width: 16.66%;">6 SEC</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>						1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC								
1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC														
9.	What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? <u>Ernst &amp; Young LLP, 1100 Huntington Center, 41 South High Street, Columbus, Ohio 43215</u>																		
10.1	Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?					Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]												
10.2	If the response to 10.1 is yes, provide information related to this exemption:																		
10.3	Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation?					Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]												
10.4	If the response to 10.3 is yes, provide information related to this exemption:																		

# STATE AUTO INSURANCE COMPANY OF OHIO

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES - GENERAL

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?  Yes [X]  No [ ]  N/A [ ]

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

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

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?  Yes [ ]  No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved .....0  
12.13 Total book/adjusted carrying value \$.....0

12.2 If yes, provide explanation.

#### 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

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

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?  Yes [ ]  No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year?  Yes [ ]  No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?  Yes [ ]  No [ ]  N/A [ ]

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

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

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended?  Yes [ ]  No [X]  
14.21 If the response to 14.2 is yes, provide information related to amendment(s).

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

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

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?  Yes [ ]  No [X]

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

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

### PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?  Yes [X]  No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?  Yes [X]  No [ ]

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?  Yes [X]  No [ ]

### PART 1 - COMMON INTERROGATORIES - FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?  Yes [ ]  No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers \$.....0  
20.12 To stockholders not officers \$.....0  
20.13 Trustees, supreme or grand (Fraternal only) \$.....0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers \$.....0  
20.22 To stockholders not officers \$.....0  
20.23 Trustees, supreme or grand (Fraternal only) \$.....0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?  Yes [ ]  No [X]

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

21.21 Rented from others \$.....0  
21.22 Borrowed from others \$.....0  
21.23 Leased from others \$.....0  
21.24 Other \$.....0

**STATE AUTO INSURANCE COMPANY OF OHIO****PART 1 - COMMON INTERROGATORIES - FINANCIAL**

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?  Yes [ ]  No [ X ]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$.....0

22.22 Amount paid as expenses \$.....0

22.23 Other amounts paid \$.....0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?  Yes [ X ]  No [ ]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount. \$.....0

**PART 1 - COMMON INTERROGATORIES - INVESTMENT**

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?  Yes [ X ]  No [ ]

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

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

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

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$.....0

24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....0

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

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

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

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$.....0

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$.....0

24.103 Total payable for securities lending reported on the liability page. \$.....0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03)  Yes [ X ]  No [ ]

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

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

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

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

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

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

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

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

25.28 On deposit with state or other regulatory body \$.....505,614

25.29 Other \$.....0

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

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

If no, attach a description with this statement.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

29.2 If yes, complete the following schedule:

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

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

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

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

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	13,167,752	13,507,562	339,810
30.2 Preferred stocks.....			0
30.3 Totals.....	13,167,752	13,507,562	339,810

30.4 Describe the sources or methods utilized in determining the fair values:

Pricing services and broker / dealers.

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

Yes [ ] No [ X ]

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

Yes [ ] No [ ]

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

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

Yes [ X ] No [ ]

32.2 If no, list exceptions:

**PART 1 - COMMON INTERROGATORIES - OTHER**

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....0

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

1	2
Name	Amount Paid

34.1 Amount of payments for legal expenses, if any?

\$.....0

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

1	2
Name	Amount Paid

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$.....0

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

1	2
Name	Amount Paid

**NONE**

**GENERAL INTERROGATORIES****PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [X]  
 1.2 If yes, indicate premium earned on U.S. business only. \$.....0  
 1.3 What portion of item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$.....0  
 1.31 Reason for excluding:  
 \_\_\_\_\_

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$.....0  
 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$.....0  
 1.6 Individual policies:  
 Most current three years:  
 1.61 Total premium earned \$.....0  
 1.62 Total incurred claims \$.....0  
 1.63 Number of covered lives .....0  
 All years prior to most current three years:  
 1.64 Total premium earned \$.....0  
 1.65 Total incurred claims \$.....0  
 1.66 Number of covered lives .....0  
 1.7 Group policies:  
 Most current three years:  
 1.71 Total premium earned \$.....0  
 1.72 Total incurred claims \$.....0  
 1.73 Number of covered lives .....0  
 All years prior to most current three years:  
 1.74 Total premium earned \$.....0  
 1.75 Total incurred claims \$.....0  
 1.76 Number of covered lives .....0

## 2. Health test:

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

3.1 Does the reporting entity issue both participating and non-participating policies? Yes [ ] No [X]  
 3.2 If yes, state the amount of calendar year premiums written on:  
 3.21 Participating policies \$.....0  
 3.22 Non-participating policies \$.....0

## 4. FOR MUTUAL REPORTING ENTITIES AND RECIPROCAL EXCHANGES ONLY:

4.1 Does the reporting entity issue assessable policies? Yes [ ] No [ ]  
 4.2 Does the reporting entity issue non-assessable policies? Yes [ ] No [ ]  
 4.3 If assessable policies are issued, what is the extent of the contingent liability of the policyholders? .....0.0 %  
 4.4 Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. \$.....0

## 5. FOR RECIPROCAL EXCHANGES ONLY:

5.1 Does the exchange appoint local agents? Yes [ ] No [ ]  
 5.2 If yes, is the commission paid:  
 5.21 Out of Attorney's-in-fact compensation Yes [ ] No [ ] N/A [ ]  
 5.22 As a direct expense of the exchange Yes [ ] No [ ] N/A [ ]  
 5.3 What expenses of the exchange are not paid out of the compensation of the Attorney-in-fact?  
 \_\_\_\_\_

5.4 Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred? Yes [ ] No [ ]  
 5.5 If yes, give full information:  
 \_\_\_\_\_

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

The Company does not currently write workers' compensation business.

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

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

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

All of the State Auto Group companies are party to a traditional catastrophe reinsurance agreement providing \$265 million in coverage for covered losses above a \$55 million retention, with a 5% co-participation. In addition, State Auto Group has a quota share reinsurance agreement ceding 75% of the homeowners book of business.

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

Yes [X] No [ ]

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

**GENERAL INTERROGATORIES****PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

7.1 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)? Yes [ ] No [X] .....0

7.2 If yes, indicate the number of reinsurance contracts containing such provisions. 0

7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)? Yes [ ] No [ ]

8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? Yes [ ] No [X]

8.2 If yes, give full information:

---

9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:

- (a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term;
- (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
- (c) Aggregate stop loss reinsurance coverage;
- (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
- (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
- (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity?

Yes [ ] No [X]

9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:

- (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
- (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract?

Yes [ ] No [X]

9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:

- (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
- (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
- (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.4 Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:

- (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
- (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?

Yes [ ] No [X]

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

9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:

- (a) The entity does not utilize reinsurance; or
- (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or
- (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.

Yes [ ] No [X]

10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurance a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? Yes [X] No [ ] N/A [ ]

11.1 Has this reporting entity guaranteed policies issued by any other reporting entity and now in force? Yes [ ] No [X]

11.2 If yes, give full information:

---

12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the assets schedule, Page 2, state the amount of corresponding liabilities recorded for:

- 12.11 Unpaid losses \$.....0
- 12.12 Unpaid underwriting expenses (including loss adjustment expenses) \$.....0

12.2 Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds: \$.....0

12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? Yes [ ] No [ ] N/A [X]

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

- 12.41 From .....0.0 %
- 12.42 To .....0.0 %

12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? Yes [ ] No [X]

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

- 12.61 Letters of credit \$.....0
- 12.62 Collateral and other funds \$.....0

**GENERAL INTERROGATORIES****PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): \$.....0

13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? Yes [ ] No [X]

13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. ....3

14.1 Is the company a cedant in a multiple cedant reinsurance contract? Yes [X] No [ ]

14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:  
The Company's reinsurance treaties are written to include multiple members of the State Auto Group. The total ceded premiums for each treaty are calculated based on that contract's definition of subject premium. Each cedant company's portion of the total ceded premiums is based on its contribution to that subject premium base.

14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes [ ] No [X]

14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [ ] No [X]

14.5 If the answer to 14.4 is no, please explain:  
As noted in #14.2 above, ceded premiums are allocated based on each cedant company's proportionate share of that contract's calculated subject premium base. Although not specified in each contract, Statutory Accounting Principles logically direct the Company to match each company's costs with that company's benefits under each contract.

15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [ ] No [X]

15.2 If yes, give full information:  


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---

16.1 Does the reporting entity write any warranty business? Yes [ ] No [X]

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

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

\* Disclose type of coverage: .....

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F-Part 3 that it excludes from Schedule F-Part 5? Yes [ ] No [X]

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

Provide the following information for this exemption:

17.11 Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5	\$.....0
17.12 Unfunded portion of Interrogatory 17.11	\$.....0
17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$.....0
17.14 Case reserves portion of Interrogatory 17.11	\$.....0
17.15 Incurred but not reported portion of Interrogatory 17.11	\$.....0
17.16 Unearned premium portion of Interrogatory 17.11	\$.....0
17.17 Contingent commission portion of Interrogatory 17.11	\$.....0

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

17.18 Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5	\$.....0
17.19 Unfunded portion of Interrogatory 17.18	\$.....0
17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18	\$.....0
17.21 Case reserves portion of Interrogatory 17.18	\$.....0
17.22 Incurred but not reported portion of Interrogatory 17.18	\$.....0
17.23 Unearned premium portion of Interrogatory 17.18	\$.....0
17.24 Contingent commission portion of Interrogatory 17.18	\$.....0

18.1 Do you act as a custodian for health savings account? Yes [ ] No [X]

18.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....0

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

18.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....0

**STATE AUTO INSURANCE COMPANY OF OHIO****FIVE-YEAR HISTORICAL DATA**

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

	1 2013	2 2012	3 2011	4 2010	5 2009
<b>Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 &amp; 3)</b>					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	22,272,220	23,217,848	28,475,836	31,346,329	28,815,507
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	20,166,674	21,982,467	25,519,996	27,755,771	25,653,367
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	26,653,905	26,659,664	27,508,846	28,656,187	23,321,185
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	28,771	53,073	45,648
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
6. Total (Line 35)	69,092,799	71,859,979	81,533,449	87,811,360	77,835,707
<b>Net Premiums Written (Page 8, Part 1B, Col. 6)</b>					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	0	0	4,733,556	6,825,135	5,754,460
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	2,696,257	4,508,999	4,305,634
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	2,814,212	5,287,039	4,553,153
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	28,771	53,073	45,648
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
12. Total (Line 35)	0	0	10,272,796	16,674,245	14,658,894
<b>Statement of Income (Page 4)</b>					
13. Net underwriting gain (loss) (Line 8)	0	0	(906,506)	(840,342)	(777,959)
14. Net investment gain (loss) (Line 11)	643,073	1,755,565	1,151,466	1,013,007	1,003,148
15. Total other income (Line 15)	0	0	164,201	32,624	(60,410)
16. Dividends to policyholders (Line 17)	0	0	4,047	5,868	4,280
17. Federal and foreign income taxes incurred (Line 19)	.8,024	153,276	(180,675)	81,291	(68,779)
18. Net income (Line 20)	635,049	1,602,289	585,789	118,130	229,278
<b>Balance Sheet Lines (Pages 2 and 3)</b>					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	32,329,873	32,428,321	46,617,977	49,580,613	45,734,894
20. Premiums and considerations (Page 2, Col. 3):					
20.1 In course of collection (Line 15.1)	0	0	0	0	0
20.2 Deferred and not yet due (Line 15.2)	0	0	0	0	0
20.3 Accrued retrospective premiums (Line 15.3)	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26)	16,390,946	17,827,559	32,971,989	35,705,426	32,426,110
22. Losses (Page 3, Line 1)	0	0	0	8,738,830	8,027,577
23. Loss adjustment expenses (Page 3, Line 3)	0	0	0	2,017,825	1,962,654
24. Unearned premiums (Page 3, Line 9)	0	0	0	7,569,630	6,616,947
25. Capital paid up (Page 3, Lines 30 & 31)	2,300,000	2,300,000	2,300,000	2,300,000	2,300,000
26. Surplus as regards policyholders (Page 3, Line 37)	15,938,927	14,600,762	13,645,988	13,875,187	13,308,784
<b>Cash Flow (Page 5)</b>					
27. Net cash from operations (Line 11)	2,147,491	1,793,849	(18,924,793)	(404,885)	9,480,641
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital	15,938,927	14,600,762	13,645,988	13,875,187	13,308,784
29. Authorized control level risk-based capital	344,523	299,863	1,115,549	1,395,395	1,319,131
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</b> (Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1)	85.0	88.0	73.6	87.6	84.7
31. Stocks (Lines 2.1 & 2.2)	11.1	10.2	7.6	8.9	9.2
32. Mortgage loans on real estate (Lines 3.1 & 3.2)	0.0	0.0	0.0	0.0	0.0
33. Real estate (Lines 4.1, 4.2 & 4.3)	0.0	0.0	0.0	0.0	0.0
34. Cash, cash equivalents and short-term investments (Line 5)	3.9	1.8	18.7	3.5	6.1
35. Contract loans (Line 6)	0.0	0.0	0.0	0.0	0.0
36. Derivatives (Line 7)	0.0	0.0	0.0	0.0	XXX
37. Other invested assets (Line 8)	0.0	0.0	0.0	0.0	0.0
38. Receivable for securities (Line 9)	0.0	0.0	0.0	0.0	0.0
39. Securities lending reinvested collateral assets (Line 10)	0.0	0.0	0.0	0.0	XXX
40. Aggregate write-ins for invested assets (Line 11)	0.0	0.0	0.0	0.0	0.0
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
42. Affiliated bonds (Sch. D, Summary, Line 12, Col. 1)	0	0	0	0	0
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)	0	0	0	0	0
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)	0	0	0	0	0
45. Affiliated short-term investments (subtotals included in Schedule DA, Verification, Column 5, Line 10)	0	0	0	0	0
46. Affiliated mortgage loans on real estate	0	0	0	0	0
47. All other affiliated	0	0	0	0	0
48. Total of above lines 42 to 47	0	0	0	0	0
49. Total investment in parent included in Lines 42 to 47 above	0	0	0	0	0
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)	0.0	0.0	0.0	0.0	0.0

**STATE AUTO INSURANCE COMPANY OF OHIO**  
**FIVE-YEAR HISTORICAL DATA**  
(Continued)

	1 2013	2 2012	3 2011	4 2010	5 2009
<b>Capital and Surplus Accounts (Page 4)</b>					
51. Net unrealized capital gains (losses) (Line 24).....	203,752	(417,863)	17,892	217,438	220,053
52. Dividends to stockholders (Line 35).....	0	0	0	0	0
53. Change in surplus as regards policyholders for the year (Line 38).....	1,338,165	954,774	(229,199)	566,403	690,006
<b>Gross Losses Paid (Page 9, Part 2, Cols. 1 &amp; 2)</b>					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	13,477,383	14,765,733	28,605,769	15,703,549	11,315,050
55. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	10,948,509	13,374,306	17,628,201	16,118,104	14,597,625
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	11,047,882	16,843,094	29,887,976	19,480,946	15,635,909
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	0	0	20,309	6,675	6,353
58. Nonproportional reinsurance lines (Lines 31, 32 & 33).....	0	0	12,157	1,602	2,770
59. Total (Line 35).....	35,473,774	44,983,134	76,154,411	51,310,877	41,557,707
<b>Net Losses Paid (Page 9, Part 2, Col. 4)</b>					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	0	0	11,176,443	3,266,590	2,673,637
61. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	0	0	3,283,134	2,506,787	2,383,141
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	0	0	6,791,721	2,975,069	2,968,031
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	0	0	20,309	6,675	6,353
64. Nonproportional reinsurance lines (Lines 31, 32 & 33).....	0	0	12,157	1,602	2,770
65. Total (Line 35).....	0	0	21,283,764	8,756,723	8,033,933
<b>Operating Percentages</b> (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1).....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2).....	0.0	0.0	70.2	60.2	59.4
68. Loss expenses incurred (Line 3).....	0.0	0.0	12.2	10.0	11.8
69. Other underwriting expenses incurred (Line 4).....	0.0	0.0	22.7	35.1	34.3
70. Net underwriting gain (loss) (Line 8).....	0.0	0.0	(5.1)	(5.3)	(5.5)
<b>Other Percentages</b>					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0).....	0.0	0.0	37.8	32.9	33.7
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0).....	0.0	0.0	82.4	70.3	71.1
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35, divided by Page 3, Line 37, Col. 1 x 100.0).....	0.0	0.0	75.3	120.2	110.1
<b>One Year Loss Development (000 omitted)</b>					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11).....	0	0	0	(586)	(651)
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100).....	0.0	0.0	0.0	(4.4)	(5.2)
<b>Two Year Loss Development (000 omitted)</b>					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12).....	0	0	0	(843)	(367)
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0).....	0.0	0.0	0.0	(6.7)	(2.8)

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

Yes  No

If no, please explain:

## SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES

## SCHEDULE P - PART 1 - SUMMARY

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior....	....XXX	....XXX	....XXX	....0	....0	....0	....0	....0	....0	....0	....0	....XXX	
2. 2004....	....0	....37	....(37)	....0	....0	....0	....0	....0	....0	....0	....0	....XXX	
3. 2005....	....0	....45	....(45)	....0	....0	....0	....0	....0	....0	....0	....0	....XXX	
4. 2006....	....0	....56	....(56)	....0	....0	....0	....0	....0	....0	....0	....0	....XXX	
5. 2007....	....0	....73	....(73)	....0	....0	....0	....0	....0	....0	....0	....0	....XXX	
6. 2008....	....0	....41	....(41)	....0	....0	....0	....0	....0	....0	....0	....0	....XXX	
7. 2009....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX	
8. 2010....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX	
9. 2011....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX	
10. 2012....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX	
11. 2013....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX	
12. Totals....	....XXX	....XXX	....XXX	....0	....0	....0	....0	....0	....0	....0	....0	....XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
2. 2004....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
3. 2005....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
4. 2006....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
5. 2007....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
6. 2008....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
7. 2009....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
8. 2010....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
9. 2011....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
10. 2012....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
11. 2013....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
12. Totals....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....0	....0	....XXX	....0	....0
2. 2004....	....0	....0	....0	....0.0	....0.0	....0.0	....0	....0	....0.00	....0	....0
3. 2005....	....0	....0	....0	....0.0	....0.0	....0.0	....0	....0	....0.00	....0	....0
4. 2006....	....0	....0	....0	....0.0	....0.0	....0.0	....0	....0	....0.00	....0	....0
5. 2007....	....0	....0	....0	....0.0	....0.0	....0.0	....0	....0	....0.00	....0	....0
6. 2008....	....0	....0	....0	....0.0	....0.0	....0.0	....0	....0	....0.00	....0	....0
7. 2009....	....0	....0	....0	....0.0	....0.0	....0.0	....0	....0	....0.00	....0	....0
8. 2010....	....0	....0	....0	....0.0	....0.0	....0.0	....0	....0	....0.00	....0	....0
9. 2011....	....0	....0	....0	....0.0	....0.0	....0.0	....0	....0	....0.00	....0	....0
10. 2012....	....0	....0	....0	....0.0	....0.0	....0.0	....0	....0	....0.00	....0	....0
11. 2013....	....0	....0	....0	....0.0	....0.0	....0.0	....0	....0	....0.00	....0	....0
12. Totals....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....0	....0	....XXX	....0	....0

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of

Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements, which will reconcile Part 1 with Parts 2 and 4.

**SCHEDULE P - PART 2 - SUMMARY**

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										DEVELOPMENT	
	1 2004	2 2005	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012	10 2013	11 One Year	12 Two Year
1. Prior.....	0	0	(73)	(73)	(73)	(73)	(73)	(73)	(73)	(73)	0	0
2. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2005.....	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2006.....	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2007.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2008.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2009.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals.....	0	0

**SCHEDULE P - PART 3 - SUMMARY**

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2004	2 2005	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012	10 2013		
1. Prior.....	000	0	0	(73)	(73)	(73)	(73)	(73)	(73)	(73)	XXX	XXX
2. 2004.....	0	0	0	0	0	0	0	0	0	0	XXX	XXX
3. 2005.....	XXX	0	0	0	0	0	0	0	0	0	XXX	XXX
4. 2006.....	XXX	XXX	0	0	0	0	0	0	0	0	XXX	XXX
5. 2007.....	XXX	XXX	XXX	0	0	0	0	0	0	0	XXX	XXX
6. 2008.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	XXX	XXX
7. 2009.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	XXX	XXX
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	XXX	XXX
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX	XXX
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

**SCHEDULE P - PART 4 - SUMMARY**

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1 2004	2 2005	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012	10 2013
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2004.....	0	0	0	0	0	0	0	0	0	0
3. 2005.....	XXX	0	0	0	0	0	0	0	0	0
4. 2006.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2007.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2008.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2009.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**None**

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

Allocated by States and Territories

States, Etc.	1 Active Status	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Incl. in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama.....	AL ..N.....	0	0	0	0	0	0	0	0
2. Alaska.....	AK ..N.....	0	0	0	0	0	0	0	0
3. Arizona.....	AZ ..N.....	0	0	0	0	0	0	0	0
4. Arkansas.....	AR ..N.....	0	0	0	0	0	0	0	0
5. California.....	CA ..N.....	0	0	0	0	0	0	0	0
6. Colorado.....	CO ..N.....	0	0	0	0	0	0	0	0
7. Connecticut.....	CT ..N.....	0	0	0	0	0	0	0	0
8. Delaware.....	DE ..N.....	0	0	0	0	0	0	0	0
9. District of Columbia.....	DC ..N.....	0	0	0	0	0	0	0	0
10. Florida.....	FL ..N.....	0	0	0	0	0	0	0	0
11. Georgia.....	GA ..N.....	0	0	0	0	0	0	0	0
12. Hawaii.....	HI ..N.....	0	0	0	0	0	0	0	0
13. Idaho.....	ID ..N.....	0	0	0	0	0	0	0	0
14. Illinois.....	IL ..N.....	0	0	0	0	0	0	0	0
15. Indiana.....	IN ..N.....	0	0	0	0	0	0	0	0
16. Iowa.....	IA ..N.....	0	0	0	0	0	0	0	0
17. Kansas.....	KS ..N.....	0	0	0	0	0	0	0	0
18. Kentucky.....	KY ..N.....	0	0	0	0	0	0	0	0
19. Louisiana.....	LA ..N.....	0	0	0	0	0	0	0	0
20. Maine.....	ME ..N.....	0	0	0	0	0	0	0	0
21. Maryland.....	MD ..N.....	0	0	0	0	0	0	0	0
22. Massachusetts.....	MA ..N.....	0	0	0	0	0	0	0	0
23. Michigan.....	MI ..N.....	0	0	0	0	0	0	0	0
24. Minnesota.....	MN ..N.....	0	0	0	0	0	0	0	0
25. Mississippi.....	MS ..N.....	0	0	0	0	0	0	0	0
26. Missouri.....	MO ..N.....	0	0	0	0	0	0	0	0
27. Montana.....	MT ..N.....	0	0	0	0	0	0	0	0
28. Nebraska.....	NE ..N.....	0	0	0	0	0	0	0	0
29. Nevada.....	NV ..N.....	0	0	0	0	0	0	0	0
30. New Hampshire.....	NH ..N.....	0	0	0	0	0	0	0	0
31. New Jersey.....	NJ ..N.....	0	0	0	0	0	0	0	0
32. New Mexico.....	NM ..N.....	0	0	0	0	0	0	0	0
33. New York.....	NY ..N.....	0	0	0	0	0	0	0	0
34. North Carolina.....	NC ..N.....	0	0	0	0	0	0	0	0
35. North Dakota.....	ND ..N.....	0	0	0	0	0	0	0	0
36. Ohio.....	OH ..L.....	68,882,190	70,205,980	0	35,347,453	31,608,256	19,314,875	.374,433	0
37. Oklahoma.....	OK ..N.....	0	0	0	0	0	0	0	0
38. Oregon.....	OR ..N.....	0	0	0	0	0	0	0	0
39. Pennsylvania.....	PA ..N.....	0	0	0	0	0	0	0	0
40. Rhode Island.....	RI ..N.....	0	0	0	0	0	0	0	0
41. South Carolina.....	SC ..N.....	0	0	0	0	0	0	0	0
42. South Dakota.....	SD ..N.....	0	0	0	0	0	0	0	0
43. Tennessee.....	TN ..N.....	0	0	0	0	0	0	0	0
44. Texas.....	TX ..N.....	0	0	0	0	0	0	0	0
45. Utah.....	UT ..N.....	0	0	0	0	0	0	0	0
46. Vermont.....	VT ..N.....	0	0	0	0	0	0	0	0
47. Virginia.....	VA ..N.....	0	0	0	0	0	0	0	0
48. Washington.....	WA ..N.....	0	0	0	0	0	0	0	0
49. West Virginia.....	WV ..N.....	0	0	0	0	0	0	0	0
50. Wisconsin.....	WI ..N.....	0	0	0	0	0	0	0	0
51. Wyoming.....	WY ..N.....	0	0	0	0	0	0	0	0
52. American Samoa.....	AS ..N.....	0	0	0	0	0	0	0	0
53. Guam.....	GU ..N.....	0	0	0	0	0	0	0	0
54. Puerto Rico.....	PR ..N.....	0	0	0	0	0	0	0	0
55. US Virgin Islands.....	VI ..N.....	0	0	0	0	0	0	0	0
56. Northern Mariana Islands.....	MP ..N.....	0	0	0	0	0	0	0	0
57. Canada.....	CAN ..N.....	0	0	0	0	0	0	0	0
58. Aggregate Other Alien.....	OT ..XXX.....	0	0	0	0	0	0	0	0
59. Totals.....	(a) ..1.....	68,882,190	70,205,980	0	35,347,453	31,608,256	19,314,875	.374,433	0

## DETAILS OF WRITE-INS

58001.....	...XXX.....	0	0	0	0	0	0	0	0
58002.....	...XXX.....	0	0	0	0	0	0	0	0
58003.....	...XXX.....	0	0	0	0	0	0	0	0
58998. Summary of remaining write-ins for Line 58 from overflow page	...XXX.....	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above)	...XXX.....	0	0	0	0	0	0	0	0

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

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

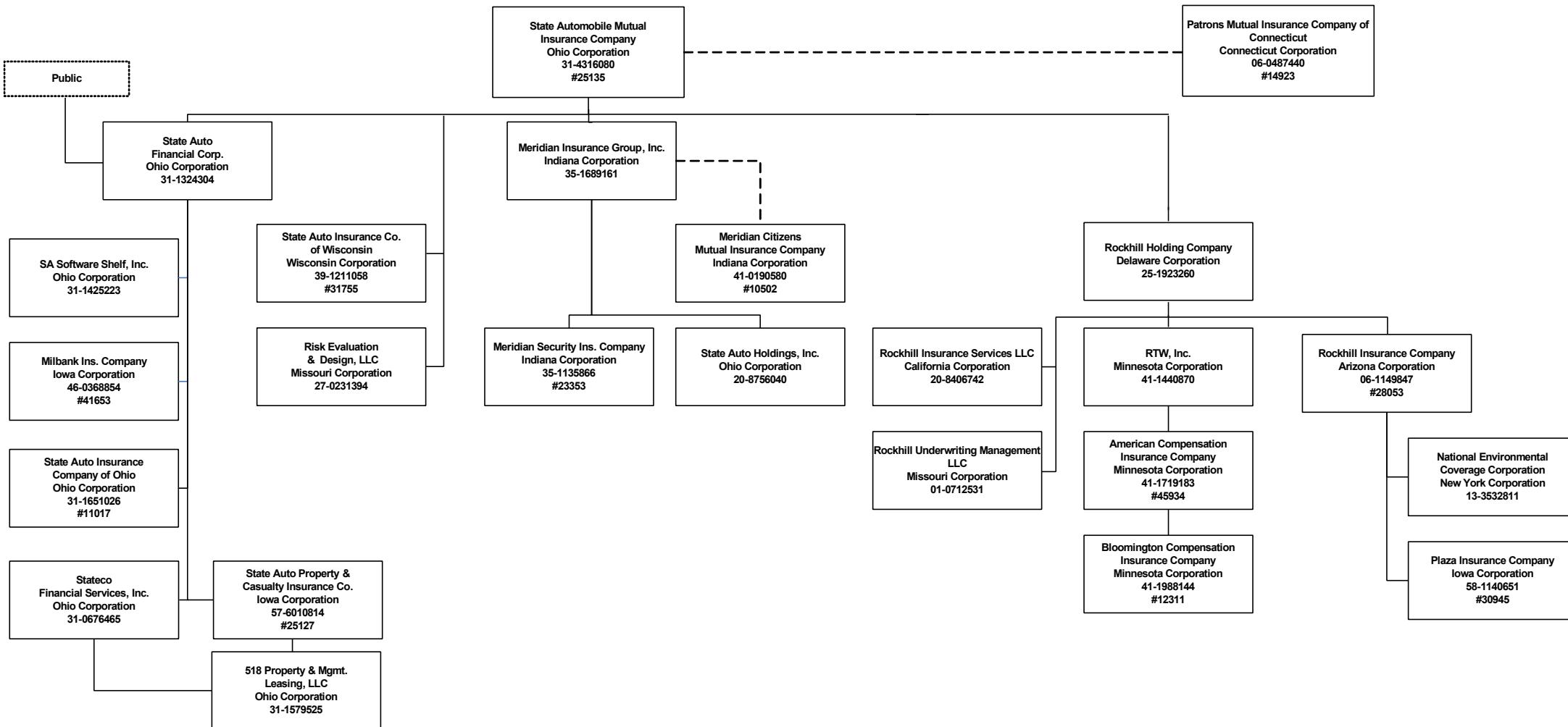
Explanation of Basis of Allocation of Premiums by States, etc.

All Lines: the location of the insured risk controls the state code which is used for all statistical records.

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

## PART 1 – ORGANIZATIONAL CHART

## ORGANIZATIONAL STRUCTURE OF STATE AUTO HOLDING COMPANY SYSTEM



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