



QUARTERLY STATEMENT

As of September 30, 2014
of the Condition and Affairs of the

STATE AUTO INSURANCE COMPANY OF OHIO

NAIC Group Code.....0175, 0175 (Current Period) (Prior Period)	NAIC Company Code..... 11017	Employer's ID Number..... 31-1651026
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... May 17, 1999	Commenced Business..... January 1, 2000	
Statutory Home Office	518 East Broad Street..... Columbus OH US 43215 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	
Main Administrative Office	518 East Broad Street..... Columbus OH US 43215 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	614-464-5000 <i>(Area Code) (Telephone Number)</i>
Mail Address	518 East Broad Street..... Columbus OH US 43215 <i>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</i>	
Primary Location of Books and Records	518 East Broad Street..... Columbus OH US 43215 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	614-464-5000 <i>(Area Code) (Telephone Number)</i>
Internet Web Site Address	www.stateauto.com	
Statutory Statement Contact	Tina Marie Stillabower <i>(Name)</i> corporateaccounting@stateauto.com <i>(E-Mail Address)</i>	317-931-7473 <i>(Area Code) (Telephone Number) (Extension)</i> 317-931-6558 <i>(Fax Number)</i>

OFFICERS

Name	Title	Name	Title
1. Robert Paul Restrepo, Jr.	President	2. James Andrew Yano	Secretary
3. Matthew Robert Pollak	Treasurer	4.	

OTHER

Douglas Edward Allen	Vice President	Joel Edward Brown	Senior Vice President
Jessica Elizabeth Buss	Senior Vice President	David William Dalton	Vice President
Steven Eugene English	Senior Vice President	Clyde Howard Fitch, Jr.	Senior Vice President
Steven Ray Hazelbaker	Vice President	Ricky Lee Holbein	Vice President
Stephen Peter Hunckler	Senior Vice President	Scott Alan Jones	Vice President
Karen Lynn Longshore	Vice President	Charles Edward McShane, Jr.	Vice President
Matthew Stanley Mrozek	Vice President	John Michael Petrucci	Vice President
Cynthia Ann Powell	Senior Vice President	Timothy Gerard Reik	Vice President
Mary Jean Reynolds	Vice President	Lyle Dean Rhodebeck	Senior Vice President
Lorraine Margaret Siegworth	Senior Vice President	Angela Elliott Taylor #	Vice President
Larry Emmett Willeford	Vice President		

DIRECTORS OR TRUSTEES

Robert Ellison Baker	David James D'Antoni	Eileen Ann Mallesch	Thomas Edward Markert
David Russell Meuse	Robert Paul Restrepo, Jr.	Sharon Elaine Roberts	Alexander Bruen Trevor
Paul Stratton Williams			

State of..... Ohio
County of..... Franklin

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

_____ (Signature) Robert Paul Restrepo, Jr. 1. (Printed Name) President (Title)	_____ (Signature) James Andrew Yano 2. (Printed Name) Secretary (Title)	_____ (Signature) Matthew Robert Pollak 3. (Printed Name) Treasurer (Title)
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Subscribed and sworn to before me
This 6th day of November, 2014

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

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	13,507,610	0	13,507,610	13,167,752
2. Stocks:				
2.1 Preferred stocks.....	0	0	0	0
2.2 Common stocks.....	1,827,072	0	1,827,072	1,714,548
3. Mortgage loans on real estate:				
3.1 First liens.....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate:				
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 (\$....606,456), cash equivalents (\$.....0) and short-term investments (\$.....0).....	606,456	0	606,456	606,592
6. Contract loans (including \$.....0 premium notes).....	0	0	0	0
7. Derivatives.....	0	0	0	0
8. Other invested assets.....	0	0	0	0
9. Receivables for securities.....	0	0	0	0
10. Securities lending reinvested collateral assets.....	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).....	15,941,138	0	15,941,138	15,488,892
13. Title plants less \$.....0 charged off (for Title insurers only).....	0	0	0	0
14. Investment income due and accrued.....	136,169	0	136,169	92,810
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.....	8,902,249	0	8,902,249	8,257,721
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.....	446,560	103,043	343,517	407,205
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.....	7,409,822	0	7,409,822	8,083,245
24. Health care (\$.....0) and other amounts receivable.....	0	0	0	0
25. Aggregate write-ins for other than invested assets.....	658	0	658	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	32,836,596	103,043	32,733,553	32,329,873
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0	0
28. Total (Lines 26 and 27).....	32,836,596	103,043	32,733,553	32,329,873

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. Equities and deposits in pools and associations.....	658	0	658	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).....	658	0	658	0

STATE AUTO INSURANCE COMPANY OF OHIO

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$.....0).....	.0	.0
2. Reinsurance payable on paid losses and loss adjustment expenses.....	.0	.0
3. Loss adjustment expenses.....	.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)).....	19,044	40,756
7.2 Net deferred tax liability.....	.0	.0
8. Borrowed money \$.....0 and interest thereon \$.....0.....	.0	.0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....29,080,954 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).....	16,287,057	16,301,824
13. Funds held by company under reinsurance treaties.....	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).....	.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.....	9,195	8,550
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.....	18,798	37,516
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	16,336,394	16,390,946
27. Protected cell liabilities.....	.0	.0
28. Total liabilities (Lines 26 and 27).....	16,336,394	16,390,946
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).....	10,273,479	9,815,247
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).....	16,397,159	15,938,927
38. Totals (Page 2, Line 28, Col. 3).....	32,733,553	32,329,873

DETAILS OF WRITE-INS

2501. Equities and deposits in pools and associations.....	18,798	37,516
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).....	18,798	37,516
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 to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct..... (written \$.....49,172,448).....	50,262,623	52,983,469	70,205,979
1.2 Assumed..... (written \$.....164,138).....	164,138	154,956	210,610
1.3 Ceded..... (written \$.....49,336,586).....	50,426,761	53,138,425	70,416,589
1.4 Net..... (written \$.....0).....	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$.....0):			
2.1 Direct.....	26,855,600	25,630,525	31,608,255
2.2 Assumed.....	81,921	94,157	126,322
2.3 Ceded.....	26,937,521	25,724,683	31,734,577
2.4 Net.....	0	0	0
3. Loss adjustment expenses incurred.....	0	0	0
4. Other underwriting expenses incurred.....	0	0	0
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	0	0	0
7. Net income of protected cells.....	0	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	0	0	0
INVESTMENT INCOME			
9. Net investment income earned.....	408,585	398,824	532,316
10. Net realized capital gains (losses) less capital gains tax of \$.....0.....	68,100	110,757	110,757
11. Net investment gain (loss) (Lines 9 + 10).....	476,685	509,581	643,073
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0	0	0
13. Finance and service charges not included in premiums.....	0	0	0
14. Aggregate write-ins for miscellaneous income.....	0	0	0
15. Total other income (Lines 12 through 14).....	0	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).....	476,685	509,581	643,073
17. Dividends to policyholders.....	0	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).....	476,685	509,581	643,073
19. Federal and foreign income taxes incurred.....	12,667	(2,867)	8,024
20. Net income (Line 18 minus Line 19) (to Line 22).....	464,018	512,448	635,049
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year.....	15,938,927	14,600,762	14,600,762
22. Net income (from Line 20).....	464,018	512,448	635,049
23. Net transfers (to) from Protected Cell accounts.....	0	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....20,266.....	37,637	117,572	203,752
25. Change in net unrealized foreign exchange capital gain (loss).....	0	0	0
26. Change in net deferred income tax.....	(123,850)	(126,579)	(151,948)
27. Change in nonadmitted assets.....	80,427	186,149	651,312
28. Change in provision for reinsurance.....	0	0	0
29. Change in surplus notes.....	0	0	0
30. Surplus (contributed to) withdrawn from protected cells.....	0	0	0
31. Cumulative effect of changes in accounting principles.....	0	0	0
32. Capital changes:			
32.1 Paid in.....	0	0	0
32.2 Transferred from surplus (Stock Dividend).....	0	0	0
32.3 Transferred to surplus.....	0	0	0
33. Surplus adjustments:			
33.1 Paid in.....	0	0	0
33.2 Transferred to capital (Stock Dividend).....	0	0	0
33.3 Transferred from capital.....	0	0	0
34. Net remittances from or (to) Home Office.....	0	0	0
35. Dividends to stockholders.....	0	0	0
36. Change in treasury stock.....	0	0	0
37. Aggregate write-ins for gains and losses in surplus.....	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37).....	458,232	689,590	1,338,165
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	16,397,159	15,290,352	15,938,927
DETAILS OF WRITE-INS			
0501.	0	0	0
0502.	0	0	0
0503.	0	0	0
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0	0
1401.	0	0	0
1402.	0	0	0
1403.	0	0	0
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0	0
3701.	0	0	0
3702.	0	0	0
3703.	0	0	0
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	0	0	0

STATE AUTO INSURANCE COMPANY OF OHIO CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	(14,768)	150,413	(929,954)
2. Net investment income.....	404,878	385,040	579,952
3. Miscellaneous income.....	0	0	0
4. Total (Lines 1 through 3).....	390,110	535,453	(350,002)
5. Benefit and loss related payments.....	644,528	(585,520)	(3,042,435)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	0	0	0
8. Dividends paid to policyholders.....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	34,379	544,942	544,942
10. Total (Lines 5 through 9).....	678,907	(40,578)	(2,497,493)
11. Net cash from operations (Line 4 minus Line 10).....	(288,797)	576,031	2,147,491
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	3,270,744	863,039	1,465,197
12.2 Stocks.....	0	133,872	133,872
12.3 Mortgage loans.....	0	0	0
12.4 Real estate.....	0	0	0
12.5 Other invested assets.....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	0	0	0
12.7 Miscellaneous proceeds.....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	3,270,744	996,911	1,599,069
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	3,636,130	0	1,793,509
13.2 Stocks.....	0	0	0
13.3 Mortgage loans.....	0	0	0
13.4 Real estate.....	0	0	0
13.5 Other invested assets.....	0	0	0
13.6 Miscellaneous applications.....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	3,636,130	0	1,793,509
14. Net increase or (decrease) in contract loans and premium notes.....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(365,386)	996,911	(194,440)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds.....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0	0
16.5 Dividends to stockholders.....	0	0	0
16.6 Other cash provided (applied).....	654,047	(1,398,927)	(1,611,465)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	654,047	(1,398,927)	(1,611,465)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(136)	174,015	341,586
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	606,592	265,006	265,006
19.2 End of period (Line 18 plus Line 19.1).....	606,456	439,021	606,592
Note: Supplemental disclosures of cash flow information for non-cash transactions:			
20.0001	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, 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 (\$)	
		2014	2013
Net income, OH basis	OH	464,018	635,049
State prescribed practice		-	-
State permitted practice		-	-
Net income, NAIC SAP basis	OH	464,018	635,049
Statutory surplus, OH basis	OH	16,397,159	15,938,927
State prescribed practice		-	-
State permitted practice		-	-
Statutory surplus, NAIC SAP basis	OH	16,397,159	15,938,927

Meridian Citizens Mutual was merged with State Auto Mutual on July 2, 2014.

2. Accounting Changes and Corrections of Errors:

No substantial change from December 31, 2013.

3. Business Combinations and Goodwill:

No substantial change from December 31, 2013.

4. Discontinued Operations:

No substantial change from December 31, 2013.

5. Investments:

A. Mortgage Loans: Not applicable.

B. Debt Restructuring: Not applicable.

C. Reverse Mortgages: Not applicable.

D. Loan-Backed Securities:

- 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).
- The Company has not recognized any other than temporary impairments on its loan-backed securities.
- The Company has not recognized any other than temporary impairments on its loan-backed securities.
- The Company has not recognized any other than temporary impairments on its loan-backed securities.
- 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: No substantial change from December 31, 2013.

I. Working Capital Finance Investments: Not applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies:

No substantial change from December 31, 2013.

7. Investment Income:

No substantial change from December 31, 2013.

8. Derivative Instruments:

No substantial change from December 31, 2013.

9. Income Taxes:

No substantial change from December 31, 2013.

10. Information Concerning Parent, Subsidiaries and Affiliates:

A. Nature of the Relationships:

See Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group, Part 1 Organizational Chart. On May 31, 2014, MIGI merged with and into the surviving entity State Auto Holdings, Inc. On June 1, 2014, State Auto Mutual purchased CDC Holding, Inc. and its subsidiaries, Network E&S Insurance Brokers, LLC and Partners General Insurance Agency, LLC. On July 2, 2014, Meridian Citizens Mutual merged with and into the surviving entity State Auto Mutual. On September 16, 2014, SA Software was dissolved.

C. Change in Terms of Intercompany Agreements:

The Pooling Arrangement was amended to increase State Auto Mutual's participation percentage to 34.5% from 34.0% due to its merger with Meridian Citizens Mutual, effective July 2, 2014.

11. Debt:

B. FHLB (Federal Home Loan Bank) Agreements: Not applicable.

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

A. Defined Benefit Plan

4. The amount of net periodic benefit cost recognized: Not applicable.

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

No substantial change from December 31, 2013.

14. Contingencies:

No substantial change from December 31, 2013.

15. Leases:

No substantial change from December 31, 2013.

16. Information about Financial Instruments with Off-Balance-Sheet Risk and Financial Instruments with Concentrations of Credit Risk:

No substantial change from December 31, 2013.

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

B. Transfer and Servicing of Financial Assets:

2. Servicing Assets and Servicing Liabilities:

b. Specified Servicing Fees: None.

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

a. Income Statements Presented: None.

b. Statement of Financial Position Presented: 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:

No substantial change from December 31, 2013.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators:

No substantial change from December 31, 2013.

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 Description for each class of asset or liability	Amount (\$)			
	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Common stock				
Industrial and misc	1,827,072	-	-	1,827,072
Total common stocks	1,827,072	-	-	1,827,072
Total assets at fair value	1,827,072	-	-	1,827,072

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 September 30, 2014.

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.

September 30, 2014:

Type of Financial Instrument	Amount (\$)					Not Practicable (Carrying Value)
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	
Bonds	14,009,760	13,507,610	-	14,009,760	-	-
Common stocks	1,827,072	1,827,072	1,827,072	-	-	-

20. Fair Value Measurement (continued):

December 31, 2013:

Type of Financial Instrument	Amount (\$)					Not Practicable (Carrying Value)
	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	-	-	-

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

21. Other Items:

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

I. Risk Sharing Provisions of the Affordable Care Act: Not applicable.

22. Events Subsequent:

Subsequent events have been considered through November 6, 2014 for the statutory statements issued on November 6, 2014.

23. Reinsurance:

No substantial change from December 31, 2013.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination:

No substantial change from December 31, 2013.

25. Changes in Incurred Losses and Loss Adjustment Expenses:

No substantial changes since December 31, 2013. The Company receives no losses or loss adjustment expenses from State Auto Mutual in accordance with the Pooling Arrangement.

26. Intercompany Pooling Arrangements:

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 September 30, 2014, 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	217,286,394	181,245,476	36,040,918
Milbank	59,647,246	24,225,464	35,421,782
SA Wisconsin	-	6,126,425	(6,126,425)
SA Ohio	-	16,570,229	(16,570,229)
Meridian Security	-	48,038,170	(48,038,170)
Patrons Mutual	2,130,258	19,547,000	(17,416,742)
Rockhill	-	45,077,671	(45,077,671)
Plaza	-	27,927,958	(27,927,958)
American Compensation	-	16,647,030	(16,647,030)
Bloomington Compensation	-	3,292,325	(3,292,325)

The following tabular presentation reflects the reinsurance receivable and payable on loss and loss adjustment expense paid at September 30, 2014, 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	133,370,700	99,339,614
Milbank	36,611,565	16,917,724
SA Wisconsin	-	3,564,831
SA Ohio	-	8,901,574
Meridian Security	-	32,062,274
Patrons Mutual	1,307,556	8,898,615
Rockhill	-	8,736,625
Plaza	-	14,428,994
American Compensation	-	7,249,239
Bloomington Compensation	-	583,170

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 September 30, 2014:

	Amount (\$)	
	Intercompany Amounts Due from State Auto Mutual	Intercompany Amounts Due to State Auto Mutual
State Auto P&C	5,961,861	-
Milbank	-	15,474,978
SA Wisconsin	184,383	-
SA Ohio	7,404,201	-
Meridian Security	14,743,254	-
Patrons Mutual	7,269,420	-
Rockhill	-	7,642,147
Plaza	6,715,061	-
American Compensation	500,644	-
Bloomington Compensation	447,818	-

27. Structured Settlements:

No substantial change from December 31, 2013.

28. Health Care Receivables:

No substantial change from December 31, 2013.

29. Participating Policies:

No substantial change from December 31, 2013.

30. Premium Deficiency Reserves:

No substantial change from December 31, 2013.

31. High Deductibles:

No substantial change from December 31, 2013.

32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses:

No substantial change from December 31, 2013.

33. Asbestos/Environmental Reserves:

No substantial change from December 31, 2013.

34. Subscriber Savings Accounts:

No substantial change from December 31, 2013.

35. Multiple Peril Crop Insurance:

No substantial change from December 31, 2013.

36. Financial Guaranty Insurance:

B. Schedule of Insured Financial Obligations: Not applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes No

1.2 If yes, has the report been filed with the domiciliary state? Yes No

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

2.2 If yes, date of change:

3.1 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 No
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes No

3.3 If the response to 3.2 is yes, provide a brief description of those changes.
On July 2, 2014, Meridian Citizens Mutual was merged into State Auto Mutual.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No

4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes No N/A
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2013.....

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.12/31/2008.....

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).3/1/2010.....

6.4 By what department or departments?
Ohio Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes No N/A

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

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

7.2 If yes, give full information:
.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes No

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes No

8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator].

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

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes 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.

9.11 If the response to 9.1 is No, please explain:
.....

9.2 Has the code of ethics for senior managers been amended? Yes No

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes No

STATE AUTO INSURANCE COMPANY OF OHIO GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

PART 1 - FINANCIAL

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

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

PART 1 - INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$.....0

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

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds.....	\$0	\$0
14.22 Preferred Stock.....	\$0	\$0
14.23 Common Stock.....	\$0	\$0
14.24 Short-Term Investments.....	\$0	\$0
14.25 Mortgage Loans on Real Estate.....	\$0	\$0
14.26 All Other.....	\$0	\$0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above.....	\$0	\$0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

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

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

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

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

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

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

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

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

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

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

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

17.5 Identify all investment advisors, broker/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	2 Name(s)	3 Address

PART 1 - INVESTMENT

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

Yes [X] No []

18.2 If no, list exceptions:

STATE AUTO INSURANCE COMPANY OF OHIO GENERAL INTERROGATORIES (continued)

PART 2

PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes No N/A
 If yes, attach an explanation.
The Pooling Arrangement was amended to increase State Auto Mutual's participation percentage to 34.5% from 34.0% due to its merger with Meridian Citizens Mutual, effective July 2, 2014.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes No
 If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes No

3.2 If yes, give full and complete information thereto:

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero? Yes No

4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Disc. Rate	Total Discount				Discount Taken During Period			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 Total	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 Total
	0.000	0.000	0	0	0	0	0	0	0	0
Total	XXX	XXX	0	0	0	0	0	0	0	0

5. Operating Percentages:

5.1 A&H loss percent 0.0 %
 5.2 A&H cost containment percent 0.0 %
 5.3 A&H expense percent excluding cost containment expenses 0.0 %

6.1 Do you act as a custodian for health savings accounts? Yes No
 6.2 If yes, please provide the amount of custodial funds held as of the reporting date. 0
 6.3 Do you act as an administrator for health savings accounts? Yes No
 6.4 If yes, please provide the amount of funds administered as of the reporting date. 0

STATE AUTO INSURANCE COMPANY OF OHIO
SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Type of Reinsurer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating
All Other Insurers						
00000.....	AA-1120075.....	Lloyd's Syndicate Number 4020.....	GBR.....	Authorized.....	.....0.....	.....

STATE AUTO INSURANCE COMPANY OF OHIO

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	7 Prior Year to Date
1. Alabama.....AL	N	0	0	0	0	0	0
2. Alaska.....AK	N	0	0	0	0	0	0
3. Arizona.....AZ	N	0	0	0	0	0	0
4. Arkansas.....AR	N	0	0	0	0	0	0
5. California.....CA	N	0	0	0	0	0	0
6. Colorado.....CO	N	0	0	0	0	0	0
7. Connecticut.....CT	N	0	0	0	0	0	0
8. Delaware.....DE	N	0	0	0	0	0	0
9. District of Columbia.....DC	N	0	0	0	0	0	0
10. Florida.....FL	N	0	0	0	0	0	0
11. Georgia.....GA	N	0	0	0	0	0	0
12. Hawaii.....HI	N	0	0	0	0	0	0
13. Idaho.....ID	N	0	0	0	0	0	0
14. Illinois.....IL	N	0	0	0	0	0	0
15. Indiana.....IN	N	0	0	0	0	0	0
16. Iowa.....IA	N	0	0	0	0	0	0
17. Kansas.....KS	N	0	0	0	0	0	0
18. Kentucky.....KY	N	0	0	0	0	0	0
19. Louisiana.....LA	N	0	0	0	0	0	0
20. Maine.....ME	N	0	0	0	0	0	0
21. Maryland.....MD	N	0	0	0	0	0	0
22. Massachusetts.....MA	N	0	0	0	0	0	0
23. Michigan.....MI	N	0	0	0	0	0	0
24. Minnesota.....MN	N	0	0	0	0	0	0
25. Mississippi.....MS	N	0	0	0	0	0	0
26. Missouri.....MO	N	0	0	0	0	0	0
27. Montana.....MT	N	0	0	0	0	0	0
28. Nebraska.....NE	N	0	0	0	0	0	0
29. Nevada.....NV	N	0	0	0	0	0	0
30. New Hampshire.....NH	N	0	0	0	0	0	0
31. New Jersey.....NJ	N	0	0	0	0	0	0
32. New Mexico.....NM	N	0	0	0	0	0	0
33. New York.....NY	N	0	0	0	0	0	0
34. North Carolina.....NC	N	0	0	0	0	0	0
35. North Dakota.....ND	N	0	0	0	0	0	0
36. Ohio.....OH	L	49,172,448	52,450,846	26,790,989	27,441,852	19,379,487	21,242,745
37. Oklahoma.....OK	N	0	0	0	0	0	0
38. Oregon.....OR	N	0	0	0	0	0	0
39. Pennsylvania.....PA	N	0	0	0	0	0	0
40. Rhode Island.....RI	N	0	0	0	0	0	0
41. South Carolina.....SC	N	0	0	0	0	0	0
42. South Dakota.....SD	N	0	0	0	0	0	0
43. Tennessee.....TN	N	0	0	0	0	0	0
44. Texas.....TX	N	0	0	0	0	0	0
45. Utah.....UT	N	0	0	0	0	0	0
46. Vermont.....VT	N	0	0	0	0	0	0
47. Virginia.....VA	N	0	0	0	0	0	0
48. Washington.....WA	N	0	0	0	0	0	0
49. West Virginia.....WV	N	0	0	0	0	0	0
50. Wisconsin.....WI	N	0	0	0	0	0	0
51. Wyoming.....WY	N	0	0	0	0	0	0
52. American Samoa.....AS	N	0	0	0	0	0	0
53. Guam.....GU	N	0	0	0	0	0	0
54. Puerto Rico.....PR	N	0	0	0	0	0	0
55. US Virgin Islands.....VI	N	0	0	0	0	0	0
56. Northern Mariana Islands.....MP	N	0	0	0	0	0	0
57. Canada.....CAN	N	0	0	0	0	0	0
58. Aggregate Other Alien.....OT	XXX	0	0	0	0	0	0
59. Totals.....(a).....1		49,172,448	52,450,846	26,790,989	27,441,852	19,379,487	21,242,745

DETAILS OF WRITE-INS

58001.....	XXX	0	0	0	0	0	0
58002.....	XXX	0	0	0	0	0	0
58003.....	XXX	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
58999. Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above).....	XXX	0	0	0	0	0	0

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

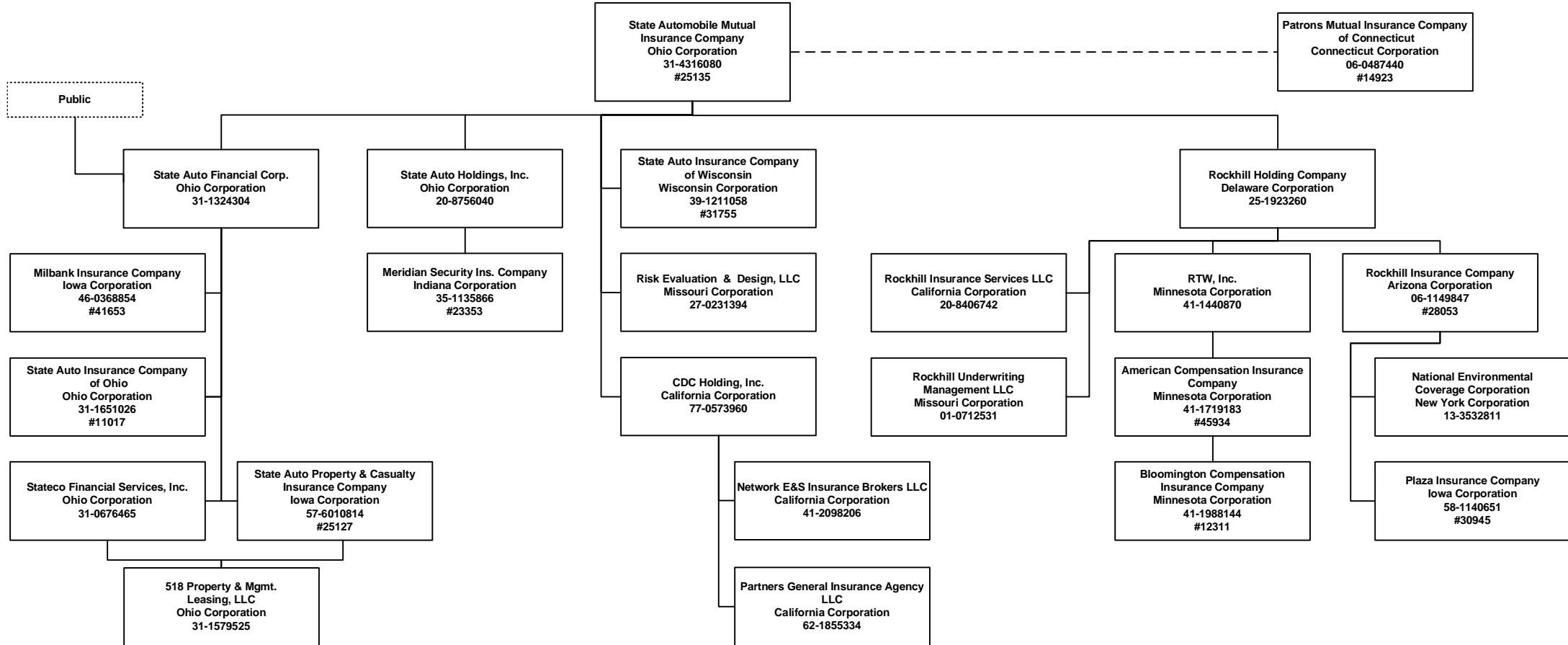
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

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

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

PART 1 – ORGANIZATIONAL CHART

ORGANIZATIONAL STRUCTURE OF STATE AUTO HOLDING COMPANY SYSTEM



Q11

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	100.000	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	100.000	State Automobile Mutual Insurance Company	0
0175	State Auto Group	23353	35-1135866	0	0		Meridian Security Insurance Company	IN	IA	State Auto Holdings, Inc.	Ownership	100.000	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	100.000	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	0.000	State Automobile Mutual Insurance Company	0
0175	State Auto Group	30945	58-1140651	0	0		Plaza Insurance Company	IA	IA	Rockhill Insurance Company	Ownership	100.000	State Automobile Mutual Insurance Company	0
0175	State Auto Group	28053	06-1149847	0	0		Rockhill Insurance Company	AZ	IA	Rockhill Holding Company	Ownership	100.000	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	100.000	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	100.000	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	100.000	State Automobile Mutual Insurance Company	0
0175	State Auto Group	25135	31-4316080	0	0		State Automobile Mutual Insurance Company	OH	UIP	Members	Ownership	100.000	State Automobile Mutual Insurance Company	0
0000	State Auto Group	00000	31-1579525	0	0		518 Property & Mgmt. Leasing, LLC	OH	NIA	State Auto Property & Casualty Insurance Company	Management	0.000	State Automobile Mutual Insurance Company	0
0000	State Auto Group	00000	77-0573960	0	0		CDC Holding Inc.	CA	NIA	State Automobile Mutual Insurance Company	Ownership	100.000	State Automobile Mutual Insurance Company	0
0000	State Auto Group	00000	13-3632811	0	0		National Environmental Coverage Corporation	NY	NIA	Rockhill Insurance Company	Ownership	100.000	State Automobile Mutual Insurance Company	0
0000	State Auto Group	00000	41-2098206	0	0		Network E&S Insurance Brokers, LLC	CA	NIA	CDC Holding Inc.	Ownership	100.000	State Automobile Mutual Insurance Company	0
0000	State Auto Group	00000	62-1855334	0	0		Partners General Insurance Agency, LLC	CA	NIA	CDC Holding Inc.	Ownership	100.000	State Automobile Mutual Insurance Company	0
0000	State Auto Group	00000	27-0231394	0	0		Risk Evaluation & Design, LLC	MO	NIA	State Automobile Mutual Insurance Company	Ownership	100.000	State Automobile Mutual Insurance Company	0
0000	State Auto Group	00000	25-1923260	0	0001347161		Rockhill Holding Company	DE	NIA	State Automobile Mutual Insurance Company	Ownership	100.000	State Automobile Mutual Insurance Company	0
0000	State Auto Group	00000	20-8406742	0	0		Rockhill Insurance Services LLC	CA	NIA	Rockhill Holding Company	Ownership	100.000	State Automobile Mutual Insurance Company	0
0000	State Auto Group	00000	01-0712531	0	0		Rockhill Underwriting Management LLC	MO	NIA	Rockhill Holding Company	Ownership	100.000	State Automobile Mutual Insurance Company	0
0000	State Auto Group	00000	41-1440870	0	0000915781		RTW, Inc.	MN	NIA	Rockhill Holding Company	Ownership	100.000	State Automobile Mutual Insurance Company	0
0000	State Auto Group	00000	31-1324304	0	0000874977	NASDAQ	State Auto Financial Corp.	OH	UDP	State Automobile Mutual Insurance Company	Ownership	62.400	State Automobile Mutual Insurance Company	0
0000	State Auto Group	00000	20-8756040	0	0		State Auto Holdings, Inc.	OH	NIA	State Automobile Mutual Insurance Company	Ownership	100.000	State Automobile Mutual Insurance Company	0
0000	State Auto Group	00000	31-0676465	0	0		Stateco Financial Services, Inc.	OH	NIA	State Auto Financial Corp.	Ownership	100.000	State Automobile Mutual Insurance Company	0

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Asterisk	Explanation
0	

NONE

STATE AUTO INSURANCE COMPANY OF OHIO PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire.....	1,275,192	(10,784)	(0.8)	32.4
2. Allied lines.....	1,710,759	275,975	16.1	22.8
3. Farmowners multiple peril.....	0	0	0.0	0.0
4. Homeowners multiple peril.....	19,322,033	9,266,629	48.0	39.7
5. Commercial multiple peril.....	0	0	0.0	0.0
6. Mortgage guaranty.....	0	0	0.0	0.0
8. Ocean marine.....	110,065	7,087	6.4	18.0
9. Inland marine.....	633,776	199,522	31.5	42.6
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.....	194,649	0	0.0	0.0
13. Group accident and health.....	0	0	0.0	0.0
14. Credit accident and health.....	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.....	1,032,324	726,066	70.3	(10.5)
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.....	14,986,981	9,475,341	63.2	61.6
19.3, 19.4. Commercial auto liability.....	0	0	0.0	0.0
21. Auto physical damage.....	10,996,842	6,915,765	62.9	58.3
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	0.0	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	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	0	0	0.0	0.0
35. Totals.....	50,262,623	26,855,600	53.4	48.4
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. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0.0	XXX
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
	1. Fire.....	383,455	1,190,862	1,323,201
2. Allied lines.....	514,392	1,592,004	1,828,201
3. Farmowners multiple peril.....	0	0	0
4. Homeowners multiple peril.....	6,475,030	18,667,684	20,029,121
5. Commercial multiple peril.....	0	0	0
6. Mortgage guaranty.....	0	0	0
8. Ocean marine.....	35,201	120,583	134,540
9. Inland marine.....	220,282	636,477	653,094
10. Financial guaranty.....	0	0	0
11.1. Medical professional liability - occurrence.....	0	0	0
11.2. Medical professional liability - claims made.....	0	0	0
12. Earthquake.....	63,408	190,945	201,529
13. Group accident and health.....	0	0	0
14. Credit accident and health.....	0	0	0
15. Other accident and health.....	0	0	0
16. Workers' compensation.....	0	0	0
17.1. Other liability-occurrence.....	332,151	999,000	1,085,269
17.2. Other liability-claims made.....	0	0	0
17.3. Excess workers' compensation.....	0	0	0
18.1. Products liability-occurrence.....	0	0	0
18.2. Products liability-claims made.....	0	0	0
19.1 19.2. Private passenger auto liability.....	4,933,409	14,687,524	15,960,976
19.3 19.4. Commercial auto liability.....	0	0	0
21. Auto physical damage.....	3,773,903	11,087,369	11,234,914
22. Aircraft (all perils).....	0	0	0
23. Fidelity.....	0	0	0
24. Surety.....	0	0	0
26. Burglary and theft.....	0	0	0
27. Boiler and machinery.....	0	0	0
28. Credit.....	0	0	0
29. International.....	0	0	0
30. Warranty.....	0	0	0
31. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	0	0	0
35. Totals.....	16,731,232	49,172,448	52,450,846
DETAILS OF WRITE-INS			
3401.....	0	0	0
3402.....	0	0	0
3403.....	0	0	0
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2014 Loss and LAE Payments on Claims Reported as of Prior Year-End	2014 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2014 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency (Cols. 11 + 12)
1. 2011 + 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. Subtotals 2012 + Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Subtotals 2013 + Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2014.....	XXX	XXX	XXX	XXX	0	0	XXX	0	0	0	XXX	XXX	XXX
7. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Prior Year-End's Surplus As Regards Policyholders	15,939										Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
											1.0.0 %	2.0.0 %	3.0.0 %
													Col. 13, Line 7 Line 8
													4.0.0 %

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4. Will the Director and Officer Supplement be filed with the state of domicile and the NAIC with this statement?	NO

Explanation:

- 1.
- 2.
- 3.
- 4.

Bar Code:



NONE

**STATE AUTO INSURANCE COMPANY OF OHIO
SCHEDULE A - VERIFICATION**

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Current year change in encumbrances.....	0	0
4. Total gain (loss) on disposals.....	0	0
5. Deduct amounts received on disposals.....	0	0
6. Total foreign exchange change in book/adjusted carrying value.....	0	0
7. Deduct current year's other than temporary impairment recognized.....	0	0
8. Deduct current year's depreciation.....	0	0
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0
10. Deduct total nonadmitted amounts.....	0	0
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Capitalized deferred interest and other.....	0	0
4. Accrual of discount.....	0	0
5. Unrealized valuation increase (decrease).....	0	0
6. Total gain (loss) on disposals.....	0	0
7. Deduct amounts received on disposals.....	0	0
8. Deduct amortization of premium and mortgage interest points and commitment fees.....	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....	0	0
10. Deduct current year's other than temporary impairment recognized.....	0	0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Total valuation allowance.....	0	0
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....	0	0
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Capitalized deferred interest and other.....	0	0
4. Accrual of discount.....	0	0
5. Unrealized valuation increase (decrease).....	0	0
6. Total gain (loss) on disposals.....	0	0
7. Deduct amounts received on disposals.....	0	0
8. Deduct amortization of premium and depreciation.....	0	0
9. Total foreign exchange change in book/adjusted carrying value.....	0	0
10. Deduct current year's other than temporary impairment recognized.....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Deduct total nonadmitted amounts.....	0	0
13. Statement value at end of current period (Line 11 minus Line 12).....	0	0

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	14,882,297	14,282,822
2. Cost of bonds and stocks acquired.....	3,636,130	1,793,509
3. Accrual of discount.....	928	761
4. Unrealized valuation increase (decrease).....	57,903	313,463
5. Total gain (loss) on disposals.....	68,100	143,488
6. Deduct consideration for bonds and stocks disposed of.....	3,270,743	1,599,069
7. Deduct amortization of premium.....	39,934	52,677
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other than temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	15,334,681	14,882,297
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11).....	15,334,681	14,882,297

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	13,090,347	496,426	67,654	(11,509)	13,517,162	13,090,347	13,507,610	13,167,752
2. NAIC 2 (a).....	0	0	0	0	0	0	0	0
3. NAIC 3 (a).....	0	0	0	0	0	0	0	0
4. NAIC 4 (a).....	0	0	0	0	0	0	0	0
5. NAIC 5 (a).....	0	0	0	0	0	0	0	0
6. NAIC 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds.....	13,090,347	496,426	67,654	(11,509)	13,517,162	13,090,347	13,507,610	13,167,752
PREFERRED STOCK								
8. NAIC 1.....	0	0	0	0	0	0	0	0
9. NAIC 2.....	0	0	0	0	0	0	0	0
10. NAIC 3.....	0	0	0	0	0	0	0	0
11. NAIC 4.....	0	0	0	0	0	0	0	0
12. NAIC 5.....	0	0	0	0	0	0	0	0
13. NAIC 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	13,090,347	496,426	67,654	(11,509)	13,517,162	13,090,347	13,507,610	13,167,752

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

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 NONE Per Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	.0	XXX	.0	.0	.0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	265,006
2. Cost of short-term investments acquired.....	0	738,929
3. Accrual of discount.....	0	0
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals.....	0	1,003,935
7. Deduct amortization of premium.....	0	0
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other than temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	0	0
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11).....	0	0

**Sch. DB-Pt A-Verification
NONE**

**Sch. DB-Pt B-Verification
NONE**

**Sch. DB-Pt C-Sn 1
NONE**

**Sch. DB-Pt C-Sn 2
NONE**

**Sch. DB-Verification
NONE**

**Sch. E-Verification
NONE**

**Sch. A-Pt 2
NONE**

**Sch. A-Pt 3
NONE**

**Sch. B-Pt 2
NONE**

**Sch. B-Pt 3
NONE**

**Sch. BA-Pt 2
NONE**

**Sch. BA-Pt 3
NONE**

SCHEDULE D - PART 3

Show all Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Government									
912810 FQ 6	US TREASURY TIPS 3.375% 04/15/32		07/02/2014	Key Capital Markets, Inc.		496,426	261,000	2,540	1
0599999	Total Bonds - U.S. Government					496,426	261,000	2,540	XXX
8399997	Total Bonds - Part 3					496,426	261,000	2,540	XXX
8399999	Total Bonds					496,426	261,000	2,540	XXX
9999999	Total Bonds, Preferred and Common Stocks					496,426	XXX	2,540	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:.....0.

QE04

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value At Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Desig- nation or Market Indicator (a)
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.							
Bonds - U.S. Government																					
36292K G8 3	GNMA POOL# 984156 6.000% 01/15/16.....		09/01/2014	Paydown.....		13,086	13,086	13,487	13,154	0	(68)	0	(68)	0	13,086	0	0	0	524	01/15/2016	1.....
36295F ZU 1	GNMA POOL # 669555 6.050% 04/15/44.....		09/01/2014	Paydown.....		5,270	5,270	5,494	5,475	0	(204)	0	(204)	0	5,270	0	0	0	213	04/15/2044	1.....
0599999. Total Bonds - U.S. Government.....						18,356	18,356	18,981	18,629	0	(272)	0	(272)	0	18,356	0	0	0	737	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																					
3128P7 MD 2	FHLMC POOL# C91256 5.000% 06/01/29.....		09/01/2014	Paydown.....		31,940	31,940	32,778	32,689	0	(750)	0	(750)	0	31,940	0	0	0	1,058	06/01/2029	1.....
3136AG 2Y 7	FNMA 3.000% 04/25/33.....		09/01/2014	Paydown.....		17,357	17,357	17,585	17,584	0	(227)	0	(227)	0	17,357	0	0	0	347	04/25/2033	1.....
3199999. Total Bonds - U.S. Special Revenue and Special Assessment.....						49,297	49,297	50,363	50,273	0	(977)	0	(977)	0	49,297	0	0	0	1,405	XXX	XXX
8399997. Total Bonds - Part 4.....						67,653	67,653	69,344	68,902	0	(1,249)	0	(1,249)	0	67,653	0	0	0	2,142	XXX	XXX
8399999. Total Bonds.....						67,653	67,653	69,344	68,902	0	(1,249)	0	(1,249)	0	67,653	0	0	0	2,142	XXX	XXX
9999999. Total Bonds, Preferred and Common Stocks.....						67,653	67,653	69,344	68,902	0	(1,249)	0	(1,249)	0	67,653	0	0	0	2,142	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:.....0.

**Sch. DB-Pt A-Sn 1
NONE**

**Sch. DB-Pt A-Sn 1-Footernote A
NONE**

**Sch. DB-Pt A-Sn 1-Footernote B
NONE**

**Sch. DB-Pt B-Sn 1
NONE**

**Sch. DB-Pt B-Sn 1-Footernote A
NONE**

**Sch. DB-Pt B-Sn 1-Footernote B
NONE**

**Sch. DB-Pt B-Sn 1B-Broker List
NONE**

**Sch. DB-Pt D-Sn 1
NONE**

**Sch. DB-Pt D-Sn 2
NONE**

**Sch. DL-Pt. 1
NONE**

**Sch. DL-Pt. 2
NONE**

STATE AUTO INSURANCE COMPANY OF OHIO

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
JP Morgan Trust..... Columbus, OH 43215.....		.....0.000.....	.....0.....	.....0.....	.....496,179.....	.....542,313.....	.....606,456.....	XXX..
0199999. Total Open Depositories.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....496,179.....	.....542,313.....	.....606,456.....	XXX..
0399999. Total Cash on Deposit.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....496,179.....	.....542,313.....	.....606,456.....	XXX..
0599999. Total Cash.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....496,179.....	.....542,313.....	.....606,456.....	XXX..

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
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NONE

QE13