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2014

Document Code: 201

Annual Statement
For the Year Ended December 31, 2014
OF THE CONDITION AND AFFAIRS OF THE
American Standard Insurance Company of Ohio

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

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

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

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

MAIN ADMINISTRATIVE OFFICE, MAILING ADDRESS, AND PRIMARY LOCATION OF BOOKS AND RECORDS:

6000 American Parkway, Madison, Wisconsin 53783-0001

Telephone: 608-249-2111

Internet Website Address: www.amfam.com

STATUTORY STATEMENT CONTACT: Michael J. Nitka
Telephone: 608-249-2111, Ext. 31017; Fax 877-571-4803; E-Mail: cnitka@amfam.com

OFFICERS

Name	Title
Jack Charles Salzwedel	Chairman, C.E.O.
Daniel Robert Schultz	President, C.O.O.
Daniel James Kelly	Chief Financial Officer, Treasurer
David Clifford Holman	Chief Legal Officer, Secretary
David Alan Graham	Chief Investment Officer
Kari Elizabeth Grasee	Vice President - Controller
Martin Thomas Chiaro	Assistant Treasurer
Ann Frances Wenzel	Assistant Secretary

DIRECTORS OR TRUSTEES

David Clifford Holman
Daniel James Kelly

Jack Charles Salzwedel
William Boyd Westrate

State of Wisconsin
County of Dane

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

..... Signature Signature Signature
Jack C. Salzwedel David C. Holman Daniel J. Kelly
Chairman, C.E.O, President Chief Legal Officer, Secretary Chief Financial Officer, Treasurer

Subscribed and sworn to before me this 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 _____

My Commission Expires:

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)



NAIC Group Code: 0473

NAIC Company Code: 10387

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancellable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	9,386,150		9,134,602		2,921,986	9,447,656	10,813,161	7,940,248	361,717	397,439	726,430	732,979
19.3 Commercial auto no-fault (personal injury protection)												344,488
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	4,513,067		4,402,241		1,433,406	2,481,808	2,411,917	191,942	15,642	17,870	6,907	341,735
21.2 Commercial auto physical damage	280		245		148							165,638
22. Aircraft (all perils)												10
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	13,899,497		13,537,088		4,355,540	11,929,464	13,225,078	8,132,190	377,359	415,309	733,337	1,074,746
												510,136
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)



NAIC Group Code: 0473

NAIC Company Code: 10387

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancellable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	11,831,000		11,963,875		3,432,803	7,408,416	7,223,427	9,382,628	518,432	271,305	1,170,166	957,169
19.3 Commercial auto no-fault (personal injury protection)												173,322
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	6,097,459		6,085,795		1,862,764	3,407,187	3,593,349	279,705	27,389	6,315	13,145	483,422
21.2 Commercial auto physical damage	1,774		1,393		982							89,327
22. Aircraft (all perils)												26
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	17,930,233		18,051,063		5,296,549	10,815,603	10,816,776	9,662,333	545,821	277,620	1,183,311	1,440,709
												262,675
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)



NAIC Group Code: 0473

NAIC Company Code: 10387

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	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
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2.4 Private crop												
3. Farmowners multiple peril												
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5.2 Commercial multiple peril (liability portion)												
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10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancellable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	21,217,150	21,098,477		6,354,789	16,856,072	18,036,588	17,322,876	880,149	668,744	1,896,596	1,690,148	517,810
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	10,610,526	10,488,036		3,296,170	5,888,995	6,005,266	471,647	43,031	24,185	20,052	825,157	254,965
21.2 Commercial auto physical damage	2,054	1,638		1,130							150	36
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	31,829,730	31,588,151		9,652,089	22,745,067	24,041,854	17,794,523	923,180	692,929	1,916,648	2,515,455	772,811
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

19 Grand Total

20 Schedule F Part 1 Assumed Reinsurance **NONE**

21 Schedule F Part 2 Reinsurance Effected **NONE**

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									Reinsurance Payable		18 Net Amount Recoverable From Rein- surers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers		
Authorized - Affiliates - U.S. Non-Pool - Other																		
39-0273710	19275	AMERICAN FAMILY MUT INS CO	WI		31,830	78	35	8,545		9,249	2,937	9,652		30,496	383		30,113	
0399999 Total - Authorized - Affiliates - U.S. Non-Pool - Other					31,830	78	35	8,545		9,249	2,937	9,652		30,496	383		30,113	
0499999 Total - Authorized - Affiliates - U.S. Non-Pool - Total					31,830	78	35	8,545		9,249	2,937	9,652		30,496	383		30,113	
0799999 Total - Authorized - Affiliates - Other (Non-U.S.) - Total																		
0899999 Total - Authorized - Affiliates					31,830	78	35	8,545		9,249	2,937	9,652		30,496	383		30,113	
1399999 Total - Authorized					31,830	78	35	8,545		9,249	2,937	9,652		30,496	383		30,113	
4099999 Total - Authorized, Unauthorized and Certified					31,830	78	35	8,545		9,249	2,937	9,652		30,496	383		30,113	
9999999 Totals					31,830	78	35	8,545		9,249	2,937	9,652		30,496	383		30,113	

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

1 Name of Reinsurer 2 Commission Rate 3 Ceded Premium

1)
2)
3)
4)
5)

22

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

1 Name of Reinsurer 2 Total Recoverables 3 Ceded Premiums 4 Affiliated

1) American Family Mut Ins Co 30,496 31,830 Yes[X] No[] ...
2) Yes[] No[X] ...
3) Yes[] No[X] ...
4) Yes[] No[X] ...
5) Yes[] No[X] ...

SCHEDULE F - PART 4

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12 Total Due Col. 5 + 10	13 Percentage More Than 120 Days Overdue Col. 9/Col. 11			
				5 Current	Overdue					11 Total Overdue Columns 6 + 7 + 8 + 9					
					6 1 - 29 Days	7 30-90 Days	8 91-120 Days	9 Over 120 Days	10 Total Overdue Columns 6 + 7 + 8 + 9						
Authorized - Affiliates - U.S. Non-Pool - Other															
39-0273710	19275	AMERICAN FAMILY MUT INS CO	WI	113								113			
0399999 Total - Authorized - Affiliates - U.S. Non-Pool - Other				113								113			
0499999 Total - Authorized - Affiliates - U.S. Non-Pool - Total				113								113			
0799999 Total - Authorized - Affiliates - Other (Non-U.S.) - Total															
0899999 Total - Authorized - Affiliates				113								113			
1399999 Total - Authorized				113								113			
4099999 Total - Authorized, Unauthorized and Certified				113								113			
4199999 Total - Protected Cells															
9999999 Totals				113								113			

24 Schedule F Part 5 Unauthorized Reinsurance	NONE
25 Schedule F Part 6 - Section 1 Reinsurance Ceded to Certified Reinsurers	NONE
26 Schedule F Part 6 - Section 2 Overdue Reins. Ceded to Certified Reinsurers ..	NONE
27 Schedule F Part 7 Overdue Authorized Reinsurance	NONE
28 Schedule F Part 8 Overdue Reinsurance	NONE

SCHEDULE F - PART 9
Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Column 3)			
1. Cash and invested assets (Line 12)	8,137,495		8,137,495
2. Premiums and considerations (Line 15)			
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	112,622	(112,622)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	904,413		904,413
6. Net amount recoverable from reinsurers		30,496,488	30,496,488
7. Protected cell assets (Line 27)			
8. TOTALS (Line 28)	9,154,530	30,383,866	39,538,396
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)		20,731,777	20,731,777
10. Taxes, expenses, and other obligations (Lines 4 through 8)	1,308		1,308
11. Unearned premiums (Line 9)		9,652,089	9,652,089
12. Advance premiums (Line 10)	29,556		29,556
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	382,545	(382,545)	
15. Funds held by company under reinsurance treaties (Line 13)			
16. Amounts withheld or retained by company for account of others (Line 14)	80		80
17. Provision for reinsurance (Line 16)			
18. Other liabilities	1,033,532		1,033,532
19. TOTAL Liabilities excluding protected cell business (Line 26)	1,447,021	30,001,321	31,448,342
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	7,707,509	X X X	7,707,509
TOTALS (Line 38)	9,154,530	30,001,321	39,155,851

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

If yes, give full explanation: American Standard Insurance Company of Ohio has a 100% reinsurance agreement with parent company, American Family Mutual Insurance Company.

30 Schedule H Part 1 A & H Exhibit **NONE**

31 Schedule H Parts 2, 3 & 4 - A & H Exh Cont **NONE**

32 Schedule H Part 5 Health Claims **NONE**

34 Schedule P - Part 2 Summary **NONE**

34 Schedule P - Part 3 Summary **NONE**

34 Schedule P - Part 4 Summary **NONE**

35 Schedule P - Part 1A - Homeowners/Farmowners **NONE**

SCHEDULE P - PART 1B**PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

(\$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 (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 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	X X X	X X X	X X X	16	16	3	3					X X X	
2. 2005	25,354	25,354		14,599	14,599	584	584	2,504	2,504			4,825	
3. 2006	22,580	22,580		11,720	11,720	473	473	2,378	2,378			3,937	
4. 2007	19,703	19,703		10,526	10,526	466	466	2,277	2,277			3,315	
5. 2008	14,836	14,836		7,574	7,574	429	429	1,723	1,723			2,469	
6. 2009	12,893	12,893		6,847	6,847	521	521	827	827			2,192	
7. 2010	13,059	13,059		8,335	8,335	540	540	821	821			2,563	
8. 2011	14,367	14,367		10,057	10,057	562	562	1,766	1,766			3,107	
9. 2012	17,714	17,714		17,010	17,010	623	623	2,399	2,399			4,153	
10. 2013	20,899	20,899		15,766	15,766	289	289	2,062	2,062			4,465	
11. 2014	21,098	21,098		8,636	8,636	80	80	1,364	1,364			3,642	
12. Totals	X X X	X X X	X X X	111,086	111,086	4,570	4,570	18,121	18,121			X X X	

	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									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior			(3)	(3)												
2. 2005			(2)	(2)												
3. 2006			(4)	(4)												
4. 2007	21	21	(1)	(1)					14	14	1	1	1			
5. 2008	65	65	16	16					27	27	4	4	2			
6. 2009	35	35	54	54					31	31	4	4	3			
7. 2010	70	70	141	141					77	77	11	11	6			
8. 2011	228	228	231	231					138	138	24	24	18			
9. 2012	696	696	703	703					260	260	69	69	52			
10. 2013	1,851	1,851	2,023	2,023					526	526	197	197	156			
11. 2014	5,097	5,097	6,103	6,103					824	824	614	614	777			
12. Totals	8,063	8,063	9,261	9,261					1,897	1,897	924	924	1,015			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2. 2005	17,685	17,685		69.8	69.8						
3. 2006	14,567	14,567		64.5	64.5						
4. 2007	13,304	13,304		67.5	67.5						
5. 2008	9,838	9,838		66.3	66.3						
6. 2009	8,319	8,319		64.5	64.5						
7. 2010	9,995	9,995		76.5	76.5						
8. 2011	13,006	13,006		90.5	90.5						
9. 2012	21,760	21,760		122.8	122.8						
10. 2013	22,714	22,714		108.7	108.7						
11. 2014	22,718	22,718		107.7	107.7						
12. Totals	X X X	X X X	X X X	X X X	X X X	X X X			X X X		

SCHEDULE P - PART 1C**COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

(\$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 (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 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	X X X	X X X	X X X	.....	.....	.....	.....	.....	.....	.....	.....	X X X
2. 2005	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2006	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2007	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2008	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2009	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2010	2	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8. 2011	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9. 2012	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10. 2013	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11. 2014	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12. Totals	X X X	X X X	X X X	.....	.....	.....	.....	.....	.....	.....	.....	X X X

	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									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior			
2. 2005			
3. 2006			
4. 2007			
5. 2008			
6. 2009			
7. 2010			
8. 2011			
9. 2012			
10. 2013			
11. 2014			
12. Totals			

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

38 Schedule P - Part 1D - Workers' Compensation (Excl. Excess Workers' Comp.) NONE

39 Schedule P - Part 1E - Commercial Multiple Peril NONE

40 Schedule P - Part 1F Sn 1 - Medical Professional Liability - Occurrence NONE

41 Schedule P - Part 1F Sn 2 - Medical Professional Liability - Claims-Made NONE

42 Schedule P - Part 1G - Special Liab. (Ocn Mar., Aircraft, Boiler & Mchnry) NONE

43 Schedule P - Part 1H Sn 1 - Other Liability - Occurrence NONE

44 Schedule P - Part 1H Sn 2 - Other Liability - Claims-Made NONE

45 Schedule P - Part 1I - Special Property (Fire, Ald. Lines, Inld Mar.) NONE

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **American Standard Insurance Company of Ohio**
SCHEDULE P - PART 1J
AUTO PHYSICAL DAMAGE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 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	X X X	X X X	X X X	(40)	(40)	21	21	7	7			X X X	
2. 2013	10,808	10,808		6,905	6,905	22	22	1,138	1,138			9,393	
3. 2014	10,490	10,490		5,525	5,525	11	11	886	886			5,653	
4. Totals	X X X	X X X	X X X	12,390	12,390	54	54	2,031	2,031			X X X	

	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									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	3	3	(61)	(61)			6	6						1		
2. 2013	11	11	(39)	(39)			6	6	2	2				10		
3. 2014	468	468	90	90			8	8	93	93				279		
4. Totals	482	482	(10)	(10)			20	20	95	95				290		

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X
2. 2013	8,045	8,045		74.4	74.4						
3. 2014	7,081	7,081		67.5	67.5						
4. Totals	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X		X X X	X X X

47	Schedule P - Part 1K - Fidelity/Surety	NONE
48	Schedule P - Part 1L - Other (Incl. Credit, Accident and Health)	NONE
49	Schedule P - Part 1M - International	NONE
50	Schedule P - Part 1N - Reins. Nonproportional Assumed Property	NONE
51	Schedule P - Part 1O - Reins. Nonproportional Assumed Liability	NONE
52	Schedule P - Part 1P - Reins. Nonproportional Assumed Financial Lines	NONE
53	Schedule P - Part 1R Sn 1 - Products Liability - Occurrence	NONE
54	Schedule P - Part 1R Sn 2 - Products Liability - Claims-Made	NONE
55	Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty	NONE
56	Schedule P - Part 1T - Warranty	NONE
57	Schedule P - Part 2A - Homeowners/Farmowners	NONE
57	Schedule P - Part 2B - Private Passenger Auto Liability/Medical	NONE
57	Schedule P - Part 2C - Comm. Auto/Truck Liability/Medical	NONE
57	Schedule P - Part 2D - Workers' Compensation (Excl. Excess Workers' Comp.)	NONE
57	Schedule P - Part 2E - Commercial Multiple Peril	NONE
58	Schedule P - Part 2F Sn 1 - Medical Professional Liability - Occurrence	NONE
58	Schedule P - Part 2F Sn 2 - Medical Professional Liability - Claims-Made	NONE
58	Schedule P - Part 2G - Special Liab. (Ocn Mar., Aircraft, Boiler & Mchnry)	NONE
58	Schedule P - Part 2H Sn 1 - Other Liability - Occurrence	NONE
58	Schedule P - Part 2H Sn 2 - Other Liability - Claims-Made	NONE
59	Schedule P - Part 2I - Special Property (Fire, Ald. Lines, Inld Mar.)	NONE
59	Schedule P - Part 2J - Auto Physical Damage	NONE
59	Schedule P - Part 2K - Fidelity/Surety	NONE
59	Schedule P - Part 2L - Other (Incl. Credit, Accident and Health)	NONE
59	Schedule P - Part 2M - International	NONE
60	Schedule P - Part 2N - Reins. Nonproportional Assumed Property	NONE
60	Schedule P - Part 2O - Reins. Nonproportional Assumed Liability	NONE
60	Schedule P - Part 2P - Reins. Nonproportional Assumed Financial Lines	NONE
61	Schedule P - Part 2R Sn 1 - Products Liability - Occurrence	NONE
61	Schedule P - Part 2R Sn 2 - Products Liability - Claims-Made	NONE
61	Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty	NONE
61	Schedule P - Part 2T - Warranty	NONE
62	Schedule P - Part 3A - Homeowners/Farmowners	NONE
62	Schedule P - Part 3B - Private Passenger Auto Liability/Medical	NONE
62	Schedule P - Part 3C - Comm. Auto/Truck Liability/Medical	NONE
62	Schedule P - Part 3D - Workers' Compensation (Excl. Excess Workers' Comp.)	NONE
62	Schedule P - Part 3E - Commercial Multiple Peril	NONE
63	Schedule P - Part 3F Sn 1 - Medical Professional Liability - Occurrence	NONE
63	Schedule P - Part 3F Sn 2 - Medical Professional Liability - Claims-Made	NONE
63	Schedule P - Part 3G - Special Liab. (Ocn Mar., Aircraft, Boiler & Mchnry)	NONE
63	Schedule P - Part 3H Sn 1 - Other Liability - Occurrence	NONE
63	Schedule P - Part 3H Sn 2 - Other Liability - Claims-Made	NONE
64	Schedule P - Part 3I - Special Property (Fire, Ald. Lines, Inld Mar.)	NONE
64	Schedule P - Part 3J - Auto Physical Damage	NONE
64	Schedule P - Part 3K - Fidelity/Surety	NONE
64	Schedule P - Part 3L - Other (Incl. Credit, Accident and Health)	NONE
64	Schedule P - Part 3M - International	NONE
65	Schedule P - Part 3N - Reins. Nonproportional Assumed Property	NONE
65	Schedule P - Part 3O - Reins. Nonproportional Assumed Liability	NONE
65	Schedule P - Part 3P - Reins. Nonproportional Assumed Financial Lines	NONE
66	Schedule P - Part 3R Sn 1 - Products Liability - Occurrence	NONE
66	Schedule P - Part 3R Sn 2 - Products Liability - Claims-Made	NONE
66	Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty	NONE
66	Schedule P - Part 3T - Warranty	NONE
67	Schedule P - Part 4A - Homeowners/Farmowners	NONE
67	Schedule P - Part 4B - Private Passenger Auto Liability/Medical	NONE
67	Schedule P - Part 4C - Comm. Auto/Truck Liability/Medical	NONE
67	Schedule P - Part 4D - Workers' Compensation (Excl. Excess Workers' Comp.)	NONE
67	Schedule P - Part 4E - Commercial Multiple Peril	NONE
68	Schedule P - Part 4F Sn 1 - Medical Professional Liability - Occurrence	NONE
68	Schedule P - Part 4F Sn 2 - Medical Professional Liability - Claims-Made	NONE
68	Schedule P - Part 4G - Special Liab. (Ocn Mar., Aircraft, Boiler & Mchnry)	NONE
68	Schedule P - Part 4H Sn 1 - Other Liability - Occurrence	NONE
68	Schedule P - Part 4H Sn 2 - Other Liability - Claims-Made	NONE

69 Schedule P - Part 4I - Special Property (Fire, Ald. Lines, Ind Mar.)	NONE
69 Schedule P - Part 4J - Auto Physical Damage	NONE
69 Schedule P - Part 4K - Fidelity/Surety	NONE
69 Schedule P - Part 4L - Other (Incl. Credit, Accident and Health)	NONE
69 Schedule P - Part 4M - International	NONE
70 Schedule P - Part 4N - Reins. Nonproportional Assumed Property	NONE
70 Schedule P - Part 4O - Reins. Nonproportional Assumed Liability	NONE
70 Schedule P - Part 4P - Reins. Nonproportional Assumed Financial Lines	NONE
71 Schedule P - Part 4R Sn 1 - Products Liability - Occurrence	NONE
71 Schedule P - Part 4R Sn 2 - Products Liability - Claims-Made	NONE
71 Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty	NONE
71 Schedule P - Part 4T - Warranty	NONE
72 Schedule P - Part 5A - Homeowners/Farmowners - Sn 1	NONE
72 Schedule P - Part 5A - Homeowners/Farmowners - Sn 2	NONE
72 Schedule P - Part 5A - Homeowners/Farmowners - Sn 3	NONE

SCHEDULE P - PART 5B**PRIVATE PASSENGER AUTO LIABILITY/MEDICAL****SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	1,708	376	138	57	23	8	3	1	1	3
2. 2005	2,644	3,462	3,618	3,692	3,717	3,721	3,723	3,723	3,723	3,724
3. 2006	XXX	2,079	2,754	2,899	2,951	2,978	2,983	2,984	2,985	2,985
4. 2007	XXX	XXX	1,797	2,330	2,456	2,501	2,512	2,519	2,519	2,522
5. 2008	XXX	XXX	XXX	1,409	1,840	1,932	1,969	1,972	1,973	1,973
6. 2009	XXX	XXX	XXX	XXX	1,203	1,573	1,650	1,686	1,688	1,692
7. 2010	XXX	XXX	XXX	XXX	XXX	1,453	1,916	2,013	2,044	2,050
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	1,797	2,410	2,543	2,576
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,226	3,115	3,261
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,561	3,411
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,233

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	536	239	98	37	18	9	5	4	3	
2. 2005	994	229	106	30	7	3	1	1	1	
3. 2006	XXX	811	200	83	32	8	1	1		
4. 2007	XXX	XXX	672	166	73	23	10	4	4	1
5. 2008	XXX	XXX	XXX	507	118	45	7	4	2	2
6. 2009	XXX	XXX	XXX	XXX	460	117	45	9	8	3
7. 2010	XXX	XXX	XXX	XXX	XXX	520	133	51	11	6
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	663	164	53	18
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	982	190	52
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	899	156
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	777

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	474	69	14	3	3					
2. 2005	4,532	4,783	4,818	4,823	4,825	4,825	4,825	4,825	4,825	4,825
3. 2006	XXX	3,666	3,885	3,921	3,934	3,935	3,936	3,936	3,936	3,937
4. 2007	XXX	XXX	3,097	3,285	3,311	3,313	3,314	3,315	3,315	3,315
5. 2008	XXX	XXX	XXX	2,303	2,442	2,465	2,469	2,469	2,469	2,469
6. 2009	XXX	XXX	XXX	XXX	2,030	2,167	2,191	2,191	2,192	2,192
7. 2010	XXX	XXX	XXX	XXX	XXX	2,360	2,528	2,555	2,563	2,563
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	2,828	3,076	3,104	3,107
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,782	4,125	4,153
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,159	4,465
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,642

74	Schedule P - Part 5C - Comm. Auto/Truck Liability/Medical - Sn 1	NONE
74	Schedule P - Part 5C - Comm. Auto/Truck Liability/Medical - Sn 2	NONE
74	Schedule P - Part 5C - Comm. Auto/Truck Liability/Medical - Sn 3	NONE
75	Schedule P - Part 5D - Workers' Compen. (Excl. Excess Workers' Comp.) -Sn 1	NONE
75	Schedule P - Part 5D - Workers' Compen. (Excl. Excess Workers' Comp.) -Sn 2	NONE
75	Schedule P - Part 5D - Workers' Compen. (Excl. Excess Workers' Comp.) -Sn 3	NONE
76	Schedule P - Part 5E - Commercial Multiple Peril - Sn 1	NONE
76	Schedule P - Part 5E - Commercial Multiple Peril - Sn 2	NONE
76	Schedule P - Part 5E - Commercial Multiple Peril - Sn 3	NONE
77	Schedule P - Part 5F - Medical Professional Liability - Occurrence - Sn 1A	...
77	Schedule P - Part 5F - Medical Professional Liability - Occurrence - Sn 2A	...
77	Schedule P - Part 5F - Medical Professional Liability - Occurrence - Sn 3A	...
78	Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Sn 1B	...
78	Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Sn 2B	...
78	Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Sn 3B	...
79	Schedule P - Part 5H - Other Liability - Occurrence - Sn 1A	NONE
79	Schedule P - Part 5H - Other Liability - Occurrence - Sn 2A	NONE
79	Schedule P - Part 5H - Other Liability - Occurrence - Sn 3A	NONE
80	Schedule P - Part 5H - Other Liability - Claims-Made - Sn 1B	NONE
80	Schedule P - Part 5H - Other Liability - Claims-Made - Sn 2B	NONE
80	Schedule P - Part 5H - Other Liability - Claims-Made - Sn 3B	NONE
81	Schedule P - Part 5R - Products Liability - Occurrence - Sn 1A	NONE
81	Schedule P - Part 5R - Products Liability - Occurrence - Sn 2A	NONE
81	Schedule P - Part 5R - Products Liability - Occurrence - Sn 3A	NONE
82	Schedule P - Part 5R - Products Liability - Claims-Made - Sn 1B	NONE
82	Schedule P - Part 5R - Products Liability - Claims-Made - Sn 2B	NONE
82	Schedule P - Part 5R - Products Liability - Claims-Made - Sn 3B	NONE
83	Schedule P - Part 5T - Warranty - Sn 1	NONE
83	Schedule P - Part 5T - Warranty - Sn 2	NONE
83	Schedule P - Part 5T - Warranty - Sn 3	NONE

SCHEDULE P - PART 6C**COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL****SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior											
2. 2005											
3. 2006	XXX										
4. 2007	XXX	XXX									
5. 2008	XXX	XXX	XXX								
6. 2009	XXX	XXX	XXX	XXX							
7. 2010	XXX	XXX	XXX	XXX	XXX		2	2	2	2	
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. TOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch. P-Part 1)							2				XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior											
2. 2005											
3. 2006	XXX										
4. 2007	XXX	XXX									
5. 2008	XXX	XXX	XXX								
6. 2009	XXX	XXX	XXX	XXX							
7. 2010	XXX	XXX	XXX	XXX	XXX		2	2	2	2	
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. TOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch. P-Part 1)							2				XXX

SCHEDULE P - PART 6D**WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)****SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior											
2. 2005											
3. 2006	XXX										
4. 2007	XXX	XXX									
5. 2008	XXX	XXX	XXX								
6. 2009	XXX	XXX	XXX	XX							
7. 2010	XXX	XXX	XXX	XX							
8. 2011	XXX	XXX	XXX	XX							
9. 2012	XXX	XXX	XXX	XX							
10. 2013	XXX	XXX	XXX	XX							
11. 2014	XXX	XXX	XXX	XX							
12. TOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch. P-Part 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	
1. Prior											
2. 2005											
3. 2006	XXX										
4. 2007	XXX	XXX									
5. 2008	XXX	XXX	XXX								
6. 2009	XXX	XXX	XXX	XX							
7. 2010	XXX	XXX	XXX	XX							
8. 2011	XXX	XXX	XXX	XX							
9. 2012	XXX	XXX	XXX	XX							
10. 2013	XXX	XXX	XXX	XX							
11. 2014	XXX	XXX	XXX	XX							
12. TOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch. P-Part 1)											XXX

85 Schedule P - Part 6E - Commercial Multiple Peril - Sn 1	NONE
85 Schedule P - Part 6E - Commercial Multiple Peril - Sn 2	NONE
85 Schedule P - Part 6H - Other Liability - Occurrence - Sn 1A	NONE
85 Schedule P - Part 6H - Other Liability - Occurrence - Sn 2A	NONE
86 Schedule P - Part 6H - Other Liability - Claims-Made - Sn 1B	NONE
86 Schedule P - Part 6H - Other Liability - Claims-Made - Sn 2B	NONE
86 Schedule P - Part 6M - International - Sn 1	NONE
86 Schedule P - Part 6M - International - Sn 2	NONE
87 Schedule P - Part 6N - Reins. Nonproportional Assumed Property - Sn 1	NONE
87 Schedule P - Part 6N - Reins. Nonproportional Assumed Property - Sn 2	NONE
87 Schedule P - Part 6O - Reins. Nonproportional Assumed Liability - Sn 1	NONE
87 Schedule P - Part 6O - Reins. Nonproportional Assumed Liability - Sn 2	NONE
88 Schedule P - Part 6R - Products Liability - Occurrence - Sn 1A	NONE
88 Schedule P - Part 6R - Products Liability - Occurrence - Sn 2A	NONE
88 Schedule P - Part 6R - Products Liability - Claims-Made - Sn 1B	NONE
88 Schedule P - Part 6R - Products Liability - Claims-Made - Sn 2B	NONE
89 Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 1	NONE
89 Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 2	NONE
89 Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 3	NONE
90 Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 4	NONE
90 Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 5	NONE
91 Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 1	NONE
91 Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 2	NONE
91 Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 3	NONE
92 Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 4	NONE
92 Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 5	NONE
92 Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 6	NONE
92 Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 7	NONE

SCHEDULE P INTERROGATORIES

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

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

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

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?

1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve?

1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?

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

Years in which premiums were earned and losses were incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior
1.602 2005
1.603 2006
1.604 2007
1.605 2008
1.606 2009
1.607 2010
1.608 2011
1.609 2012
1.610 2013
1.611 2014
1.612 TOTALS

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement?

Yes[X] No[]

3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement?

Yes[X] No[]

4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on page 10?

Yes[] No[X]

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

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

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

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

5.1 Fidelity \$ 0
5.2 Surety \$ 0

6. Claim count information is reported per claim or per claimant (Indicate which).

6.1 per claim
6.2 per claimant

..... ✓

If not the same in all years, explain in Interrogatory 7.

7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses?

Yes[] No[X]

7.2 An extended statement may be attached.

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
473	American Family Insurance Group	19275	39-0273710	.....	.....	American Family Mutual Insurance Company	American Family Mutual Insurance Company	WI	UIP	American Family Mutual Insurance Company - Board of Directors	Board of Directors		American Family Mutual Insurance Company - Board of Directors	
		00000	39-1508124	.....	.....	American Family Brokerage, Inc.	American Family Mutual Insurance Company	WI	NIA	American Family Mutual Insurance Company	Ownership	100.0	American Family Mutual Insurance Company	
		00000	39-1391393	.....	.....	AMFAM, Inc.	American Family Mutual Insurance Company	WI	UDP	American Family Mutual Insurance Company	Ownership	100.0	American Family Mutual Insurance Company	
		00000	46-3538161	.....	.....	The AssureStart Insurance Agency, LLC	American Family Mutual Insurance Company	WI	NIA	American Family Mutual Insurance Company	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	19283	39-6040366	.....	.....	American Standard Insurance Co. of WI	AMFAM, Inc.	WI	IA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	10386	39-1835307	.....	.....	American Family Insurance Company	AMFAM, Inc.	OH	IA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	10387	39-1835305	.....	.....	American Standard Insurance Co. of OH	AMFAM, Inc.	OH	RE	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	60399	39-6040365	.....	.....	American Family Life Insurance Co.	AMFAM, Inc.	WI	IA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	27138	36-2705935	.....	.....	Midvale Indemnity Company	AMFAM, Inc.	IL	IA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
		00000	39-6040596	.....	.....	American Family Financial Services, Inc.	AMFAM, Inc.	WI	NIA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
		00000	36-4681910	.....	.....	New Ventures, LLC	AMFAM, Inc.	WI	NIA	AMFAM, Inc.	Ownership	99.0	American Family Mutual Insurance Company	
		00000	36-4681910	.....	.....	New Ventures, LLC	American Family Life Insurance Co.	WI	NIA	American Family Life Insurance Co.	Ownership	1.0	American Family Mutual Insurance Company	
		00000	86-1101013	.....	.....	PGC Holdings Corporation	AMFAM, Inc.	DE	NIA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
		00000	42-6653388	.....	.....	PGC Holdings Statutory Trust 1	PGC Holdings Corporation	DE	NIA	PGC Holdings Corporation	Ownership	100.0	American Family Mutual Insurance Company	
		00000	20-1980130	.....	.....	PGC Holdings Statutory Trust 2	PGC Holdings Corporation	DE	NIA	PGC Holdings Corporation	Ownership	100.0	American Family Mutual Insurance Company	
		00000	62-1482846	.....	.....	PGAC of Ohio	PGC Holdings Corporation	OH	IA	PGC Holdings Corporation	Ownership	100.0	American Family Mutual Insurance Company	
473	Permanent General Holdings	22906	62-1482846	.....	.....	Permanent General Assurance Corporation	Permanent General Companies, Inc.	OH	IA	Permanent General Companies, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
473	Permanent General Holdings	37648	13-2960609	.....	.....	Permanent General Companies, Inc.	PGC Holdings Corporation	TN	NIA	PGC Holdings Corporation	Ownership	100.0	American Family Mutual Insurance Company	
		00000	62-1336831	.....	.....	PGA Service Corporation	Permanent General Assurance Corporation	TN	NIA	Permanent General Assurance Corporation	Ownership	100.0	American Family Mutual Insurance Company	
		00000	62-1383711	.....	.....	The General Auto Insurance Services of Ohio, Inc.	PGA Service Corporation	OH	NIA	PGA Service Corporation	Ownership	100.0	American Family Mutual Insurance Company	
		00000	62-1684228	.....	.....	The General Auto Insurance Services of California, Inc.	PGA Service Corporation	CA	NIA	PGA Service Corporation	Ownership	100.0	American Family Mutual Insurance Company	
		00000	62-1684225	.....	.....	The General Auto Insurance Services of Louisiana, Inc.	PGA Service Corporation	LA	NIA	PGA Service Corporation	Ownership	100.0	American Family Mutual Insurance Company	
		00000	62-1758317	.....	.....	The General Automobile Insurance Company, Inc.	PGAC of Ohio	OH	IA	PGAC of Ohio	Ownership	100.0	American Family Mutual Insurance Company	
473	Permanent General Holdings	13703	26-2465659	.....	.....	The General Auto Insurance Services of Georgia, Inc.	PGA Service Corporation	GA	NIA	PGA Service Corporation	Ownership	100.0	American Family Mutual Insurance Company	
		00000	62-1820203	.....	.....							100.0		

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
		00000	62-1812273			The General Auto Insurance Services of Texas, Inc.		TX	NIA	PGA Service Corporation	Ownership	100.0	American Family Mutual Insurance Company	
		00000	04-3361207			Homesite Group Incorporated		DE	NIA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
		00000	04-3441403			Homesite Securities Company LLC		DE	NIA	Homesite Group Incorporated	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	13927	45-0282873			Homesite Insurance Company of the Midwest		ND	IA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	17221	06-1125462			Homesite Insurance Company		CT	IA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	20419	48-1156645			Homesite Indemnity Company		KS	IA	Homesite Group Incorporated	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	11005	68-0426201			Homesite Insurance Company of California		CA	IA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	10986	16-1559926			Homesite Insurance Company of New York		NY	IA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	10745	23-2980263			Homesite Insurance Company of Georgia		GA	IA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	11016	52-2176786			Homesite Insurance Company of Illinois		IL	IA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	11156	04-3489719			Homesite Insurance Company of Florida		IL	IA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	11237	74-2987795			Homesite Lloyds's of Texas		TX	IA	Texas-South of Homesite, Inc.	Attorney-In-Fact			
		00000	23-3011415			Homesite Insurance Agency, Inc.		MA	NIA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
		00000	04-3506712			Texas-South of Homesite, Inc.		TX	NIA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
		00000	46-5039052			Homesite General Agent, LLC		DE	NIA	Homesite Group Incorporated	Ownership	100.0	American Family Mutual Insurance Company	
		00000	26-1338441			Workface, Inc.		DE	OTH	New Ventures, LLC	Ownership	26.9	Workface, Inc.	0000001
		00000	36-4681910			Zero Locus, Inc.		WI	OTH	New Ventures, LLC	Ownership	31.2	Zero Locus, Inc.	0000001
		00000	45-3695870			Moveln, Inc.		WI	OTH	New Ventures, LLC	Ownership	16.4	Moveln, Inc.	0000001
		00000	46-1991111			Quietyme, Inc.		WI	OTH	New Ventures, LLC	Ownership	19.5	Quietyme, Inc.	0000001
		00000	56-2488908			Shoutlet, Inc.		DE	OTH	New Ventures, LLC	Ownership	21.4	Shoutlet, Inc.	0000001
		00000	46-0930746			Steve Stricker American Family Insurance Foundation, Inc.		WI	OTH	American Family Mutual Insurance Company	Board of Directors		Steve Stricker American Family Insurance Foundation, Inc.	0000002

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Asterisk	Explanation
0000001	Investments held by New Ventures, LLC where a controlling interest is presumed to exist due to a greater than 10% ownership interest.
0000002	501(c)(3) organization with greater than 50% board of director control.

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
19275	39-0273710	AMERICAN FAMILY MUTUAL INSURANCE CO.		(29,200,000)			330,469,700	(9,935,957)			291,333,743	(1,139,034,388)
19283	39-6040366	AMERICAN STANDARD INSURANCE CO. OF WISCONSIN					(80,599,270)	54,459,226			(26,140,044)	344,104,616
60399	39-6040365	AMERICAN FAMILY LIFE INSURANCE CO.		81,970			(124,817,536)	(6,200,887)			(130,936,453)	
	39-6040596	AMERICAN FAMILY FINANCIAL SERVICES INC.					(101,501)				(101,501)	
	39-1508124	AMERICAN FAMILY BROKERAGE INC.					(7,903,083)				(7,903,083)	
10386	39-1835307	AMERICAN FAMILY INSURANCE COMPANY					(103,012,622)	43,500,969			(59,511,653)	210,592,284
10387	39-1835305	AMERICAN STANDARD INSURANCE CO. OF OHIO					(9,112,570)	4,769,175			(4,343,395)	30,496,488
	39-1391393	AMFAM, INC.		(81,970)			118				(81,852)	
27138	36-2705935	Midvale Indemnity Company		29,200,000			(786,778)				28,413,222	
	46-3538161	The AssureStart Insurance Agency										
	36-4681910	New Ventures LLC										
	86-1101013	PGC Holdings Corporation		1,000,000			(446,340)				553,660	
	42-6653388	PGC Holdings Statutory Trust 1										
	20-1980130	PGC Holdings Statutory Trust 2										
22906	62-1482846	Permanent General Assurance Corporation of Ohio		(1,000,000)	(6,000,000)		16,407,203		*		9,407,203	(681,462)
37648	13-2960609	Permanent General Assurance Corporation					24,466,833		*		24,466,833	(308,219)
	62-1336831	Permanent General Companies, Inc.					(55,862,002)				(55,862,002)	
	62-1383711	PGA Service Corporation					691,488				691,488	
	62-1684228	The General Auto Insurance Services of Ohio, Inc.					(371,959)				(371,959)	
	62-1684225	The General Auto Insurance Services, Inc.		6,000,000			(170,201)				5,829,799	
	62-1758317	The General Auto Insurance Services of Louisiana,					(18,865)				(18,865)	
13703	26-2465659	The General Automobile Insurance Company, Inc.					10,656,985		*		10,656,985	989,681
	62-1820203	The General Auto Insurance Services of Georgia, Inc.					966,399				966,399	
	62-1812273	The General Auto Insurance Services of Texas, Inc.										
	04-3361207	Homesite Group Incorporated					114,737,841				114,737,841	
	04-3441403	Homesite Securities Company LLC										
13927	45-0282873	Homesite Insurance Company of the Midwest					(28,344,720)	7,936,615			(20,408,105)	175,667,000
17221	06-1125462	Homesite Insurance Company					(45,435,949)	(36,746,334)			(82,182,283)	201,203,000
20419	48-1156645	Homesite Indemnity Company					(14,208,418)	(25,452,159)			(39,660,577)	55,912,000
11005	68-0426201	Homesite Insurance Company of California					(7,415,869)	(7,199,216)			(14,615,085)	37,522,000
10986	16-1559926	Homesite Insurance Company of New York					(7,955,729)	(8,260,235)			(16,215,964)	36,592,000
10745	23-2980263	Homesite Insurance Company of Georgia					(2,683,041)	(2,762,373)			(5,445,414)	11,012,000
11016	52-2176786	Homesite Insurance Company of Illinois					(2,975,984)	(136,751)			(3,112,735)	15,705,000
11156	04-3489719	Homesite Insurance Company of Florida					604,532	(1,010,225)			(405,693)	78,000
11237	74-2987795	Homesite Lloyds's of Texas					(5,060,258)	(12,961,848)			(18,022,106)	20,150,000
	23-3011415	Homesite Insurance Agency, Inc.					(1,718,404)				(1,718,404)	
	04-3506712	Texas-South of Homesite, Inc.										
9999999 Control Totals										XXX		

Schedule Y Part 2 Explanation: Permanent General Assurance Corporation - PGC Group intercompany pooling arrangement: 59%, Permanent General Assurance Corporation of Ohio - PGC Group intercompany pooling arrangement: 33%, The General Automobile Insurance Company, Inc. - PGC Group intercompany pooling arrangement: 8%

SUPPLEMENTAL EXHIBITS AND SCHEDULES

INTERROGATORIES

Response

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

MARCH FILING

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

APRIL FILING

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

MAY FILING

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

JUNE FILING

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

AUGUST FILING

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

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

MARCH FILING

12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	No
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	No
16. Will the Trusted Surplus Statement be filed with the state of domicile and the NAIC by March 1?	No
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	No
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	No
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
20. Will the Confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	Yes
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	Yes
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	No
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	No
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No

APRIL FILING

28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	No
29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
30. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	No
31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	No
32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile AND the NAIC by April 1?	No

AUGUST FILING

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

Explanations:

Bar Codes:

Schedule SIS



1038720144200000

2014

Document Code: 420

Financial Guaranty Insurance Exhibit



1038720142400000

2014

Document Code: 240

Medicare Supplement Insurance Experience Exhibit



1038720143600000

2014

Document Code: 360

Supplement A to Schedule T



1038720144550000

2014

Document Code: 455

Trusted Surplus Statement



1038720144900000

2014

Document Code: 490

Premiums Attributed to Protected Cells Exhibit



1038720143850000

2014

Document Code: 385

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Reinsurance Summary Supplemental Filing



10387201440100000

2014

Document Code: 401

Exceptions to the Reinsurance Attestation Supplement



10387201440000000

2014

Document Code: 400

Director and Officer Supplement



10387201450500000

2014

Document Code: 505

Approval for Relief related to one-year cooling off period for inde. CPA



10387201422500000

2014

Document Code: 225

Credit Insurance Exhibit



10387201423000000

2014

Document Code: 230

Accident and Health Policy Experience Exhibit



1038720142100000

2014

Document Code: 210

Supplemental Health Care Exhibit's Expense Allocation Report



10387201421700000

2014

Document Code: 217

Medicare Part D Coverage Supplement



10387201436500000

2014

Document Code: 365

Bail Bond Supplement



10387201450000000

2014

Document Code: 500

Approval for Relief related to five-year rotation for lead Audit Partner



10387201422400000

2014

Document Code: 224

Approval for Relief related to Require. for Audit Committees



10387201422600000

2014

Document Code: 226

LTC Supplemental Interrogatories



10387201430600000

2014

Document Code: 306

Supplemental Health Care Exhibit



10387201421600000

2014

Document Code: 216

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **American Standard Insurance Company of Ohio**
OVERFLOW PAGE FOR WRITE-INS

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