



ANNUAL STATEMENT

For the Year Ended December 31, 2014

of the Condition and Affairs of the

STATE AUTO INSURANCE COMPANY OF OHIO

NAIC Group Code.....0175, 0175
(Current Period) (Prior Period)

Organized under the Laws of Ohio

Incorporated/Organized..... May 17, 1999

Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address

Statutory Statement Contact

NAIC Company Code..... 11017

Employer's ID Number..... 31-1651026

518 East Broad Street..... Columbus OH US 43215
(Street and Number) (City or Town, State, Country and Zip Code)

518 East Broad Street..... Columbus OH US 43215
(Street and Number) (City or Town, State, Country and Zip Code)

518 East Broad Street..... Columbus OH US 43215
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

518 East Broad Street..... Columbus OH US 43215
(Street and Number) (City or Town, State, Country and Zip Code)

www.stateauto.com

Tina Marie Stillabower

(Name)

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614-464-5000

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317-931-6558

(Fax Number)

OFFICERS

Name
1. Robert Paul Restrepo, Jr.
3. Matthew Robert Pollak

Title
President
Treasurer

Name
2. James Andrew Yano
4.

Title
Secretary

Douglas Edward Allen
Jessica Elizabeth Buss
Steven Eugene English
Steven Ray Hazelbaker
Stephen Peter Hunkler
Karen Lynn Longshore
Matthew Stanley Mrozek
Cynthia Ann Powell
Mary Jean Reynolds
Lorraine Margaret Siegworth
Larry Emmett Willeford

Vice President
Senior Vice President
Senior Vice President
Vice President
Senior Vice President
Vice President
Vice President
Senior Vice President
Vice President
Senior Vice President

Joel Edward Brown
David William Dalton
Clyde Howard Fitch, Jr.
Ricky Lee Holbein
Scott Alan Jones
Charles Edward McShane, Jr.
John Michael Petrucci
Timothy Gerard Reik
Lyle Dean Rhodebeck
Angela Elliott Taylor #

Senior Vice President
Vice President
Senior Vice President
Vice President
Vice President
Vice President
Vice President
Vice President
Senior Vice President
Vice President

OTHER

Robert Ellison Baker
David Russell Meuse
Paul Stratton Williams

David James D'Antoni
Robert Paul Restrepo, Jr.

Eileen Ann Mallesch
Sharon Elaine Roberts

Thomas Edward Markert
Alexander Bruen Trevor

DIRECTORS OR TRUSTEES

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

Robert Paul Restrepo, Jr.
President

James Andrew Yano
Secretary

Matthew Robert Pollak
Treasurer

Subscribed and sworn to before me

This 23rd day of February, 2015

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	14,391,338	0	14,391,338	13,167,752
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	0	0	0	0
2.2 Common stocks.....	1,396,450	0	1,396,450	1,714,548
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	0	0	0	0
4.2 Properties held for the production of income (less \$.....0 encumbrances).....	0	0	0	0
4.3 Properties held for sale (less \$.....0 encumbrances).....	0	0	0	0
5. Cash (\$....407,701, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	407,701	0	407,701	606,592
6. Contract loans (including \$.....0 premium notes).....	0	0	0	0
7. Derivatives (Schedule DB).....	0	0	0	0
8. Other invested assets (Schedule BA).....	0	0	0	0
9. Receivables for securities.....	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0	0
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	16,195,489	0	16,195,489	15,488,892
13. Title plants less \$.....0 charged off (for Title insurers only).....	0	0	0	0
14. Investment income due and accrued.....	88,756	0	88,756	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.....	8,522,092	0	8,522,092	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.....	574,611	135,174	439,437	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.....	7,012,102	0	7,012,102	8,083,245
24. Health care (\$.....0) and other amounts receivable.....	0	0	0	0
25. Aggregate write-ins for other than invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	32,393,050	135,174	32,257,876	32,329,873
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0	0
28. TOTALS (Lines 26 and 27).....	32,393,050	135,174	32,257,876	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.	0	0	0	0
2502.	0	0	0	0
2503.	0	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8).....	.0	.0
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6).....	0	0
3. Loss adjustment expenses (Part 2A, Line 35, Column 9).....	0	0
4. Commissions payable, contingent commissions and other similar charges.....	0	0
5. Other expenses (excluding taxes, licenses and fees).....	0	0
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	0	0
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....	207,315	40,756
7.2 Net deferred tax liability.....	0	0
8. Borrowed money \$.....0 and interest thereon \$.....0.....	0	0
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$.....28,505,684 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).....	15,514,972	16,301,824
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19).....	2,300	2,300
14. Amounts withheld or retained by company for account of others.....	0	0
15. Remittances and items not allocated.....	0	0
16. Provision for reinsurance (including \$.....0 certified) (Schedule F, Part 8).....	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates.....	0	0
18. Drafts outstanding.....	0	0
19. Payable to parent, subsidiaries and affiliates.....	9,307	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.....	17,625	37,516
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	15,751,519	16,390,946
27. Protected cell liabilities.....	0	0
28. Total liabilities (Lines 26 and 27).....	15,751,519	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).....	10,382,677	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) (Page 4, Line 39).....	16,506,357	15,938,927
38. TOTALS (Page 2, Line 28, Col. 3).....	32,257,876	32,329,873

DETAILS OF WRITE-INS

2501. Equities and deposits in pools and associations.....	17,625	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).....	17,625	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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4).....	.0	0
DEDUCTIONS		
2. Losses incurred (Part 2, Line 35, Column 7).....	0	0
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....	0	0
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....	0	0
5. Aggregate write-ins for underwriting deductions.....	0	0
6. Total underwriting deductions (Lines 2 through 5).....	0	0
7. Net income of protected cells.....	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7).....	0	0
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	540,546	532,316
10. Net realized capital gains (losses) less capital gains tax of \$.56,683 (Exhibit of Capital Gains (Losses)).....	170,822	110,757
11. Net investment gain (loss) (Lines 9 + 10).....	711,368	643,073
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0	0
13. Finance and service charges not included in premiums.....	0	0
14. Aggregate write-ins for miscellaneous income.....	0	0
15. Total other income (Lines 12 through 14).....	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	711,368	643,073
17. Dividends to policyholders.....	0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17).....	711,368	643,073
19. Federal and foreign income taxes incurred.....	144,309	8,024
20. Net income (Line 18 minus Line 19) (to Line 22).....	567,059	635,049
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	15,938,927	14,600,762
22. Net income (from Line 20).....	567,059	635,049
23. Net transfers (to) from Protected Cell accounts.....	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.(11,151).....	(20,709)	203,752
25. Change in net unrealized foreign exchange capital gain (loss).....	0	0
26. Change in net deferred income tax.....	(27,216)	(151,948)
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Column 3).....	48,296	651,312
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1).....	0	0
29. Change in surplus notes.....	0	0
30. Surplus (contributed to) withdrawn from protected cells.....	0	0
31. Cumulative effect of changes in accounting principles.....	0	0
32. Capital changes:		
32.1 Paid in.....	0	0
32.2 Transferred from surplus (Stock Dividend).....	0	0
32.3 Transferred to surplus.....	0	0
33. Surplus adjustments:		
33.1 Paid in.....	0	0
33.2 Transferred to capital (Stock Dividend).....	0	0
33.3. Transferred from capital.....	0	0
34. Net remittances from or (to) Home Office.....	0	0
35. Dividends to stockholders.....	0	0
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1).....	0	0
37. Aggregate write-ins for gains and losses in surplus.....	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37).....	567,430	1,338,165
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	16,506,357	15,938,927

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	(786,853)	(929,954)
2. Net investment income.....	600,503	579,952
3. Miscellaneous income.....	0	0
4. Total (Lines 1 through 3).....	(186,350)	(350,002)
5. Benefit and loss related payments.....	264,371	(3,042,435)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	0	0
8. Dividends paid to policyholders.....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	34,433	544,942
10. Total (Lines 5 through 9).....	298,804	(2,497,493)
11. Net cash from operations (Line 4 minus Line 10).....	(485,154)	2,147,491
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	4,382,552	1,465,197
12.2 Stocks.....	505,142	133,872
12.3 Mortgage loans.....	0	0
12.4 Real estate.....	0	0
12.5 Other invested assets.....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	0	0
12.7 Miscellaneous proceeds.....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	4,887,694	1,599,069
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	5,652,735	1,793,509
13.2 Stocks.....	0	0
13.3 Mortgage loans.....	0	0
13.4 Real estate.....	0	0
13.5 Other invested assets.....	0	0
13.6 Miscellaneous applications.....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	5,652,735	1,793,509
14. Net increase (decrease) in contract loans and premium notes.....	0	0
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(765,041)	(194,440)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0
16.3 Borrowed funds.....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0
16.5 Dividends to stockholders.....	0	0
16.6 Other cash provided (applied).....	1,051,304	(1,611,465)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	1,051,304	(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).....	(198,891)	341,586
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	606,592	265,006
19.2 End of year (Line 18 plus Line 19.1).....	407,701	606,592

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

20.0001	0	0
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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS EARNED

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

NONE

DETAILS OF WRITE-INS

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
UNDERWRITING AND INVESTMENT EXHIBIT

PART 1A - RECAPITULATION OF ALL PREMIUMS

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

DETAILS OF WRITE-INS

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

(a) State here basis of computation used in each case: Pro-rata methods

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written (Cols. 1 + 2 + 3 - 4 - 5)
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire.....	1,578,337	0	48,991	1,613,130	14,198	0
2. Allied lines.....	2,109,397	0	18,224	2,002,888	124,733	0
3. Farmowners multiple peril.....	0	0	0	(25,163)	25,163	0
4. Homeowners multiple peril.....	24,567,424	0	150,632	24,278,812	439,244	0
5. Commercial multiple peril.....	0	0	0	(85,137)	85,137	0
6. Mortgage guaranty.....	0	0	0	0	0	0
8. Ocean marine.....	135,395	0	0	135,388	7	0
9. Inland marine.....	838,877	0	0	838,860	17	0
10. Financial guaranty.....	0	0	0	0	0	0
11.1 Medical professional liability - occurrence.....	0	0	0	0	0	0
11.2 Medical professional liability - claims-made.....	0	0	0	0	0	0
12. Earthquake.....	254,262	0	0	188,309	65,953	0
13. Group accident and health.....	0	0	0	0	0	0
14. Credit accident and health (group and individual).....	0	0	0	0	0	0
15. Other accident and health.....	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0
17.1 Other liability - occurrence.....	1,308,581	0	0	1,223,447	85,134	0
17.2 Other liability - claims-made.....	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0
18.1 Products liability - occurrence.....	0	0	0	0	0	0
18.2 Products liability - claims-made.....	0	0	0	0	0	0
19.1, 19.2 Private passenger auto liability.....	19,335,190	0	0	19,324,996	10,194	0
19.3, 19.4 Commercial auto liability.....	0	0	0	0	0	0
21. Auto physical damage.....	14,797,681	0	0	14,797,681	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0
26. Burglary and theft.....	0	0	80	.80	0	0
27. Boiler and machinery.....	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0
29. International.....	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0
31. Reinsurance - nonproportional assumed property.....	XXX.....	0	0	0	0	0
32. Reinsurance - nonproportional assumed liability.....	XXX.....	0	0	0	0	0
33. Reinsurance - nonproportional assumed financial lines.....	XXX.....	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
35. TOTALS.....	64,925,144	0	217,927	64,293,291	849,780	0

DETAILS OF WRITE-INS

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

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

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

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5	6	7	8
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire.....	37,201	20,510	57,710	0	0	0	0	0.0
2. Allied lines.....	1,008,488	8,027	1,016,515	0	0	0	0	0.0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0.0
4. Homeowners multiple peril.....	11,093,245	76,732	11,169,977	0	0	0	0	0.0
5. Commercial multiple peril.....	0	0	0	0	0	0	0	0.0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0.0
8. Ocean marine.....	23,050	0	23,050	0	0	0	0	0.0
9. Inland marine.....	273,666	0	273,666	0	0	0	0	0.0
10. Financial guaranty.....	0	0	0	0	0	0	0	0.0
11.1 Medical professional liability - occurrence.....	0	0	0	0	0	0	0	0.0
11.2 Medical professional liability - claims-made.....	0	0	0	0	0	0	0	0.0
12. Earthquake.....	0	0	0	0	0	0	0	0.0
13. Group accident and health.....	0	0	0	0	0	0	0	0.0
14. Credit accident and health (group and individual).....	0	0	0	0	0	0	0	0.0
15. Other accident and health.....	0	0	0	0	0	0	0	0.0
16. Workers' compensation.....	0	0	0	0	0	0	0	0.0
17.1 Other liability - occurrence.....	623,000	0	623,000	0	0	0	0	0.0
17.2 Other liability - claims-made.....	0	0	0	0	0	0	0	0.0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0.0
18.1 Products liability - occurrence.....	0	0	0	0	0	0	0	0.0
18.2 Products liability - claims-made.....	0	0	0	0	0	0	0	0.0
19.1, 19.2 Private passenger auto liability.....	12,714,745	0	12,714,745	0	0	0	0	0.0
19.3, 19.4 Commercial auto liability.....	0	0	0	0	0	0	0	0.0
21. Auto physical damage.....	9,126,092	0	9,126,092	0	0	0	0	0.0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0.0
23. Fidelity.....	0	0	0	0	0	0	0	0.0
24. Surety.....	0	0	0	0	0	0	0	0.0
26. Burglary and theft.....	0	23	23	0	0	0	0	0.0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0.0
28. Credit.....	0	0	0	0	0	0	0	0.0
29. International.....	0	0	0	0	0	0	0	0.0
30. Warranty.....	0	0	0	0	0	0	0	0.0
31. Reinsurance - nonproportional assumed property.....	XXX	0	0	0	0	0	0	0.0
32. Reinsurance - nonproportional assumed liability.....	XXX	0	0	0	0	0	0	0.0
33. Reinsurance - nonproportional assumed financial lines.....	XXX	0	0	0	0	0	0	0.0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0.0
35. TOTALS.....	34,899,486	105,292	35,004,778	0	0	0	0	0.0

DETAILS OF WRITE-INS

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excluding Incurred but not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire.....	13,579	0	13,579	0	(21,618)	0	(21,618)	0	0
2. Allied lines.....	64,620	0	64,620	0	(28,462)	0	(28,462)	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	3,149,143	0	3,149,143	0	1,245,063	0	1,245,063	0	0
5. Commercial multiple peril.....	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	0	0	0	0	1,637	0	1,637	0	0
9. Inland marine.....	77,338	0	77,338	0	17,006	0	17,006	0	0
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0
11.1 Medical professional liability - occurrence.....	0	0	0	0	0	0	0	0	0
11.2 Medical professional liability - claims-made.....	0	0	0	0	0	0	0	0	0
12. Earthquake.....	0	0	0	0	0	0	0	0	0
13. Group accident and health.....	0	0	0	0	0	0	0	(a).....	0
14. Credit accident and health (group and individual).....	0	0	0	0	0	0	0	0	0
15. Other accident and health.....	0	0	0	0	0	0	0	(a).....	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0
17.1 Other liability - occurrence.....	296,019	0	296,019	0	1,074,963	0	1,074,963	0	0
17.2 Other liability - claims-made.....	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0
18.1 Products liability - occurrence.....	0	0	0	0	0	0	0	0	0
18.2 Products liability - claims-made.....	0	0	0	0	0	0	0	0	0
19.1, 19.2 Private passenger auto liability.....	9,123,562	0	9,123,562	0	3,500,245	0	3,500,245	0	0
19.3, 19.4 Commercial auto liability.....	0	0	0	0	0	0	0	0	0
21. Auto physical damage.....	421,666	0	421,666	0	(540,830)	0	(540,830)	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0
29. International.....	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0
31. Reinsurance - nonproportional assumed property.....	XXX	0	0	0	XXX	0	0	0	0
32. Reinsurance - nonproportional assumed liability.....	XXX	0	0	0	XXX	0	0	0	0
33. Reinsurance - nonproportional assumed financial lines.....	XXX	0	0	0	XXX	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0
35. TOTALS.....	13,145,928	0	13,145,928	0	5,248,004	0	5,248,004	0	0

DETAILS OF WRITE-INS

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

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct.....	1,412,654	0	0	1,412,654
1.2 Reinsurance assumed.....	23,019	0	0	23,019
1.3 Reinsurance ceded.....	1,435,673	0	0	1,435,673
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3).....	0	0	0	0
2. Commission and brokerage:				
2.1 Direct, excluding contingent.....	0	9,207,075	0	9,207,075
2.2 Reinsurance assumed, excluding contingent.....	0	69,726	0	69,726
2.3 Reinsurance ceded, excluding contingent.....	0	9,276,800	0	9,276,800
2.4 Contingent - direct.....	0	3,263,133	0	3,263,133
2.5 Contingent - reinsurance assumed.....	0	0	0	0
2.6 Contingent - reinsurance ceded.....	0	3,263,134	0	3,263,134
2.7 Policy and membership fees.....	0	0	0	0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7).....	0	0	0	0
3. Allowances to manager and agents.....	0	0	0	0
4. Advertising.....	0	0	0	0
5. Boards, bureaus and associations.....	0	0	0	0
6. Surveys and underwriting reports.....	0	0	0	0
7. Audit of assureds' records.....	0	0	0	0
8. Salary and related items:				
8.1 Salaries.....	0	0	1,206	1,206
8.2 Payroll taxes.....	0	0	88	88
9. Employee relations and welfare.....	0	0	2,456	2,456
10. Insurance.....	0	0	108	108
11. Directors' fees.....	0	0	0	0
12. Travel and travel items.....	0	0	318	318
13. Rent and rent items.....	0	0	113	113
14. Equipment.....	0	0	639	639
15. Cost or depreciation of EDP equipment and software.....	0	0	316	316
16. Printing and stationery.....	0	0	67	67
17. Postage, telephone and telegraph, exchange and express.....	0	0	310	310
18. Legal and auditing.....	0	0	36,959	36,959
19. Totals (Lines 3 to 18).....	0	0	42,580	42,580
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$.....0.....	0	0	0	0
20.2 Insurance department licenses and fees.....	0	0	0	0
20.3 Gross guaranty association assessments.....	0	0	0	0
20.4 All other (excluding federal and foreign income and real estate).....	0	0	0	0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4).....	0	0	0	0
21. Real estate expenses.....	0	0	0	0
22. Real estate taxes.....	0	0	0	0
23. Reimbursements by uninsured plans.....	0	0	0	0
24. Aggregate write-ins for miscellaneous expenses.....	0	0	313	313
25. Total expenses incurred.....	0	0	42,893	(a).....42,893
26. Less unpaid expenses - current year.....	0	0	0	0
27. Add unpaid expenses - prior year.....	0	0	0	0
28. Amounts receivable relating to uninsured plans, prior year.....	0	0	0	0
29. Amounts receivable relating to uninsured plans, current year.....	0	0	0	0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29).....	0	0	42,893	42,893

DETAILS OF WRITE-INS

2401. Miscellaneous.....	0	0	313	313
2402.	0	0	0	0
2403.	0	0	0	0
2498. Summary of remaining write-ins for Line 24 from overflow page.....	0	0	0	0
2499. Totals (Lines 2401 thru 2403 plus 2498) (Line 24 above).....	0	0	313	313

(a) Includes management fees of \$....36,595 to affiliates and \$.....0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....144,518	.....142,264
1.1 Bonds exempt from U.S. tax.....	(a).....113,679	.....117,894
1.2 Other bonds (unaffiliated).....	(a).....280,851	.....274,835
1.3 Bonds of affiliates.....	(a).....0	.....0
2.1 Preferred stocks (unaffiliated).....	(b).....0	.....0
2.11 Preferred stocks of affiliates.....	(b).....0	.....0
2.2 Common stocks (unaffiliated).....	.....48,446	.....48,446
2.21 Common stocks of affiliates.....	.....0	.....0
3. Mortgage loans.....	(c).....0	.....0
4. Real estate.....	(d).....0	.....0
5. Contract loans.....	.....0	.....0
6. Cash, cash equivalents and short-term investments.....	(e).....0	.....0
7. Derivative instruments.....	(f).....0	.....0
8. Other invested assets.....	.....0	.....0
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....587,494	.....583,439
11. Investment expenses.....	(g).....42,894	
12. Investment taxes, licenses and fees, excluding federal income taxes.....	(g).....0	
13. Interest expense.....	(h).....0	
14. Depreciation on real estate and other invested assets.....	(i).....0	
15. Aggregate write-ins for deductions from investment income.....	.....0	
16. Total deductions (Lines 11 through 15).....	.....42,894	
17. Net investment income (Line 10 minus Line 16).....	.....540,545	

DETAILS OF WRITE-INS

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

(a) Includes \$....3,268 accrual of discount less \$....58,469 amortization of premium and less \$....4,898 paid for accrued interest on purchases.
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
 (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	.....68,100	.....0	.....68,100	.....(59,499)	.....0
1.1 Bonds exempt from U.S. tax.....	.....0	.....0	.....0	.....0	.....0
1.2 Other bonds (unaffiliated).....	.....0	.....0	.....0	.....0	.....0
1.3 Bonds of affiliates.....	.....0	.....0	.....0	.....0	.....0
2.1 Preferred stocks (unaffiliated).....	.....0	.....0	.....0	.....0	.....0
2.11 Preferred stocks of affiliates.....	.....0	.....0	.....0	.....0	.....0
2.2 Common stocks (unaffiliated).....	.....159,405	.....0	.....159,405	.....27,638	.....0
2.21 Common stocks of affiliates.....	.....0	.....0	.....0	.....0	.....0
3. Mortgage loans.....	.....0	.....0	.....0	.....0	.....0
4. Real estate.....	.....0	.....0	.....0	.....0	.....0
5. Contract loans.....	.....0	.....0	.....0	.....0	.....0
6. Cash, cash equivalents and short-term investments.....	.....0	.....0	.....0	.....0	.....0
7. Derivative instruments.....	.....0	.....0	.....0	.....0	.....0
8. Other invested assets.....	.....0	.....0	.....0	.....0	.....0
9. Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0	.....0
10. Total capital gains (losses).....	.....227,505	.....0	.....227,505	.....(31,861)	.....0

DETAILS OF WRITE-INS

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....	0	0	0
2.2 Common stocks.....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale.....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans.....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA).....	0	0	0
9. Receivables for securities.....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued.....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums.....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....	0	0	0
16.2 Funds held by or deposited with reinsured companies.....	0	0	0
16.3 Other amounts receivable under reinsurance contracts.....	0	0	0
17. Amounts receivable relating to uninsured plans.....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon.....	0	0	0
18.2 Net deferred tax asset.....	135,174	183,470	.48,296
19. Guaranty funds receivable or on deposit.....	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0	0
23. Receivables from parent, subsidiaries and affiliates.....	0	0	0
24. Health care and other amounts receivable.....	0	0	0
25. Aggregate write-ins for other than invested assets.....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	135,174	183,470	.48,296
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. TOTALS (Lines 26 and 27).....	135,174	183,470	.48,296

DETAILS OF WRITE-INS

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

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies:

A. Accounting Practices:

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

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

Description	State of Domicile	Amount (\$)	
		2014	2013
Net income, OH basis	OH	567,059	635,049
State prescribed practice		-	-
State permitted practice		-	-
Net income, NAIC SAP basis	OH	567,059	635,049
Statutory surplus, OH basis	OH	16,506,357	15,938,927
State prescribed practice		-	-
State permitted practice		-	-
Statutory surplus, NAIC SAP basis	OH	16,506,357	15,938,927

The Company is a member of the State Auto Holding Company System ("State Auto Group") that is defined at Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group. See Schedule Y Part 1 – Organizational Chart. The following member companies of the State Auto Group referred to throughout these notes are defined as follows: State Automobile Mutual Insurance Company ("State Auto Mutual"), State Auto Insurance Company of Wisconsin ("SA Wisconsin"), State Auto Financial Corporation ("State Auto Financial"), State Auto Property & Casualty Insurance Company ("State Auto P&C"), Stateco Financial Services, Inc. ("Stateco"), Milbank Insurance Company ("Milbank"), State Auto Insurance Company of Ohio ("SA Ohio"), Risk Evaluation & Design, LLC ("RED"), Meridian Security Insurance Company ("Meridian Security"), Patrons Mutual Insurance Company of Connecticut ("Patrons Mutual"), Rockhill Holding Company ("RHC"), Rockhill Insurance Company ("Rockhill"), Plaza Insurance Company ("Plaza"), American Compensation Insurance Company ("American Compensation"), and Bloomington Compensation Insurance Company ("Bloomington Compensation"). SA Software Shelf, Inc. ("SA Software") was dissolved on September 16, 2014. Meridian Citizens Mutual ("Meridian Citizens Mutual") was merged with State Auto Mutual on July 2, 2014. CDC Holding, Inc. ("CDC") and its subsidiaries, Network E&S Insurance Brokers, LLC and Partners General Insurance Agency, LLC was purchased by State Auto Mutual on June 1, 2014. Meridian Insurance Group, Inc. ("MIGI") was merged with and into State Auto Holdings, Inc. (State Auto Holdings) on May 31, 2014. Litchfield Mutual Fire Insurance Company ("Litchfield") was merged with Patrons Mutual on March 31, 2013. Beacon Lloyds, Inc. ("Beacon Lloyds, Inc.") was dissolved on January 11, 2013.

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

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

C. Accounting Policy:

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

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

In addition, the Company uses the following accounting policies:

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

2. Accounting Changes and Corrections of Errors: Not applicable.

3. Business Combinations and Goodwill: Not applicable.

4. Discontinued Operations: Not applicable.

5. Investments:

A. Mortgage Loans: Not applicable.

B. Debt Restructuring: Not applicable.

C. Reverse Mortgages: Not applicable.

D. Loan-Backed Securities:

1. Prepayment assumptions for mortgage-backed securities, asset-backed securities and collateralized mortgage obligations were generated using a purchased prepayment model. The prepayment model uses a number of factors to estimate prepayment activity including the time of year (seasonality), current levels of interest rates (refinancing incentive), economic activity (including housing turnover) and term and age of the underlying collateral (burnout, seasoning).
2. The Company has not recognized any other than temporary impairments on its loan-backed securities.
3. The Company has not recognized any other than temporary impairments on its loan-backed securities.
4. The Company does not have any loan-backed securities in which the fair value is less than cost or amortized cost for which an other than temporary impairment has not been recognized.
5. The Company regularly reviews its investment portfolio for factors that may indicate that a decline in fair value of an investment is other than temporary. The Company considers various factors, such as the duration and extent the security has been below cost, underlying credit rating of the issuer, receipt of scheduled principal and interest cash flows, and the Company's ability and intent to hold the security until recovery.

5. Investments (continued):

E. Repurchase Agreements: Not applicable.

F. Real Estate: Not applicable.

G. Low Income Housing Tax Credits: Not applicable.

H. Restricted Assets:

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

	Amount (\$)								Percentage (%)			
	Gross Restricted					6	7	8				
	Current Year											
	1	2	3	4	5			9	10			
	Total General Account (G/A)	G/A Supporting S/A Restricted Assets (a)	Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets		
a. Subject to contractual obligation for which liability is not shown	-	-	-	-	-	-	-	-	-	-		
b. Collateral held under security lending arrangements	-	-	-	-	-	-	-	-	-	-		
c. Subject to repurchase agreements	-	-	-	-	-	-	-	-	-	-		
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-	-	-	-		
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-	-	-	-		
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-	-	-	-		
g. Placed under option contracts	-	-	-	-	-	-	-	-	-	-		
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock	-	-	-	-	-	-	-	-	-	-		
i. FHLB capital stock	-	-	-	-	-	-	-	-	-	-		
j. On deposit with state	250,116	-	-	-	250,116	505,614	(255,498)	250,116	0.77	0.78		
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-	-	-	-		
l. Pledged as collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-	-	-	-	-		
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-	-	-	-		
n. Other restricted assets	-	-	-	-	-	-	-	-	-	-		
o. Total restricted assets	250,116	-	-	-	250,116	505,614	(255,498)	250,116	0.77	0.78		

I. Working Capital Finance Investments: Not applicable.

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

K. Structured Notes: Not applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies: Not applicable.**7. Investment Income:**

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

B. Amounts Nonadmitted: Not applicable.

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

A. The components of the net deferred tax asset/(liability) at December 31, 2014 and 2013 are as follows:

1.	Amount (\$)								
	2014			2013			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
a. Gross deferred tax assets	709,379	25,103	734,482	715,701	45,962	761,663	(6,322)	(20,859)	(27,181)
b. Statutory valuation allowance adjustment	-	-	-	-	-	-	-	-	-
c. Adjusted gross deferred tax assets	709,379	25,103	734,482	715,701	45,962	761,663	(6,322)	(20,859)	(27,181)
d. Deferred tax assets nonadmitted	282,517	(147,343)	135,174	322,283	(138,814)	183,469	(39,766)	(8,529)	(48,295)
e. Subtotal net admitted deferred tax asset	426,862	172,446	599,308	393,418	184,776	578,194	33,444	(12,330)	21,114
f. Deferred tax liabilities	-	159,871	159,871	-	170,989	170,989	-	(11,118)	(11,118)
g. Net admitted deferred tax assets/(liability)	426,862	12,575	439,437	393,418	13,787	407,205	33,444	(1,212)	32,232

9. Income Taxes (continued):

2.	Amount (\$)								
	2014			2013			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Admission calculation components SSAP No. 101									
a. Recovered through loss carrybacks	-	-	-	-	-	-	-	-	-
b. The lesser of 2(b)1 and 2(b)2 below:	426,862	12,576	439,438	393,418	13,787	407,205	33,444	(1,211)	32,233
1. Adjusted gross DTA's expected to be realized within one or three years	426,862	12,576	439,438	393,418	13,787	407,205	33,444	(1,211)	32,233
2. Adjusted DTA's allowed per limitation threshold	NA	NA	2,441,143	NA	NA	2,302,238	NA	NA	138,905
c. Adjusted gross DTA's offset by gross DTLs	-	159,870	159,870	-	170,987	170,987	-	(11,117)	(11,117)
d. Total DTA's admitted	426,862	172,446	599,308	393,418	184,774	578,192	33,443	(12,328)	21,116

3.	2014	2013
a. Ratio percentage used to determine recovery period and threshold limitation	5742%	5118%
b. Amount of adjusted capital & surplus used to determine recovery period and threshold limitation in 2(b)2 above	16,274,289	15,348,252

4.	2014		2013		Change	
	Ordinary	Capital	Ordinary	Capital	Ordinary	Capital
a. Impact of tax planning strategies:						
1. Adjusted gross DTAs	709,379	25,103	715,701	45,962	(6,322)	(20,859)
2. Percentage of total adjusted gross DTAs by tax character attributable to planning	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
3. Net admitted adjusted gross DTAs	426,861	172,446	393,418	184,776	33,443	12,330
4. Percentage of net admitted gross DTAs attributable to planning	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

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

B. Unrecognized Deferred Tax Liabilities: None.

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

	Amount (\$)		
	2014	2013	Change
1. Current income tax:			
a. Federal	144,309	8,024	136,285
b. Foreign	-	-	-
c. Subtotal	144,309	8,024	136,285
d. Federal Income tax on net capital gains	56,683	32,732	23,951
e. Utilization of capital loss carry-forwards	-	-	-
f. Other	-	-	-
g. Federal and foreign income taxes incurred	200,992	40,756	160,236
2. Deferred tax assets:			
a. Ordinary			
1. Discounting of unpaid losses	-	-	-
2. Unearned premium reserve	-	-	-
3. Policyholder reserves	-	-	-
4. Investments	-	-	-
5. Deferred acquisition costs	-	-	-
6. Policyholder dividends accrual	-	-	-
7. Fixed Assets	-	-	-
8. Compensation & benefits accrual	-	-	-
9. Pension accrual	-	-	-
10. Receivables - nonadmitted	-	-	-
11. Net operating loss carry-forward	702,538	708,860	(6,322)
12. Tax credit carry-forward	6,841	6,841	-
13. Other	-	-	-
Subtotal	709,379	715,701	(6,322)
b. Statutory valuation allowance adjustment	-	-	-
c. Nonadmitted	282,517	322,283	(39,766)
d. Admitted ordinary deferred tax assets	426,862	393,418	33,444
e. Capital:			
1. Investments	25,103	45,962	(20,859)
2. Net capital loss carry-forward	-	-	-
3. Real estate	-	-	-
4. Other	-	-	-
Subtotal	25,103	45,962	(20,859)
f. Statutory valuation allowance adjustment	-	-	-
g. Nonadmitted	(147,343)	(138,814)	(8,529)
h. Admitted capital deferred tax assets	172,446	184,776	(12,330)
i. Admitted deferred tax assets	599,308	578,194	21,114

9. Income Taxes (continued):

	Amount (\$)		
	2014	2013	Change
3. Deferred tax liabilities:			
a. Ordinary			
1. Investments	-	-	-
2. Fixed assets	-	-	-
3. Deferred and uncollected premium	-	-	-
4. Policyholder reserves	-	-	-
5. Other	-	-	-
Subtotal	-	-	-
b. Capital:			
1. Investments	159,871	170,989	(11,118)
2. Real estate	-	-	-
3. Other	-	-	-
Subtotal	159,871	170,989	(11,118)
c. Deferred tax liabilities	159,871	170,989	(11,118)
4. Net deferred tax asset/(liabilities)	439,437	407,205	32,232

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

	Amount (\$) Tax Effect @ 35%	Effective Tax Rate
Tax Reconciliation by Effective Rate:		
Income before tax	268,818	35.0%
Tax exempt interest and dividends received income deduction	(40,610)	-5.3%
Permanent difference on nonadmitted taxable assets	-	0.0%
STAT unrecognized pension liability	-	0.0%
Change in valuation allowance	-	0.0%
Other	-	0.0%
Total	228,208	29.7%
Tax Reconciliation by Statement of Income:		
Federal & foreign tax incurred	144,309	18.8%
Current taxes on realized gains	56,683	7.4%
Change in net deferred income taxes	27,216	3.5%
Total	228,208	29.7%

E. Operating Loss and Tax Credit Carry-forwards:

- At December 31, 2014, the Company had \$2,007,250 of operating loss carry-forwards beginning in 2011 through 2014, which expire, if unused, beginning in 2031 through 2034. The Company had \$6,841 of alternative minimum tax credits that do not expire.
- For 2014 and 2013, there is no income tax expense that is available for recoupment in the event of future net losses.
- The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return:

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

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

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

G. Federal or Foreign Federal Income Tax Loss Contingencies

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

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

A. Nature of the Relationships:

See Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group, Part 1 Organizational Chart. On May 31, 2014, MIGI merged with and into the surviving entity State Auto Holdings. On June 1, 2014, State Auto Mutual purchased CDC 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.

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

The Company incurred federal income taxes of \$200,992 and \$40,756 through December 31, 2014 and 2013, respectively, through the Tax Sharing Agreement. See Note 9 for additional disclosure.

C. Change in Terms of Intercompany Agreements:

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

D. Amounts Due to or from Related Parties:

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

	Amount (\$)			
	December 31, 2014		December 31, 2013	
	Due To:	Due From:	Due To:	Due From:
State Auto Mutual	-	7,012,102	-	8,083,245
State Auto P&C	54	-	-	-
Stateco	9,254	-	8,550	-

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

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

F. Management, Service Contracts, Cost Sharing Agreements:

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

During 2014 and 2013, the following management and/or cost sharing agreements were effective:

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

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

G. Nature of Relationships that Could Affect Operations:

The Company is a member of the State Auto Group that is defined in Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group. See Schedule Y Part 1 – Organizational Chart. The Company is a wholly owned subsidiary of State Auto Financial, a publicly traded holding company, domiciled in the state of Ohio. State Auto Mutual, an Ohio domiciled property and casualty mutual insurance company, owns approximately 62.5% of the common shares outstanding of State Auto Financial at December 31, 2014.

H. Amount Deducted for Investment in Upstream Company: Not applicable

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets: Not applicable.

J. Write-down for Impairments of Investments in Subsidiary, Controlled or Affiliated Companies: Not applicable.

K. Investments in Foreign Insurance Subsidiary: Not applicable.

L. Investments in Downstream Noninsurance Holding Company: Not applicable.

11. Debt: Not applicable.**12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans:**

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

A. Defined Benefit Plan: Not applicable.

B. Investment policies and strategies: Not applicable.

C. Fair Value Measurement: Not applicable.

D. Basis Assumption: Not applicable.

E. Defined Contribution Plan: Not applicable.

F. Multiemployer Plans: Not applicable.

G. Consolidated/Holding Company Plans: Not applicable.

H. Postemployment Benefits and Compensated Absences: Not applicable.

I. Impact of Medicare Modernization Act on Postemployment Benefits (INT 04-17): Not applicable.

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

A. Capital Stock Authorized, Issued and Outstanding as of the Balance Sheet Date:

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

B. Dividend Rate of Preferred Stock: Not applicable.

C. Dividend Restrictions:

Dividends on common stock are paid as declared by the Board of Directors of the Company. Under the insurance regulations of Ohio, the maximum amount of dividends that the Company may pay out of earned surplus to shareholders within a twelve month period without prior approval of the Department is limited to the greater of 10% of the most recent year-end policyholders surplus or net income for the twelve-month period ending the 31st day of December of the previous year-end. Accordingly, the maximum amount of dividends that the Company may pay to shareholders without prior approval of the Department in 2015 is \$1,650,636.

D. Dates and Amounts of Dividends Paid: Not applicable.

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

E. Portion of the Company's Profits that may be paid as Ordinary Dividends to Stockholders:

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

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

G. Mutual Surplus Advances: Not applicable.

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

I. Changes in Special Surplus Funds: Not applicable.

J. Changes in Unassigned Funds:

The portion of unassigned funds (surplus) represented by cumulative net unrealized gains is \$455,388. This excludes any applicable deferred taxes.

K. Surplus Notes: Not applicable.

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

M. Effective Date of Quasi Reorganizations: Not applicable.

14. Liabilities, Contingencies and Assessments:

A. Contingent Commitments:

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

B. Guaranty Fund and Other Assessments:

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

C. Gain Contingencies: Not applicable.

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

E. Product Warranties: Not applicable.

F. Joint and Several Liabilities: Not applicable.

G. All Other Contingencies:

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

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

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

B. Transfers and Servicing of Financial Assets:

1. Loaned Securities: None.

2. Servicing Assets and Servicing Liabilities:

a. Risks: None.

b. Contractually Specified Servicing Fees: None.

c. Assumptions Used to Estimate: None.

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

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

a. Income Statements Presented: None.

b. Statement of Financial Position Presented: None.

5. Assets Accounted for as Secured Borrowing: None.

6. Receivables with Recourse: None.

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

C. Wash Sales: None.

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

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

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

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

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

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

20. Fair Value Measurement (continued):

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

Fair Value Measurements at Reporting Date		Amount (\$)			
Description for each class of asset or liability		(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value					
Common stock					
Industrial and misc	1,396,450	-	-	1,396,450	
Total common stocks	1,396,450	-	-	1,396,450	
Total assets at fair value	1,396,450	-	-	1,396,450	

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

December 31, 2014

Type of Financial Instrument	Amount (\$)				
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)
Bonds	14,987,420	14,391,338	-	14,987,420	-
Common stocks	1,396,450	1,396,450	1,396,450	-	-

December 31, 2013

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

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

21. Other Items:

A. Extraordinary Items: Not applicable.
 B. Troubled Debt Restructuring: Not applicable.
 C. Other Disclosures and Unusual Items:

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

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

D. Business Interruption Insurance Recoveries: Not applicable.
 E. State Transferable Tax Credits: Not applicable.
 F. Subprime Mortgage Related Risk Exposure:

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

22. Events Subsequent:

Subsequent events have been considered through February 23, 2015 for the statutory statement issued on February 23, 2015.

23. Reinsurance:

A. Unsecured Reinsurance Recoverable:

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

NAIC Code	Federal ID#	Name of Reinsurer	Amount (\$)
25135	31-4316080	State Auto Mutual	59,101,587
		Total	59,101,587

B. Reinsurance Recoverable in Dispute: Not applicable.

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

1. The following table summarizes assumed and ceded unearned premiums and the related commission equity at December 31, 2014, stated in dollars:

	Amount (\$)					
	Assumed		Ceded		Assumed Less Ceded	
	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity
Affiliates	-	-	28,502,457	-	(28,502,457)	-
All other	-	-	3,227	968	(3,227)	(968)
Totals	-	-	28,505,684	968	(28,505,684)	(968)

Direct Unearned Premium Reserve: 28,505,684

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

	Amount (\$)			
	Direct	Assumed	Ceded	Net
a. Contingent Commission	-	-	1,327,000	(1,327,000)
b. Sliding Scale Adjustments	-	-	-	-
c. Other Profit Commission Arrangements	-	-	-	-
Total	-	-	1,327,000	(1,327,000)

3. Protected Cells: Not applicable.

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

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

26. Intercompany Pooling Arrangements:

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

Pool Participant (the "State Auto Pool")	NAIC Co. Code	Pooling Participation Percentages	
		2013	2014
State Auto Mutual – lead reinsurer	25135	34.5%	34.5%
State Auto P&C	25127	51.0%	51.0%
Milbank	41653	14.0%	14.0%
SA Wisconsin	31755	0.0%	0.0%
SA Ohio	11017	0.0%	0.0%
Meridian Security	23353	0.0%	0.0%
Patrons Mutual	14923	0.5%	0.5%
Rockhill	28053	0.0%	0.0%
Plaza	30945	0.0%	0.0%
American Compensation	45934	0.0%	0.0%
Bloomington Compensation	12311	0.0%	0.0%

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

Per SSAP No. 62R – *Property and Casualty Reinsurance*, ceded reinsurance written premiums payable may be deducted from amounts due from the reinsurer when a legal right of offset exists. As the Pooling Arrangement provides for the right of offset, the Company has netted within the Statement of Assets and Liabilities the amount due to State Auto Mutual under ceded reinsurance written premiums payable with the amount due from State Auto Mutual on assumed reinsurance written premiums receivable for transactions under the Pooling Arrangement. The following tabular presentation reflects the ceded reinsurance written premiums payable and assumed reinsurance written premiums receivable at December 31, 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	279,896,985	161,397,924	118,499,061
Milbank	76,834,466	22,089,024	54,745,442
SA Wisconsin	-	6,030,328	(6,030,328)
SA Ohio	-	15,601,769	(15,601,769)
Meridian Security	-	44,426,571	(44,426,571)
Patrons Mutual	2,744,089	18,032,149	(15,288,060)
Rockhill	-	49,313,592	(49,313,592)
Plaza	-	35,335,064	(35,335,064)
American Compensation	-	14,517,654	(14,517,654)
Bloomington Compensation	-	2,189,886	(2,189,886)

26. Intercompany Pooling Arrangements (continued):

The following tabular presentation reflects the reinsurance receivable and payable on loss and loss adjustment expense paid at December 31, 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	137,477,975	95,486,834
Milbank	37,739,052	18,515,229
SA Wisconsin	-	4,318,616
SA Ohio	-	8,521,957
Meridian Security	-	31,857,079
Patrons Mutual	1,347,823	8,474,296
Rockhill	-	10,110,621
Plaza	-	14,608,446
American Compensation	-	7,655,539
Bloomington Compensation	-	983,665

The following tabular presentation reflects all other intercompany amounts due from and due to State Auto Mutual from entities participating in the Pooling Arrangement at December 31, 2014:

	Amount (\$)	
	Intercompany Amounts Due from State Auto Mutual	Intercompany Amounts Due to State Auto Mutual
State Auto P&C	-	45,507,969
Milbank	-	26,911,123
SA Wisconsin	1,343,547	-
SA Ohio	7,012,102	-
Meridian Security	11,751,437	-
Patrons Mutual	6,035,548	-
Rockhill	43,889,330	-
Plaza	9,846,909	-
American Compensation	1,919,120	-
Bloomington Compensation	586,155	-

27. Structured Settlements: Not applicable.

28. Health Care Receivables: Not applicable.

29. Participating Policies: Not applicable.

30. Premium Deficiency Reserves:

1. Liability carried for premium deficiency reserves	-
2. Date of the most recent evaluation of this liability	12/31/2014
3. Was anticipated investment income utilized in the calculation?	Yes

31. High Deductibles: Not applicable.

32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses: Not applicable.

33. Asbestos/Environmental Reserves:

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

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

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

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

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

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

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

34. Subscriber Savings Accounts: Not applicable.

35. Multiple Peril Crop Insurance: Not applicable.

36. Financial Guaranty Insurance: Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES - GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []

If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []

1.3 State regulating? Ohio

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

2.2 If yes, date of change:

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

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2013

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 10/29/2014

3.4 By what department or departments?
Ohio Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [] No [] N/A [X]

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [] No [X]

4.12 renewals? Yes [X] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [] No [X]

4.22 renewals? Yes [X] No [X]

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

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

1 Name of Entity	2 NAIC Co. Code	3 State of Domicile
---------------------	--------------------	------------------------

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

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]

7.2 If yes,

7.21 State the percentage of foreign control0.000 %

7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity
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8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

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

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

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

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
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9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Ernst & Young LLP, 1100 Huntington Center, 41 South High Street, Columbus, Ohio 43215

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

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

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES - GENERAL

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

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

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

12.2 If yes, provide explanation.

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

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

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

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

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

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

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

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

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

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

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

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

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
0			0

PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

PART 1 - COMMON INTERROGATORIES - FINANCIAL

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

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

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

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

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

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

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

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

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

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$0
22.22 Amount paid as expenses \$0
22.23 Other amounts paid \$0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount. \$0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO****PART 1 - COMMON INTERROGATORIES - INVESTMENT**

24.01	Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]
24.02	If no, give full and complete information relating thereto.		
24.03	For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).		
24.04	Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]
24.05	If answer to 24.04 is yes, report amount of collateral for conforming programs.	\$.....0	
24.06	If answer to 24.04 is no, report amount of collateral for other programs.	\$.....0	
24.07	Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]
24.08	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]
24.09	Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]
24.10	For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:		
24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$.....0	
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$.....0	
24.103	Total payable for securities lending reported on the liability page.	\$.....0	
25.1	Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03)	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]
25.2	If yes, state the amount thereof at December 31 of the current year:		
25.21	Subject to repurchase agreements	\$.....0	
25.22	Subject to reverse repurchase agreements	\$.....0	
25.23	Subject to dollar repurchase agreements	\$.....0	
25.24	Subject to reverse dollar repurchase agreements	\$.....0	
25.25	Placed under option agreements	\$.....0	
25.26	Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$.....0	
25.27	FHLB Capital Stock	\$.....0	
25.28	On deposit with states	\$.....250,116	
25.29	On deposit with other regulatory bodies	\$.....0	
25.30	Pledged as collateral - excluding collateral pledged to an FHLB	\$.....0	
25.31	Pledged as collateral to FHLB - including assets backing funding agreements	\$.....0	
25.32	Other	\$.....0	
25.3	For category (25.26) provide the following:		
	1 Nature of Restriction	2 Description	3 Amount
			0
26.1	Does the reporting entity have any hedging transactions reported on Schedule DB?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/> X]
26.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]
	If no, attach a description with this statement.		
27.1	Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/> X]
27.2	If yes, state the amount thereof at December 31 of the current year:	\$.....0	
28.	Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?	Yes [<input type="checkbox"/> X]	No [<input type="checkbox"/>]
28.01	For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:		
	1 Name of Custodian(s)	2 Custodian's Address	
	JP Morgan Chase Worldwide Securities	1111 Polaris Parkway, Suite 2N, Columbus, Ohio 43240	
28.02	For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:		
	1 Name(s)	2 Location(s)	3 Complete Explanation(s)
28.03	Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/> X]
28.04	If yes, give full and complete information relating thereto:		
	1 Old Custodian	2 New Custodian	3 Date of Change
			4 Reason
28.05	Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:		
	1 Central Registration Depository Number(s)	2 Name	3 Address
29.1	Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/> X]
29.2	If yes, complete the following schedule:		
	1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
			0
	29.2999. TOTAL		0
29.3	For each mutual fund listed in the table above, complete the following schedule:		
	1 Name of Mutual Fund (from the above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding
			4 Date of Valuation
			0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
PART 1 - COMMON INTERROGATORIES - INVESTMENT

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	14,391,338	14,987,420	596,082
30.2 Preferred stocks.....	0	0	0
30.3 Totals.....	14,391,338	14,987,420	596,082

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

Pricing services and broker / dealers

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]
 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []
 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D.

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []
 32.2 If no, list exceptions:

PART 1 - COMMON INTERROGATORIES - OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....0
 33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	0

34.1 Amount of payments for legal expenses, if any? \$.....0
 34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	0

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$.....0
 35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
GENERAL INTERROGATORIES
PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

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

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$.....0
 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$.....0
 1.6 Individual policies:
 Most current three years:
 1.61 Total premium earned \$.....0
 1.62 Total incurred claims \$.....0
 1.63 Number of covered lives _____0
 All years prior to most current three years:
 1.64 Total premium earned \$.....0
 1.65 Total incurred claims \$.....0
 1.66 Number of covered lives _____0
 1.7 Group policies:
 Most current three years:
 1.71 Total premium earned \$.....0
 1.72 Total incurred claims \$.....0
 1.73 Number of covered lives _____0
 All years prior to most current three years:
 1.74 Total premium earned \$.....0
 1.75 Total incurred claims \$.....0
 1.76 Number of covered lives _____0

2. Health test:

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

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

4. FOR MUTUAL REPORTING ENTITIES AND RECIPROCAL EXCHANGES ONLY:

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

5. FOR RECIPROCAL EXCHANGES ONLY:

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

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

6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?
The Company does not currently write workers' compensation business.

6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:
Computer modeling is performed quarterly by the Companies' property reinsurance broker on a group basis using the combined property exposures of each State Auto Group company. Natural perils that could impact the Companies include a New Madrid or West Coast earthquake, an Atlantic or Gulf Coast hurricane, and severe thunderstorm systems, including tornado/hail damage. Catastrophe models used in the past include those developed by Applied Insurance Research (AIR) and Risk Management Solutions (RMS).

6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?
All of the State Auto Group companies are party to a traditional catastrophe reinsurance agreement providing \$285 million in coverage for covered losses above a \$55 million retention, with a 5% co-participation. In addition, State Auto Group had a quota share reinsurance agreement ceding 75% of the homeowners book of business through December 31, 2014.

6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? Yes [X] No []
 6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss:

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

7.1 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?

Yes [] No [X] 0

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

7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?

Yes [] No []

8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?

Yes [] No [X]

8.2 If yes, give full information:

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

(a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term;

(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;

(c) Aggregate stop loss reinsurance coverage;

(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;

(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or

(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity?

Yes [] No [X]

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

(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or

(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract?

Yes [] No [X]

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

(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;

(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and

(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.

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

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

(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?

Yes [] No [X]

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

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

(a) The entity does not utilize reinsurance; or

(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or

(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.

Yes [] No [X]

10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurance a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?

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

11.1 Has this reporting entity guaranteed policies issued by any other reporting entity and now in force?

Yes [] No [X]

11.2 If yes, give full information:

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

12.11 Unpaid losses \$ 0

12.12 Unpaid underwriting expenses (including loss adjustment expenses) \$ 0

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

12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?

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

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

12.41 From 0.0 %

12.42 To 0.0 %

12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies?

Yes [] No [X]

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

12.61 Letters of credit \$ 0

12.62 Collateral and other funds \$ 0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

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

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

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

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

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

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

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

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

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

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

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

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

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home.....	0	0	0	0	0
16.12 Products.....	0	0	0	0	0
16.13 Automobile.....	0	0	0	0	0
16.14 Other*.....	0	0	0	0	0

* Disclose type of coverage:

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

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

Provide the following information for this exemption:

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

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

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

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

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
FIVE-YEAR HISTORICAL DATA

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

	1 2014	2 2013	3 2012	4 2011	5 2010
Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	20,643,771	22,272,220	23,217,848	28,475,836	31,346,329
2. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	19,645,849	20,166,674	21,982,467	25,519,996	27,755,771
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	24,853,451	26,653,905	26,659,664	27,508,846	28,656,187
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	0	0	0	28,771	53,073
5. Nonproportional reinsurance lines (Lines 31, 32 & 33).....	0	0	0	0	0
6. Total (Line 35).....	65,143,071	69,092,799	71,859,979	81,533,449	87,811,360
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	0	0	0	4,733,556	6,825,135
8. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	0	0	0	2,696,257	4,508,999
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	0	0	0	2,814,212	5,287,039
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	0	0	0	28,771	53,073
11. Nonproportional reinsurance lines (Lines 31, 32 & 33).....	0	0	0	0	0
12. Total (Line 35).....	0	0	0	10,272,796	16,674,245
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8).....	0	0	0	(906,506)	(840,342)
14. Net investment gain (loss) (Line 11).....	711,368	643,073	1,755,565	1,151,466	1,013,007
15. Total other income (Line 15).....	0	0	0	164,201	32,624
16. Dividends to policyholders (Line 17).....	0	0	0	4,047	5,868
17. Federal and foreign income taxes incurred (Line 19).....	144,309	8,024	153,276	(180,675)	81,291
18. Net income (Line 20).....	567,059	635,049	1,602,289	585,789	118,130
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3).....	32,257,876	32,329,873	32,428,321	46,617,977	49,580,613
20. Premiums and considerations (Page 2, Col. 3):					
20.1 In course of collection (Line 15.1).....	0	0	0	0	0
20.2 Deferred and not yet due (Line 15.2).....	0	0	0	0	0
20.3 Accrued retrospective premiums (Line 15.3).....	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26).....	15,751,519	16,390,946	17,827,559	32,971,989	35,705,426
22. Losses (Page 3, Line 1).....	0	0	0	0	8,738,830
23. Loss adjustment expenses (Page 3, Line 3).....	0	0	0	0	2,017,825
24. Unearned premiums (Page 3, Line 9).....	0	0	0	0	7,569,630
25. Capital paid up (Page 3, Lines 30 & 31).....	2,300,000	2,300,000	2,300,000	2,300,000	2,300,000
26. Surplus as regards policyholders (Page 3, Line 37).....	16,506,357	15,938,927	14,600,762	13,645,988	13,875,187
Cash Flow (Page 5)					
27. Net cash from operations (Line 11).....	(485,154)	2,147,491	1,793,849	(18,924,793)	(404,885)
Risk-Based Capital Analysis					
28. Total adjusted capital.....	16,506,357	15,938,927	14,600,762	13,645,988	13,875,187
29. Authorized control level risk-based capital.....	283,414	344,523	299,863	1,115,549	1,395,395
Percentage Distribution of Cash, Cash Equivalents and Invested Assets					
(Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1).....	88.9	85.0	88.0	73.6	87.6
31. Stocks (Lines 2.1 & 2.2).....	8.6	11.1	10.2	7.6	8.9
32. Mortgage loans on real estate (Lines 3.1 & 3.2).....	0.0	0.0	0.0	0.0	0.0
33. Real estate (Lines 4.1, 4.2 & 4.3).....	0.0	0.0	0.0	0.0	0.0
34. Cash, cash equivalents and short-term investments (Line 5).....	2.5	3.9	1.8	18.7	3.5
35. Contract loans (Line 6).....	0.0	0.0	0.0	0.0	0.0
36. Derivatives (Line 7).....	0.0	0.0	0.0	0.0	0.0
37. Other invested assets (Line 8).....	0.0	0.0	0.0	0.0	0.0
38. Receivable for securities (Line 9).....	0.0	0.0	0.0	0.0	0.0
39. Securities lending reinvested collateral assets (Line 10).....	0.0	0.0	0.0	0.0	0.0
40. Aggregate write-ins for invested assets (Line 11).....	0.0	0.0	0.0	0.0	0.0
41. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds (Sch. D, Summary, Line 12, Col. 1).....	0	0	0	0	0
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1).....	0	0	0	0	0
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1).....	0	0	0	0	0
45. Affiliated short-term investments					
(subtotals included in Schedule DA, Verification, Column 5, Line 10).....	0	0	0	0	0
46. Affiliated mortgage loans on real estate.....	0	0	0	0	0
47. All other affiliated.....	0	0	0	0	0
48. Total of above lines 42 to 47.....	0	0	0	0	0
49. Total investment in parent included in Lines 42 to 47 above.....	0	0	0	0	0
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0).....	0.0	0.0	0.0	0.0	0.0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
FIVE-YEAR HISTORICAL DATA
(Continued)

	1 2014	2 2013	3 2012	4 2011	5 2010
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24).....	.....(20,709)	.....203,752	.....(417,863)	.....17,892	.....217,438
52. Dividends to stockholders (Line 35).....	.....0	.....0	.....0	.....0	.....0
53. Change in surplus as regards policyholders for the year (Line 38).....	.....567,430	.....1,338,165	.....954,774	.....(229,199)	.....566,403
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	.....13,337,745	.....13,477,383	.....14,765,733	.....28,605,769	.....15,703,549
55. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	.....10,474,006	.....10,948,509	.....13,374,306	.....17,628,201	.....16,118,104
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	.....11,193,027	.....11,047,882	.....16,843,094	.....29,887,976	.....19,480,946
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	.....0	.....0	.....0	.....20,309	.....6,675
58. Nonproportional reinsurance lines (Lines 31, 32 & 33).....	.....0	.....0	.....0	.....12,157	.....1,602
59. Total (Line 35).....	.....35,004,778	.....35,473,774	.....44,983,134	.....76,154,411	.....51,310,877
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	.....0	.....0	.....0	.....11,176,443	.....3,266,590
61. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	.....0	.....0	.....0	.....3,283,134	.....2,506,787
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	.....0	.....0	.....0	.....6,791,721	.....2,975,069
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	.....0	.....0	.....0	.....20,309	.....6,675
64. Nonproportional reinsurance lines (Lines 31, 32 & 33).....	.....0	.....0	.....0	.....12,157	.....1,602
65. Total (Line 35).....	.....0	.....0	.....0	.....21,283,764	.....8,756,723
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1).....	.....100.0	.....100.0	.....100.0	.....100.0	.....100.0
67. Losses incurred (Line 2).....	.....0.0	.....0.0	.....0.0	.....70.2	.....60.2
68. Loss expenses incurred (Line 3).....	.....0.0	.....0.0	.....0.0	.....12.2	.....10.0
69. Other underwriting expenses incurred (Line 4).....	.....0.0	.....0.0	.....0.0	.....22.7	.....35.1
70. Net underwriting gain (loss) (Line 8).....	.....0.0	.....0.0	.....0.0	.....(5.1)	.....(5.3)
Other Percentages					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0).....	.....0.0	.....0.0	.....0.0	.....37.8	.....32.9
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0).....	.....0.0	.....0.0	.....0.0	.....82.4	.....70.3
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35, divided by Page 3, Line 37, Col. 1 x 100.0).....	.....0.0	.....0.0	.....0.0	.....75.3	.....120.2
One Year Loss Development (000 omitted)					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11).....	.....0	.....0	.....0	.....0	.....(586)
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100).....	.....0.0	.....0.0	.....0.0	.....0.0	.....(4.4)
Two Year Loss Development (000 omitted)					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12).....	.....0	.....0	.....0	.....0	.....(843)
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0).....	.....0.0	.....0.0	.....0.0	.....0.0	.....(6.7)

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

Yes No

If no, please explain:

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P - PART 1 - SUMMARY

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior....	....XXX	....XXX	....XXX	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
2. 2005....	....0	....45	....(45)	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
3. 2006....	....0	....56	....(56)	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
4. 2007....	....0	....73	....(73)	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
5. 2008....	....0	....41	....(41)	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
6. 2009....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
7. 2010....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
8. 2011....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
9. 2012....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
10. 2013....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
11. 2014....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
12. Totals....	....XXX	....XXX	....XXX	....0	....0	....0	....0	....0	....0	....0	....0	....XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
2. 2005....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
3. 2006....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
4. 2007....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
5. 2008....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
6. 2009....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
7. 2010....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
8. 2011....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
9. 2012....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
10. 2013....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
11. 2014....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX
12. Totals....	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....0	....XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....0	....0	....XXX	....0	....0
2. 2005....	....0	....0	....0	....0.0	....0.0	....0.0	....0	....0	....0.00	....0	....0
3. 2006....	....0	....0	....0	....0.0	....0.0	....0.0	....0	....0	....0.00	....0	....0
4. 2007....	....0	....0	....0	....0.0	....0.0	....0.0	....0	....0	....0.00	....0	....0
5. 2008....	....0	....0	....0	....0.0	....0.0	....0.0	....0	....0	....0.00	....0	....0
6. 2009....	....0	....0	....0	....0.0	....0.0	....0.0	....0	....0	....0.00	....0	....0
7. 2010....	....0	....0	....0	....0.0	....0.0	....0.0	....0	....0	....0.00	....0	....0
8. 2011....	....0	....0	....0	....0.0	....0.0	....0.0	....0	....0	....0.00	....0	....0
9. 2012....	....0	....0	....0	....0.0	....0.0	....0.0	....0	....0	....0.00	....0	....0
10. 2013....	....0	....0	....0	....0.0	....0.0	....0.0	....0	....0	....0.00	....0	....0
11. 2014....	....0	....0	....0	....0.0	....0.0	....0.0	....0	....0	....0.00	....0	....0
12. Totals....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....0	....0	....XXX	....0	....0

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

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

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										DEVELOPMENT	
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	11 One Year	12 Two Year
1. Prior.....	0	.....(73)	.....(73)	.....(73)	.....(73)	.....(73)	.....(73)	.....(73)	.....(73)	.....(73)	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals.....	0	0

SCHEDULE P - PART 3 - SUMMARY

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014		
1. Prior.....	000	0	.....(73)	.....(73)	.....(73)	.....(73)	.....(73)	.....(73)	.....(73)	.....(73)	XXX	XXX
2. 2005.....	0	0	0	0	0	0	0	0	0	0	XXX	XXX
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0	XXX	XXX
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0	XXX	XXX
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0	XXX	XXX
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	XXX	XXX
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	XXX	XXX
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	XXX	XXX
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX	XXX
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2005.....	0	0	0	0	0	0	0	0	0	0
3. 2006.....	XXX	0	0	0	0	0	0	0	0	0
4. 2007.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

None

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	1 Active Status	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Incl. in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama.....	AL N.....	0	0	0	0	0	0	0	0
2. Alaska.....	AK N.....	0	0	0	0	0	0	0	0
3. Arizona.....	AZ N.....	0	0	0	0	0	0	0	0
4. Arkansas.....	AR N.....	0	0	0	0	0	0	0	0
5. California.....	CA N.....	0	0	0	0	0	0	0	0
6. Colorado.....	CO N.....	0	0	0	0	0	0	0	0
7. Connecticut.....	CT N.....	0	0	0	0	0	0	0	0
8. Delaware.....	DE N.....	0	0	0	0	0	0	0	0
9. District of Columbia.....	DC N.....	0	0	0	0	0	0	0	0
10. Florida.....	FL N.....	0	0	0	0	0	0	0	0
11. Georgia.....	GA N.....	0	0	0	0	0	0	0	0
12. Hawaii.....	HI N.....	0	0	0	0	0	0	0	0
13. Idaho.....	ID N.....	0	0	0	0	0	0	0	0
14. Illinois.....	IL N.....	0	0	0	0	0	0	0	0
15. Indiana.....	IN N.....	0	0	0	0	0	0	0	0
16. Iowa.....	IA N.....	0	0	0	0	0	0	0	0
17. Kansas.....	KS N.....	0	0	0	0	0	0	0	0
18. Kentucky.....	KY N.....	0	0	0	0	0	0	0	0
19. Louisiana.....	LA N.....	0	0	0	0	0	0	0	0
20. Maine.....	ME N.....	0	0	0	0	0	0	0	0
21. Maryland.....	MD N.....	0	0	0	0	0	0	0	0
22. Massachusetts.....	MA N.....	0	0	0	0	0	0	0	0
23. Michigan.....	MI N.....	0	0	0	0	0	0	0	0
24. Minnesota.....	MN N.....	0	0	0	0	0	0	0	0
25. Mississippi.....	MS N.....	0	0	0	0	0	0	0	0
26. Missouri.....	MO N.....	0	0	0	0	0	0	0	0
27. Montana.....	MT N.....	0	0	0	0	0	0	0	0
28. Nebraska.....	NE N.....	0	0	0	0	0	0	0	0
29. Nevada.....	NV N.....	0	0	0	0	0	0	0	0
30. New Hampshire.....	NH N.....	0	0	0	0	0	0	0	0
31. New Jersey.....	NJ N.....	0	0	0	0	0	0	0	0
32. New Mexico.....	NM N.....	0	0	0	0	0	0	0	0
33. New York.....	NY N.....	0	0	0	0	0	0	0	0
34. North Carolina.....	NC N.....	0	0	0	0	0	0	0	0
35. North Dakota.....	ND N.....	0	0	0	0	0	0	0	0
36. Ohio.....	OH L.....	64,925,144	66,590,591	0	34,899,487	33,978,543	18,393,931	321,490	0
37. Oklahoma.....	OK N.....	0	0	0	0	0	0	0	0
38. Oregon.....	OR N.....	0	0	0	0	0	0	0	0
39. Pennsylvania.....	PA N.....	0	0	0	0	0	0	0	0
40. Rhode Island.....	RI N.....	0	0	0	0	0	0	0	0
41. South Carolina.....	SC N.....	0	0	0	0	0	0	0	0
42. South Dakota.....	SD N.....	0	0	0	0	0	0	0	0
43. Tennessee.....	TN N.....	0	0	0	0	0	0	0	0
44. Texas.....	TX N.....	0	0	0	0	0	0	0	0
45. Utah.....	UT N.....	0	0	0	0	0	0	0	0
46. Vermont.....	VT N.....	0	0	0	0	0	0	0	0
47. Virginia.....	VA N.....	0	0	0	0	0	0	0	0
48. Washington.....	WA N.....	0	0	0	0	0	0	0	0
49. West Virginia.....	WV N.....	0	0	0	0	0	0	0	0
50. Wisconsin.....	WI N.....	0	0	0	0	0	0	0	0
51. Wyoming.....	WY N.....	0	0	0	0	0	0	0	0
52. American Samoa.....	AS N.....	0	0	0	0	0	0	0	0
53. Guam.....	GU N.....	0	0	0	0	0	0	0	0
54. Puerto Rico.....	PR N.....	0	0	0	0	0	0	0	0
55. US Virgin Islands.....	VI N.....	0	0	0	0	0	0	0	0
56. Northern Mariana Islands.....	MP N.....	0	0	0	0	0	0	0	0
57. Canada.....	CAN N.....	0	0	0	0	0	0	0	0
58. Aggregate Other Alien.....	OT XXX	0	0	0	0	0	0	0	0
59. Totals.....	(a) 1	64,925,144	66,590,591	0	34,899,487	33,978,543	18,393,931	321,490	0

DETAILS OF WRITE-INS

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

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

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

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

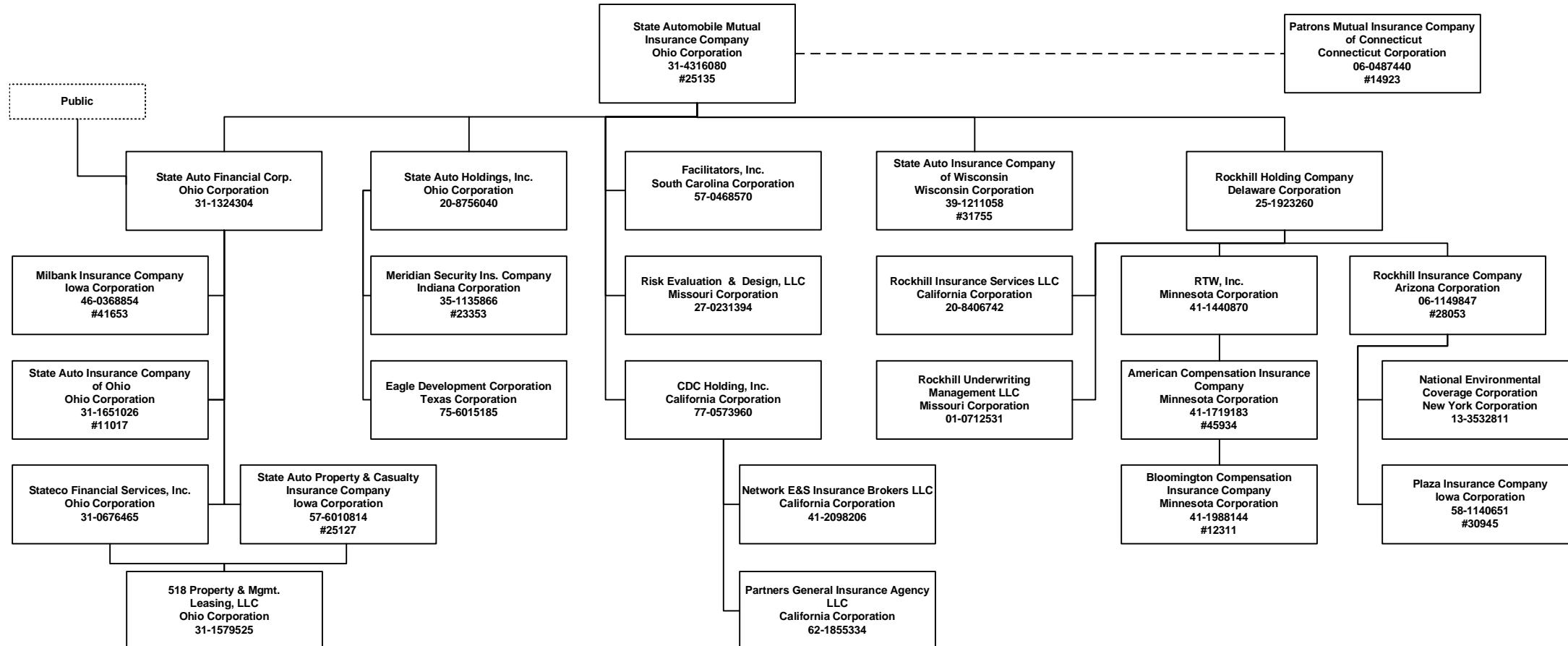
Explanation of Basis of Allocation of Premiums by States, etc.

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

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

PART 1 – ORGANIZATIONAL CHART

ORGANIZATIONAL STRUCTURE OF STATE AUTO HOLDING COMPANY SYSTEM



2014 ALPHABETICAL INDEX -- PROPERTY & CASUALTY ANNUAL STATEMENT BLANK

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