

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



NAIC Group Code....0175 NAIC Company Code....11017

BUSINESS IN GRAND TOTAL DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	1,742,630	1,704,049	0	.909,705	.506,427	.508,293	.104,072	.15,220	.15,205	.4,332	.288,267	.40,002
2.1 Allied lines.....	2,385,411	2,643,371	0	1,223,061	.744,984	.640,422	.283,304	.17,600	.16,715	.6,967	.394,199	.36,753
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	26,359,165	26,295,324	0	13,778,539	10,942,351	9,258,020	4,498,354	.536,349	.475,999	.94,512	4,825,801	.485,703
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	151,241	163,251	0	71,755	28,193	23,928	10,441	.243	.(955)	.72	.32,473	.2,444
9. Inland marine.....	857,752	884,985	0	.438,834	.326,839	.306,069	.47,927	.14,687	.14,383	.1,089	.160,014	.13,863
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	264,434	275,281	0	.136,349	0	0	0	0	0	0	48,682	.4,274
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A & H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A & H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A & H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A & H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	1,419,709	1,528,872	0	.715,111	.138,271	.(370,927)	.1,578,516	.64,879	.(115,562)	.448,320	.235,429	.21,874
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	20,852,512	21,310,331	0	.7,521,542	13,339,112	.11,985,315	.12,999,071	.832,647	.705,035	.747,456	2,835,095	.321,280
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	14,849,336	15,400,516	0	.5,376,234	.9,321,276	.9,257,136	.(206,810)	.67,319	.66,641	.2,628	2,046,721	.232,523
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	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	0	0	0
35. TOTALS (a).....	68,882,190	70,205,980	0	30,171,130	35,347,453	.31,608,256	.19,314,875	.1,548,944	.1,177,461	.1,305,376	.10,866,681	.1,158,716

DETAILS OF WRITE-INS

3401.....	0	0	0	0	0	0	0	0	0	0	0	0
3402.....	0	0	0	0	0	0	0	0	0	0	0	0
3403.....	0	0	0	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	0	0	0
3499. TOTALS (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$....374,433.

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



NAIC Group Code....0175 NAIC Company Code....11017

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	1,742,630	1,704,049	0	.909,705	.506,427	.508,293	.104,072	.15,220	.15,205	.4,332	.288,267	.40,002
2.1 Allied lines.....	2,385,411	2,643,371	0	1,223,061	.744,984	.640,422	.283,304	.17,600	.16,715	.6,967	.394,199	.36,753
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	26,359,165	26,295,324	0	13,778,539	10,942,351	9,258,020	4,498,354	.536,349	.475,999	.94,512	4,825,801	.485,703
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	151,241	163,251	0	71,755	28,193	23,928	10,441	.243	.(955)	.72	.32,473	.2,444
9. Inland marine.....	857,752	884,985	0	.438,834	.326,839	.306,069	.47,927	.14,687	.14,383	.1,089	.160,014	.13,863
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	264,434	275,281	0	.136,349	0	0	0	0	0	0	48,682	.4,274
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A & H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A & H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A & H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A & H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b).....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	1,419,709	1,528,872	0	.715,111	.138,271	.(370,927)	.1,578,516	.64,879	.(115,562)	.448,320	.235,429	.21,874
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	20,852,512	21,310,331	0	.7,521,542	13,339,112	.11,985,315	.12,999,071	.832,647	.705,035	.747,456	2,835,095	.321,280
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	14,849,336	15,400,516	0	.5,376,234	.9,321,276	.9,257,136	.(206,810)	.67,319	.66,641	.2,628	2,046,721	.232,523
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	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	0	0	0
35. TOTALS (a).....	68,882,190	70,205,980	0	30,171,130	35,347,453	.31,608,256	.19,314,875	.1,548,944	.1,177,461	.1,305,376	.10,866,681	.1,158,716

DETAILS OF WRITE-INS

3401.....	0	0	0	0	0	0	0	0	0	0	0	0
3402.....	0	0	0	0	0	0	0	0	0	0	0	0
3403.....	0	0	0	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	0	0	0
3499. TOTALS (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$....374,433.

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

SCHEDULE F - PART 1

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held by or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 + 7							

Pools and Associations - Mandatory Pools

1099998.	Pools and Associations for which the total of column 8 is less than \$100,000-Mandatory.....	.211	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1099999.	Pools and Associations - Mandatory Pools.....	.211	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1299999.	Total Pools and Associations.....	.211	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9999999.	Totals.....	.211	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

STATE AUTO INSURANCE COMPANY OF OHIO**SCHEDULE F - PART 2**

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

1 ID Number	2 NAIC Company Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
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NONE

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable on										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Col. 15-[16+17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			

Authorized Affiliates-U.S. Intercompany Pooling

31-4316080.	25135...	State Automobile Mutual Insurance Co.....	OH.....		68,184	7,937	.333	13,466	572	5,479	2,069	30,168	1,114	61,138	16,264	0	44,874	0
0199999.	Total Authorized Affiliates - U.S. Intercompany Pooling.....				68,184	7,937	.333	13,466	572	5,479	2,069	30,168	1,114	61,138	16,264	0	44,874	0
0899999.	Total Authorized Affiliates.....				68,184	7,937	.333	13,466	572	5,479	2,069	30,168	1,114	61,138	16,264	0	44,874	0

Authorized Other U.S. Unaffiliated Insurers

13-2673100.	22039...	General Reins Corp.....	DE.....		0	0	0	52	0	185	0	0	0	237	0	0	237	0
13-4924125.	10227...	Munich Reins Amer Inc.....	DE.....		.75	(3)	(10)	28	0	.95	0	0	0	110	2	0	108	0
13-5616275.	19453...	Transatlantic Reins Co.....	NY.....		103	0	0	0	0	0	0	0	0	0	.9	0	(9)	0
0999998.	Total Authorized Other U.S. Unaffiliated Insurers (Under \$100,000).....				150	0	0	0	0	.8	0	0	0	.8	(5)	0	13	.2
0999999.	Total Authorized Other U.S. Unaffiliated Insurers.....				328	(3)	(10)	80	0	288	0	0	0	355	.6	0	349	.2

Authorized Pools-Mandatory Pools

AA-9991503	00000...	Ohio Mine Subsidence Fund.....	OH.....		6	0	0	0	0	0	0	4	0	4	.1	0	.3	0
1099999.	Total Authorized Pools - Mandatory Pools.....				6	0	0	0	0	0	0	4	0	.4	.1	0	.3	0

Authorized Other Non-U.S. Insurers

1299998.	Total Authorized Other Non-U.S. Insurers (Under \$100,000).....				171	0	0	0	0	0	0	0	0	0	0	0	0	0
1299999.	Total Authorized Other Non-U.S. Insurers.....				171	0	0	0	0	0	0	0	0	0	0	0	0	0
1399999.	Total Authorized.....				68,689	7,934	.323	13,546	572	5,767	2,069	30,172	1,114	61,497	16,271	0	45,226	.2

Unauthorized Other Non-U.S. Insurers

2599998.	Total Unauthorized Other Non-U.S. Insurers (Under \$100,000).....				405	0	0	0	0	0	0	0	0	0	.29	0	(29)	0
2599999.	Total Unauthorized Other Non-U.S. Insurers.....				405	0	0	0	0	0	0	0	0	0	.29	0	(29)	0
2699999.	Total Unauthorized.....				405	0	0	0	0	0	0	0	0	0	.29	0	(29)	0
4099999.	Total Authorized, Unauthorized and Certified.....				69,094	7,934	.323	13,546	572	5,767	2,069	30,172	1,114	61,497	16,300	0	45,197	.2
9999999.	Totals.....				69,094	7,934	.323	13,546	572	5,767	2,069	30,172	1,114	61,497	16,300	0	45,197	.2

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable on									Reinsurance Payable	18 Net Amount Recoverable From Reinsurers Col. 15-[16+17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 thru 14 Totals			

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

1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
(1)	0.0	0
(2)	0.0	0
(3)	0.0	0
(4)	0.0	0
(5)	0.0	0

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

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
(1) State Automobile Mutual Insurance Co.....	61,138	68,184	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(2) General Reins Corp.....	237	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(3) Munich Reins Amer Inc.....	110	75	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(4) Ohio Mine Subsidence Fund.....	4	6	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(5)	0	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

SCHEDULE F - PART 4

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						11 Total Due Cols. 5 + 10	12 Percentage Overdue Col. 10 / Col. 11	13 Percentage More Than 120 Days Overdue Col. 9 / Col. 11
				5 Current	6 1 to 29 Days	7 30 to 90 Days	8 91 to 120 Days	9 Over 120 Days	10 Total Overdue Cols. 6 + 7 + 8 + 9			

Authorized Affiliates-U.S. Intercompany Pooling

31-4316080..	25135.....	State Automobile Mutual Insurance Co.....	OH.....	8,270	.....0	.....0	.....0	.....0	.....0	8,270	.....0	.....0
0199999.		Total Authorized - Affiliates - U.S. Intercompany Pooling.....		8,270	.....0	.....0	.....0	.....0	.....0	8,270	.....0	.....0
0899999.		Total Authorized - Affiliates.....		8,270	.....0	.....0	.....0	.....0	.....0	8,270	.....0	.....0

Authorized Other U.S. Unaffiliated Insurers

13-4924125..	10227.....	Munich Reins Amer Inc.....	DE.....	0	.....0	.....0	.....0	.....(13)	.....(13)	.....(13)	.....100.0	.....100.0
0999999.		Total Authorized - Other U.S. Unaffiliated Insurers.....		0	.....0	.....0	.....0	.....(13)	.....(13)	.....(13)	.....100.0	.....100.0
1399999.		Total Authorized.....		8,270	.....0	.....0	.....0	.....(13)	.....(13)	.....(13)	8,257	.....(0.2)
4099999.		Total Authorized, Unauthorized and Certified.....		8,270	.....0	.....0	.....0	.....(13)	.....(13)	.....(13)	8,257	.....(0.2)
9999999.		Totals.....		8,270	.....0	.....0	.....0	.....(13)	.....(13)	.....(13)	8,257	.....(0.2)

SCHEDULE F - PART 5

Provision for Unauthorized Reinsurance as of December 31, Current Year (000 Omitted)

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Recoverable all Items Schedule F, Part 3, Col. 15	6 Funds Held By Company Under Reinsurance Treaties	7 Letters of Credit	8 Issuing or Confirming Bank Reference Number (a)	9 Ceded Balances Payable	10 Miscellaneous Balances Payable	11 Trust Funds and Other Allowed Offset Items	12 Total Collateral and Offsets Allowed (Cols. 6 + 7 + 9 + 10 + 11 but not in Excess of Col. 5)	13 Provision for Unauthorized Reinsurance (Col. 5 minus Col. 12)	14 Recoverable Paid Losses & LAE Expenses Over 90 Days Past Due not in Dispute	15 20% of Amount in Dispute Included in Col. 14	16 20% of Amount in Dispute Included in Col. 5	17 Provision for Overdue Reinsurance (Col. 15 plus Col. 16)	18 Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 13 plus Col. 17 but not in Excess of Col. 5)
Other Non-U.S. Insurers																	
AA-1320031.	00000....	Scor Global P & C.....	FRA.....	.....0	.....0	.....0	.....0	.....3	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
AA-1340004.	00000....	R V Versicherung Ag.....	DEU.....	.....0	.....0	.....0	.....0	.....4	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
AA-3190060.	00000....	Hanover Re (bermuda) Ltd.....	BMU.....	.....0	.....0	.....0	.....0	.....3	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
AA-3190757.	00000....	XI Re Ltd.....	BMU.....	.....0	.....0	.....0	.....0	.....5	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
AA-3190870.	00000....	Validus Reins Ltd.....	BMU.....	.....0	.....0	.....0	.....0	.....7	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
AA-3190932.	00000....	Argo Re.....	BMU.....	.....0	.....0	.....0	.....0	.....1	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
AA-3194128.	00000....	Allied World Assurance Co Ltd.....	BMU.....	.....0	.....0	.....0	.....0	.....3	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
AA-3194139.	00000....	Axis Specialty Ltd.....	BMU.....	.....0	.....0	.....0	.....0	.....2	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
AA-3194161.	00000....	Catlin Ins Co Ltd.....	BMU.....	.....0	.....0	.....0	.....0	(1)	.....0	.....0	(1)	.....1	.....0	.....0	.....0	.....0	.....0
AA-3194200.	00000....	Ms Frontier Reins Ltd.....	BMU.....	.....0	.....0	.....0	.....0	.....2	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1299999.	Total Other Non-U.S. Insurers.....			.....0	.....0	.....0	XXX.....	.....29	.....0	.....0	(1)	.....1	.....0	.....0	.....0	.....0	.....0
1399999.	Total Affiliates and Others.....			.....0	.....0	.....0	XXX.....	.....29	.....0	.....0	(1)	.....1	.....0	.....0	.....0	.....0	.....0
9999999.	Totals.....			.....0	.....0	.....0	XXX.....	.....29	.....0	.....0	(1)	.....1	.....0	.....0	.....0	.....0	.....0

1. Amounts in dispute totaling \$.....0 are included in Column 5.

2. Amounts in dispute totaling \$.....0 are excluded from Column 14.

Sch. F-Pt. 6-Section 1
NONE

Sch. F-Pt. 6-Section 2
NONE

Sch. F-Pt. 7
NONE

Sch. F-Pt. 8
NONE

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	15,488,892	0	15,488,892
2. Premiums and considerations (Line 15).....	0	0	0
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....	8,257,721	(8,257,721)	0
4. Funds held by or deposited with reinsured companies (Line 16.2).....	0	0	0
5. Other assets.....	8,583,260	0	8,583,260
6. Net amount recoverable from reinsurers.....	0	46,229,982	46,229,982
7. Protected cell assets (Line 27).....	0	0	0
8. Totals (Line 28).....	32,329,873	37,972,261	70,302,134
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....	0	21,955,569	21,955,569
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	40,756	2,151,942	2,192,698
11. Unearned premiums (Line 9).....	0	30,167,557	30,167,557
12. Advance premiums (Line 10).....	0	0	0
13. Dividends declared and unpaid (Line 11.1 and 11.2).....	0	0	0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12).....	16,301,824	(16,300,507)	1,317
15. Funds held by company under reinsurance treaties (Line 13).....	2,300	(2,300)	0
16. Amounts withheld or retained by company for account of others (Line 14).....	0	0	0
17. Provision for reinsurance (Line 16).....	0	0	0
18. Other liabilities.....	46,066	0	46,066
19. Total liabilities excluding protected cell business (Line 26).....	16,390,946	37,972,261	54,363,207
20. Protected cell liabilities (Line 27).....	0	0	0
21. Surplus as regards policyholders (Line 37).....	15,938,927	XXX	15,938,927
22. Totals (Line 38).....	32,329,873	37,972,261	70,302,134

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

If yes, give full explanation:

The Company is a member of a reinsurance pooling agreement as noted in Note 26. Column 2 above also includes outside reinsurance.

Sch. H-Pt. 1
NONE

Sch. H-Pt. 2
NONE

Sch. H-Pt. 3
NONE

Sch. H-Pt. 4
NONE

Sch. H-Pt. 5
NONE

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$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	.....7	.....(7)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2005.....	.....0	.....9	.....(9)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2006.....	.....0	.....12	.....(12)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2007.....	.....0	.....20	.....(20)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2008.....	.....0	.....13	.....(13)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. 2009.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
8. 2010.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
9. 2011.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10. 2012.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
11. 2013.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
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	.....0
2. 2004.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2005.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2006.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2007.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2008.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. 2009.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
8. 2010.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
9. 2011.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10. 2012.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
11. 2013.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
12. Totals....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0

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

Sch. P-Pt. 1B
NONE

Sch. P-Pt. 1C
NONE

Sch. P-Pt. 1D
NONE

Sch. P-Pt. 1E
NONE

Sch. P-Pt. 1F-Sn. 1
NONE

Sch. P-Pt. 1F-Sn. 2
NONE

SCHEDULE P - PART 1G - SPECIAL LIABILITY
(OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

(\$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.....	.....3.....	.....(3).....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....XXX.....
3. 2005.....	.....0.....	.....3.....	.....(3).....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....XXX.....
4. 2006.....	.....0.....	.....3.....	.....(3).....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....XXX.....
5. 2007.....	.....0.....	.....3.....	.....(3).....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....XXX.....
6. 2008.....	.....0.....	.....1.....	.....(1).....	.....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.....	.....0.....
2. 2004....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
3. 2005....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
4. 2006....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
5. 2007....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
6. 2008....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
7. 2009....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
8. 2010....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
9. 2011....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
10. 2012....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
11. 2013....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....
12. Totals....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....

	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	Loss	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.....	.....0.00	.....0.....	.....0.....
3. 2005...	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.00	.....0.....	.....0.....
4. 2006...	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.00	.....0.....	.....0.....
5. 2007...	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.00	.....0.....	.....0.....
6. 2008...	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.00	.....0.....	.....0.....
7. 2009...	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.00	.....0.....	.....0.....
8. 2010...	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.00	.....0.....	.....0.....
9. 2011...	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.00	.....0.....	.....0.....
10. 2012...	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.....	.....0.00	.....0.....	.....0.....
11. 2013...	.....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.....

Sch. P-Pt. 1H-Sn. 1
NONE

Sch. P-Pt. 1H-Sn. 2
NONE

**SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY AND THEFT)**
(\$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. 2012.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX.....
3. 2013.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX.....
4. 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	.....0
2. 2012....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2013....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. Totals....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

	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	
	Assumed	Net	Assumed	Ceded	Net	Loss	Expense	Percentage		Unpaid	Unpaid	
1. Prior..	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	....XXX.....	.....0	.....0	....XXX.....
2. 2012....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....0.00	.....0	.....0	....XXX.....
3. 2013....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....0.00	.....0	.....0	....XXX.....
4. Totals....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	....XXX.....	.....0	.....0	....XXX.....

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (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. 2012.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2013.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 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	.....0
2. 2012...	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2013...	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. Totals...	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

	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
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior..	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	....XXX.....	.....0	.....0
2. 2012.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....0.00	.....0	.....0
3. 2013.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....0.00	.....0	.....0
4. Totals....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	....XXX.....	.....0	.....0

Sch. P-Pt. 1K

NONE

Sch. P-Pt. 1L

NONE

Sch. P-Pt. 1M

NONE

Sch. P-Pt. 1N

NONE

Sch. P-Pt. 1O

NONE

Sch. P-Pt. 1P

NONE

Sch. P-Pt. 1R-Sn. 1

NONE

Sch. P-Pt. 1R-Sn. 2

NONE

Sch. P-Pt. 1S

NONE

Sch. P-Pt. 1T

NONE

Sch. P-Pt. 2A

NONE

Sch. P-Pt. 2B

NONE

Sch. P-Pt. 2C

NONE

Sch. P-Pt. 2D

NONE

Sch. P-Pt. 2E

NONE

Sch. P-Pt. 2F-Sn. 1

NONE

Sch. P-Pt. 2F-Sn. 2

NONE

Sch. P-Pt. 2G

NONE

Sch. P-Pt. 2H-Sn. 1

NONE

Sch. P-Pt. 2H-Sn. 2

NONE

SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

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.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	.....0
2. 2012....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	....XXX.....
3. 2013....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	....XXX.....	....XXX.....
										4. Totals	.....0	.....0

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior.....XXX.....00000						
2. 2012....XXX.....0000XXX.....						
3. 2013....XXX.....0XXX.....XXX.....								
										4. Totals00

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior.....XXX.....00000						
2. 2012....XXX.....000XXX.....							
3. 2013....XXX.....0XXX.....XXX.....								
										4. Totals00

SCHEDULE P - PART 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior.....XXX.....00000						
2. 2012....XXX.....000XXX.....							
3. 2013....XXX.....0XXX.....XXX.....								
										4. Totals00

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....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.....0	.....0	.....0	.....0	.....0						
10. 2012....	....XXX.....0	.....0	.....0	....XXX.....							
11. 2013....	....XXX.....0	....XXX.....	....XXX.....								
										12. Totals	.....0	.....0

Sch. P-Pt. 2N
NONE

Sch. P-Pt. 2O
NONE

Sch. P-Pt. 2P
NONE

Sch. P-Pt. 2R-Sn. 1
NONE

Sch. P-Pt. 2R-Sn. 2
NONE

Sch. P-Pt. 2S
NONE

Sch. P-Pt. 2T
NONE

Sch. P-Pt. 3A
NONE

Sch. P-Pt. 3B
NONE

Sch. P-Pt. 3C
NONE

Sch. P-Pt. 3D
NONE

Sch. P-Pt. 3E
NONE

Sch. P-Pt. 3F-Sn. 1
NONE

Sch. P-Pt. 3F-Sn. 2
NONE

Sch. P-Pt. 3G
NONE

Sch. P-Pt. 3H-Sn. 1
NONE

Sch. P-Pt. 3H-Sn. 2
NONE

**SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY AND THEFT)**

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and 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....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	000.....	0.....	0.....	0.....	XXX.....
2. 2012....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	XXX.....
3. 2013....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior....	XXX.....	000.....	0.....	0.....	0.....	0.....						
2. 2012....	XXX.....	0.....	0.....	0.....	0.....							
3. 2013....	XXX.....	0.....	0.....	0.....								

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior....	XXX.....	000.....	0.....	0.....	XXX.....	XXX.....						
2. 2012....	XXX.....	0.....	0.....	XXX.....	XXX.....							
3. 2013....	XXX.....	0.....	XXX.....	XXX.....								

SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior....	XXX.....	000.....	0.....	0.....	XXX.....	XXX.....						
2. 2012....	XXX.....	0.....	0.....	XXX.....	XXX.....							
3. 2013....	XXX.....	0.....	XXX.....	XXX.....								

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	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.....

Sch. P-Pt. 3N
NONE

Sch. P-Pt. 3O
NONE

Sch. P-Pt. 3P
NONE

Sch. P-Pt. 3R-Sn. 1
NONE

Sch. P-Pt. 3R-Sn. 2
NONE

Sch. P-Pt. 3S
NONE

Sch. P-Pt. 3T
NONE

Sch. P-Pt. 4A
NONE

Sch. P-Pt. 4B
NONE

Sch. P-Pt. 4C
NONE

Sch. P-Pt. 4D
NONE

Sch. P-Pt. 4E
NONE

Sch. P-Pt. 4F-Sn. 1
NONE

Sch. P-Pt. 4F-Sn. 2
NONE

Sch. P-Pt. 4G
NONE

Sch. P-Pt. 4H-Sn. 1
NONE

Sch. P-Pt. 4H-Sn. 2
NONE

Sch. P-Pt. 4I

NONE

Sch. P-Pt. 4J

NONE

Sch. P-Pt. 4K

NONE

Sch. P-Pt. 4L

NONE

Sch. P-Pt. 4M

NONE

Sch. P-Pt. 4N

NONE

Sch. P-Pt. 4O

NONE

Sch. P-Pt. 4P

NONE

Sch. P-Pt. 4R-Sn. 1

NONE

Sch. P-Pt. 4R-Sn. 2

NONE

Sch. P-Pt. 4S

NONE

Sch. P-Pt. 4T

NONE

Sch. P-Pt. 5A-Sn. 1

NONE

Sch. P-Pt. 5A-Sn. 2

NONE

Sch. P-Pt. 5A-Sn. 3

NONE

Sch. P-Pt. 5B-Sn. 1

NONE

Sch. P-Pt. 5B-Sn. 2

NONE

Sch. P-Pt. 5B-Sn. 3

NONE

Sch. P-Pt. 5C-Sn. 1
NONE

Sch. P-Pt. 5C-Sn. 2
NONE

Sch. P-Pt. 5C-Sn. 3
NONE

Sch. P-Pt. 5D-Sn. 1
NONE

Sch. P-Pt. 5D-Sn. 2
NONE

Sch. P-Pt. 5D-Sn. 3
NONE

Sch. P-Pt. 5E-Sn. 1
NONE

Sch. P-Pt. 5E-Sn. 2
NONE

Sch. P-Pt. 5E-Sn. 3
NONE

Sch. P-Pt. 5F-Sn. 1A
NONE

Sch. P-Pt. 5F-Sn. 2A
NONE

Sch. P-Pt. 5F-Sn. 3A
NONE

Sch. P-Pt. 5F-Sn. 1B
NONE

Sch. P-Pt. 5F-Sn. 2B
NONE

Sch. P-Pt. 5F-Sn. 3B
NONE

Sch. P-Pt. 5H-Sn. 1A
NONE

Sch. P-Pt. 5H-Sn. 2A
NONE

Sch. P-Pt. 5H-Sn. 3A
NONE

Sch. P-Pt. 5H-Sn. 1B

NONE

Sch. P-Pt. 5H-Sn. 2B

NONE

Sch. P-Pt. 5H-Sn. 3B

NONE

Sch. P-Pt. 5R-Sn. 1A

NONE

Sch. P-Pt. 5R-Sn. 2A

NONE

Sch. P-Pt. 5R-Sn. 3A

NONE

Sch. P-Pt. 5R-Sn. 1B

NONE

Sch. P-Pt. 5R-Sn. 2B

NONE

Sch. P-Pt. 5R-Sn. 3B

NONE

Sch. P-Pt. 5T-Sn. 1

NONE

Sch. P-Pt. 5T-Sn. 2

NONE

Sch. P-Pt. 5T-Sn. 3

NONE

Sch. P-Pt. 6C-Sn. 1

NONE

Sch. P-Pt. 6C-Sn. 2

NONE

Sch. P-Pt. 6D-Sn. 1

NONE

Sch. P-Pt. 6D-Sn. 2

NONE

Sch. P-Pt. 6E-Sn. 1

NONE

Sch. P-Pt. 6E-Sn. 2

NONE

Sch. P-Pt. 6H-Sn. 1A

NONE

Sch. P-Pt. 6H-Sn. 2A

NONE

Sch. P-Pt. 6H-Sn. 1B

NONE

Sch. P-Pt. 6H-Sn. 2B

NONE

Sch. P-Pt. 6M-Sn. 1

NONE

Sch. P-Pt. 6M-Sn. 2

NONE

Sch. P-Pt. 6N-Sn. 1

NONE

Sch. P-Pt. 6N-Sn. 2

NONE

Sch. P-Pt. 6O-Sn. 1

NONE

Sch. P-Pt. 6O-Sn. 2

NONE

Sch. P-Pt. 6R-Sn. 1A

NONE

Sch. P-Pt. 6R-Sn. 2A

NONE

Sch. P-Pt. 6R-Sn. 1B

NONE

Sch. P-Pt. 6R-Sn. 2B

NONE

Sch. P-Pt. 7A-Sn. 1

NONE

Sch. P-Pt. 7A-Sn. 2

NONE

Sch. P-Pt. 7A-Sn. 3

NONE

Sch. P-Pt. 7A-Sn. 4

NONE

Sch. P-Pt. 7A-Sn. 5

NONE

Sch. P-Pt. 7B-Sn. 1

NONE

Sch. P-Pt. 7B-Sn. 2

NONE

Sch. P-Pt. 7B-Sn. 3

NONE

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (continued)**SECTION 4**

Years in Which Policies Were Issued	Net Earned Premiums 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

SECTION 5

Years in Which Policies Were Issued	Net Reserve For Premium Adjustments And Accrued Retrospective Premiums 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

SECTION 6

Years in Which Policies Were Issued	Incurred Adjustable Commissions 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

SECTION 7

Years in Which Policies Were Issued	Reserves For Commission Adjustments 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

STATE AUTO INSURANCE COMPANY OF OHIO

SCHEDULE P INTERROGATORIES

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

1.1 Does the company issue Medical Professional Liability Claims-Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions.

1.2 What is the total amount of the reserve for that provision (DDR reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? \$.....0

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No [X]

1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No [X]

1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [] No [] N/A[X]

1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior.....	0	0
1.602 2004.....	0	0
1.603 2005.....	0	0
1.604 2006.....	0	0
1.605 2007.....	0	0
1.606 2008.....	0	0
1.607 2009.....	0	0
1.608 2010.....	0	0
1.609 2011.....	0	0
1.610 2012.....	0	0
1.611 2013.....	0	0
1.612 Totals.....	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes [X] No []

3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this statement? Yes [X] No []

4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.

Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for: (in thousands of dollars)

5.1 Fidelity \$.....0
5.2 Surety \$.....0

6. Claim count information is reported per claim or per claimant. (Indicate which). If not the same in all years, explain in Interrogatory 7. PER CLAIMANT

7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [] No [X]

7.2 An extended statement may be attached.

STATE AUTO INSURANCE COMPANY OF OHIO
SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama.....AL	0	0	0	0	0	0
2. Alaska.....AK	0	0	0	0	0	0
3. Arizona.....AZ	0	0	0	0	0	0
4. Arkansas.....AR	0	0	0	0	0	0
5. California.....CA	0	0	0	0	0	0
6. Colorado.....CO	0	0	0	0	0	0
7. Connecticut.....CT	0	0	0	0	0	0
8. Delaware.....DE	0	0	0	0	0	0
9. District of Columbia.....DC	0	0	0	0	0	0
10. Florida.....FL	0	0	0	0	0	0
11. Georgia.....GA	0	0	0	0	0	0
12. Hawaii.....HI	0	0	0	0	0	0
13. Idaho.....ID	0	0	0	0	0	0
14. Illinois.....IL	0	0	0	0	0	0
15. Indiana.....IN	0	0	0	0	0	0
16. Iowa.....IA	0	0	0	0	0	0
17. Kansas.....KS	0	0	0	0	0	0
18. Kentucky.....KY	0	0	0	0	0	0
19. Louisiana.....LA	0	0	0	0	0	0
20. Maine.....ME	0	0	0	0	0	0
21. Maryland.....MD	0	0	0	0	0	0
22. Massachusetts.....MA	0	0	0	0	0	0
23. Michigan.....MI	0	0	0	0	0	0
24. Minnesota.....MN	0	0	0	0	0	0
25. Mississippi.....MS	0	0	0	0	0	0
26. Missouri.....MO	0	0	0	0	0	0
27. Montana.....MT	0	0	0	0	0	0
28. Nebraska.....NE	0	0	0	0	0	0
29. Nevada.....NV	0	0	0	0	0	0
30. New Hampshire.....NH	0	0	0	0	0	0
31. New Jersey.....NJ	0	0	0	0	0	0
32. New Mexico.....NM	0	0	0	0	0	0
33. New York.....NY	0	0	0	0	0	0
34. North Carolina.....NC	0	0	0	0	0	0
35. North Dakota.....ND	0	0	0	0	0	0
36. Ohio.....OH	0	0	0	0	0	0
37. Oklahoma.....OK	0	0	0	0	0	0
38. Oregon.....OR	0	0	0	0	0	0
39. Pennsylvania.....PA	0	0	0	0	0	0
40. Rhode Island.....RI	0	0	0	0	0	0
41. South Carolina.....SC	0	0	0	0	0	0
42. South Dakota.....SD	0	0	0	0	0	0
43. Tennessee.....TN	0	0	0	0	0	0
44. Texas.....TX	0	0	0	0	0	0
45. Utah.....UT	0	0	0	0	0	0
46. Vermont.....VT	0	0	0	0	0	0
47. Virginia.....VA	0	0	0	0	0	0
48. Washington.....WA	0	0	0	0	0	0
49. West Virginia.....WV	0	0	0	0	0	0
50. Wisconsin.....WI	0	0	0	0	0	0
51. Wyoming.....WY	0	0	0	0	0	0
52. American Samoa.....AS	0	0	0	0	0	0
53. Guam.....GU	0	0	0	0	0	0
54. Puerto Rico.....PR	0	0	0	0	0	0
55. US Virgin Islands.....VI	0	0	0	0	0	0
56. Northern Mariana Islands.....MP	0	0	0	0	0	0
57. Canada.....CAN	0	0	0	0	0	0
58. Aggregate Other Alien.....OT	0	0	0	0	0	0
59. Totals.....	0	0	0	0	0	0

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
Members														
0175.....	State Auto Group.....	45934.....	41-1719183	0.....	0.....		American Compensation Insurance Company.....	MN.....	IA.....	RTW, Inc.....	Ownership.....	..100.00	State Automobile Mutual Insurance Company....	0.....
0175.....	State Auto Group.....	12311.....	41-1988144	0.....	0.....		Bloomington Compensation Insurance Company.....	MN.....	IA.....	American Compensation Insurance Company.....	Ownership.....	..100.00	State Automobile Mutual Insurance Company....	0.....
0175.....	State Auto Group.....	10502.....	41-0190580	0.....	0.....		Meridian Citizens Mutual Insurance Company.....	IN.....	IA.....	Meridian Insurance Group, Inc.....	Board.....	..0.00	State Automobile Mutual Insurance Company....	0.....
0175.....	State Auto Group.....	23353.....	35-1135866	0.....	0.....		Meridian Security Insurance Company.....	IN.....	IA.....	Meridian Insurance Group, Inc.....	Ownership.....	..100.00	State Automobile Mutual Insurance Company....	0.....
0175.....	State Auto Group.....	41653.....	46-0368854	0.....	0.....		Milbank Insurance Company.....	IA.....	IA.....	State Auto Financial Corp.....	Ownership.....	..100.00	State Automobile Mutual Insurance Company....	0.....
0175.....	State Auto Group.....	14923.....	06-0487440	0.....	0.....		Patrons Mutual Insurance Company of Connecticut..	CT.....	IA.....	State Automobile Mutual Insurance Company.....	Board.....	..0.00	State Automobile Mutual Insurance Company....	0.....
0175.....	State Auto Group.....	30945.....	58-1140651	0.....	0.....		Plaza Insurance Company.....	IA.....	IA.....	Rockhill Insurance Company.....	Ownership.....	..100.00	State Automobile Mutual Insurance Company....	0.....
0175.....	State Auto Group.....	28053.....	06-1149847	0.....	0.....		Rockhill Insurance Company.....	AZ.....	IA.....	Rockhill Holding Company.....	Ownership.....	..100.00	State Automobile Mutual Insurance Company....	0.....
0175.....	State Auto Group.....	11017.....	31-1651026	0.....	0.....		State Auto Insurance Company of Ohio.....	OH.....	RE.....	State Auto Financial Corp.....	Ownership.....	..100.00	State Automobile Mutual Insurance Company....	0.....
0175.....	State Auto Group.....	31755.....	39-1211058	0.....	0.....		State Auto Insurance Company of Wisconsin.....	WI.....	IA.....	State Automobile Mutual Insurance Company.....	Ownership.....	..100.00	State Automobile Mutual Insurance Company....	0.....
0175.....	State Auto Group.....	25127.....	57-6010814	0.....	0.....		State Auto Property & Casualty Insurance Company.	IA.....	IA.....	State Auto Financial Corp.....	Ownership.....	..100.00	State Automobile Mutual Insurance Company....	0.....
0175.....	State Auto Group.....	25135.....	31-4316080	0.....	0.....		State Automobile Mutual Insurance Company.....	OH.....	UIP.....	Members.....	Ownership.....	..100.00	State Automobile Mutual Insurance Company....	0.....
0.....	State Auto Group.....	0.....	31-1579525	0.....	0.....		518 Property & Mgmt. Leasing, LLC.....	OH.....	NIA.....	State Auto Property & Casualty Insurance Company.	Management.....	..0.00	State Automobile Mutual Insurance Company....	0.....
0.....	State Auto Group.....	0.....	35-1689161	0.....	0000809801		Meridian Insurance Group, Inc.....	IN.....	NIA.....	State Automobile Mutual Insurance Company.....	Ownership.....	..100.00	State Automobile Mutual Insurance Company....	0.....
0.....	State Auto Group.....	0.....	13-3632811	0.....	0.....		National Environmental Coverage Corporation.....	NY.....	NIA.....	Rockhill Insurance Company.....	Ownership.....	..100.00	State Automobile Mutual Insurance Company....	0.....
0.....	State Auto Group.....	0.....	27-0231394	0.....	0.....		Risk Evaluation & Design, LLC.....	MO.....	NIA.....	State Automobile Mutual Insurance Company.....	Ownership.....	..100.00	State Automobile Mutual Insurance Company....	0.....
0.....	State Auto Group.....	0.....	25-1923260	0.....	0001347161		Rockhill Holding Company.....	DE.....	NIA.....	State Automobile Mutual Insurance Company.....	Ownership.....	..100.00	State Automobile Mutual Insurance Company....	0.....
0.....	State Auto Group.....	0.....	20-8406742	0.....	0.....		Rockhill Insurance Services LLC.....	CA.....	NIA.....	Rockhill Holding Company.....	Ownership.....	..100.00	State Automobile Mutual Insurance Company....	0.....
0.....	State Auto Group.....	0.....	01-0712531	0.....	0.....		Rockhill Underwriting Management LLC.....	MO.....	NIA.....	Rockhill Holding Company.....	Ownership.....	..100.00	State Automobile Mutual Insurance Company....	0.....
0.....	State Auto Group.....	0.....	41-1440870	0.....	0000915781		RTW, Inc.....	MN.....	NIA.....	Rockhill Holding Company.....	Ownership.....	..100.00	State Automobile Mutual Insurance Company....	0.....
0.....	State Auto Group.....	0.....	31-1425223	0.....	0.....		SA Software Shelf, Inc.....	OH.....	NIA.....	State Auto Financial Corp.....	Ownership.....	..100.00	State Automobile Mutual Insurance Company....	0.....
0.....	State Auto Group.....	0.....	31-1324304	0.....	0000874977	NASDAQ.....	State Auto Financial Corp.....	OH.....	UDP.....	State Automobile Mutual Insurance Company.....	Ownership.....	.62.100	State Automobile Mutual Insurance Company....	0.....
0.....	State Auto Group.....	0.....	20-8756040	0.....	0.....		State Auto Holdings, Inc.....	OH.....	NIA.....	Meridian Insurance Group, Inc.....	Ownership.....	..100.00	State Automobile Mutual Insurance Company....	0.....
0.....	State Auto Group.....	0.....	31-0676465	0.....	0.....		Stateco Financial Services, Inc.....	OH.....	NIA.....	State Auto Financial Corp.....	Ownership.....	..100.00	State Automobile Mutual Insurance Company....	0.....

SCHEDULE Y**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
25135.....	31-4316080.....	State Automobile Mutual Insurance Company.....	10,117,316	0	0	0	0	13,533,468	*	0	23,650,784	(22,838,929)
25127.....	57-6010814.....	State Auto Property & Casualty Insurance Company.....	(9,700,000)	0	0	0	0	0	*	(82,860,515)	(92,560,515)	0
31755.....	39-1211058.....	State Auto Insurance Company of Wisconsin.....	0	0	0	0	0	0	*	0	0	0
11017.....	31-1651026.....	State Auto Insurance Company of Ohio.....	0	0	0	0	0	0	*	0	0	0
41653.....	46-0368854.....	Milbank Insurance Company.....	0	0	0	0	0	0	*	(14,622,444)	(14,622,444)	0
23353.....	35-1135866.....	Meridian Security Insurance Company.....	0	0	0	0	0	0	*	0	0	0
10502.....	41-0190580.....	Meridian Citizens Mutual Insurance Company.....	0	0	0	0	0	0	*	0	0	0
14923.....	06-0487440.....	Patrons Mutual Insurance Company of Connecticut.....	0	0	0	0	0	0	*	0	0	0
28053.....	06-1149847.....	Rockhill Insurance Company.....	0	0	0	0	0	(11,685,331)	(16,422,226)	*	0	(28,107,557)
30945.....	58-1140651.....	Plaza Insurance Company.....	0	0	0	0	0	0	*	0	2,746,074	2,746,074
45934.....	41-1719183.....	American Compensation Insurance Company.....	(2,500,000)	0	0	0	0	142,684	*	0	(2,357,316)	(109,154)
12311.....	41-1988144.....	Bloomington Compensation Insurance Company.....	0	0	0	0	0	0	*	0	0	0
0.....	31-1324304.....	State Auto Financial Corporation.....	(117,316)	0	0	0	0	0	0	97,482,959	97,365,643	0
0.....	31-1579525.....	518 Property and Management Leasing, LLC.....	(300,000)	0	0	0	0	0	0	0	(300,000)	0
0.....	41-1440870.....	RTW, Inc.....	2,500,000	0	0	0	0	0	0	0	2,500,000	0
0.....	27-0231394.....	Risk Evaluation & Design, LLC.....	0	(2,982,150)	0	0	0	0	0	0	(2,982,150)	0
0.....	01-0712531.....	Rockhill Underwriting Management, LLC.....	0	2,982,150	0	0	0	11,685,331	0	0	14,667,481	0
9999999.....	Control Totals.....		0	0	0	0	0	0	0	XXX	0	0

Detailed Explanation

See Note 26 for detailed list of pooling percentages.

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

MARCH FILING

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

APRIL FILING

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

MAY FILING

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

JUNE FILING

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

AUGUST FILING

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

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

MARCH FILING

12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?

APRIL FILING

28. Will the Credit Insurance Experience Exhibit be filed with state of domicile and the NAIC by April 1?
29. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
30. Will the Accident and Health Policy Experience Exhibit be filed by April 1?
31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?

AUGUST FILING

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

Annual Statement for the year 2013 of the **STATE AUTO INSURANCE COMPANY OF OHIO**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

EXPLANATIONS:

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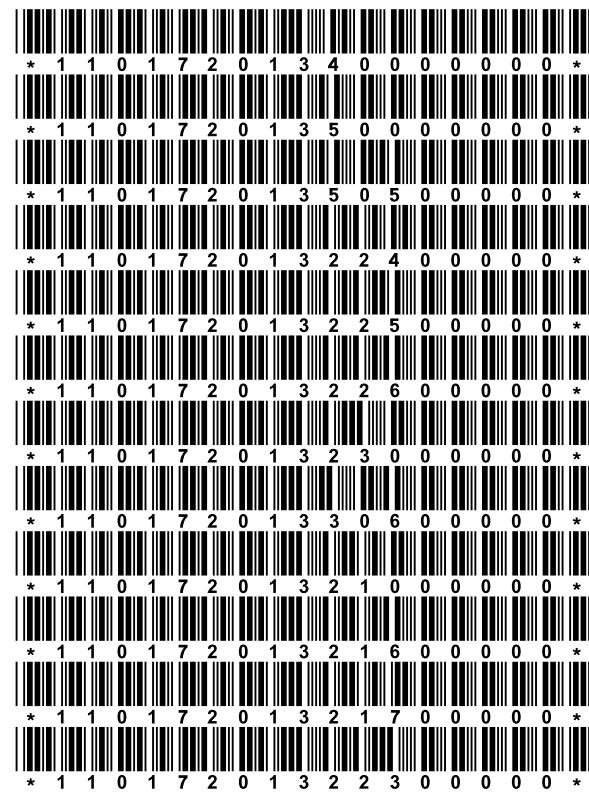
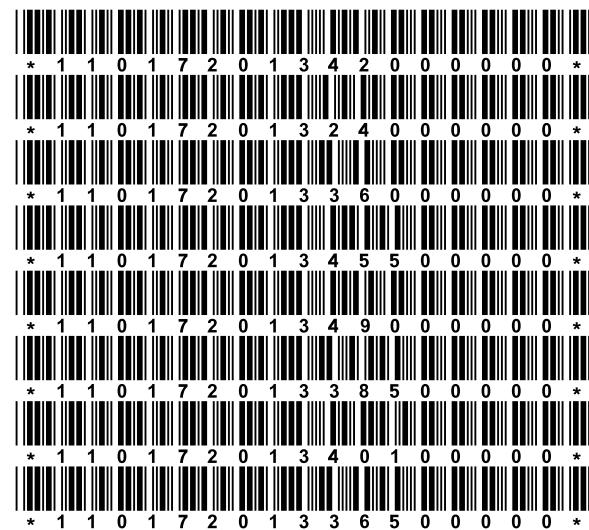
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