



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)

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

614-464-5000

(Area Code) (Telephone Number)

614-464-5000

(Area Code) (Telephone Number)

317-931-7473

(Area Code) (Telephone Number) (Extension)

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



* 1 1 0 1 7 2 0 1 4 4 3 0 5 9 1 0 0 *

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

| Line of Business | BUSINESS IN GRAND TOTAL DURING THE YEAR | | | | | | | | | | | |
|--|---|-----------------------------|---|------------------------------|-----------------------------|---|-----------------------------|---------------------------|---|--|--|--|
| | 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 Premiums Written | 5 Direct Premiums Earned | 6 Direct Losses Paid (deducting salvage) | 7 Direct Losses Incurred | 8 Direct Losses Unpaid | 9 Direct Defense and Cost Containment Expense Paid | 10 Direct Defense and Cost Containment Expense Incurred | 11 Direct Defense and Cost Containment Expense Unpaid | 12 Commissions and Brokerage Expenses |
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | 1,578,337 | 1,677,855 | 0 | 810,187 | 37,201 | (74,910) | (8,039) | 27,603 | 24,456 | 1,185 | 315,620 | 36,288 |
| 2.1 Allied lines..... | 2,109,397 | 2,249,013 | 0 | 1,083,445 | 1,008,488 | 761,342 | 36,158 | 24,313 | 21,061 | 3,715 | 421,490 | 32,512 |
| 2.2 Multiple peril crop..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2.3 Federal flood..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2.4 Private crop..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Farmowners multiple peril..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Homeowners multiple peril..... | 24,567,424 | 25,544,167 | 0 | 12,801,796 | 11,093,245 | 10,989,097 | 4,394,206 | 406,266 | 438,058 | 126,304 | 5,348,162 | 453,128 |
| 5.1 Commercial multiple peril (non-liability portion)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5.2 Commercial multiple peril (liability portion)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Mortgage guaranty..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Ocean marine..... | 135,395 | 144,187 | 0 | 62,963 | 23,050 | 14,246 | 1,637 | 497 | 537 | 112 | 33,748 | 2,189 |
| 9. Inland marine..... | 838,877 | 843,303 | 0 | 434,408 | 273,666 | 320,083 | 94,344 | 2,204 | 2,982 | 1,867 | 185,923 | 13,565 |
| 10. Financial guaranty..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Medical professional liability..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Earthquake..... | 254,262 | 258,341 | 0 | 132,270 | 0 | 0 | 0 | 0 | 0 | 0 | 55,737 | 4,112 |
| 13. Group accident and health (b)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Credit A & H (group and individual)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.1 Collectively renewable A&H (b)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.2 Non-cancelable A & H (b)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.3 Guaranteed renewable A & H (b)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.4 Non-renewable for stated reasons only (b)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.5 Other accident only..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.7 All other A & H (b)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.8 Federal employees health benefits plan premium (b)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Workers' compensation..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17.1 Other liability-occurrence..... | 1,308,581 | 1,364,376 | 0 | 659,316 | 623,000 | 415,467 | 1,370,983 | .86,279 | 27,861 | 389,902 | 262,178 | 20,169 |
| 17.2 Other liability-claims-made..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17.3 Excess workers' compensation..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. Products liability..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.2 Other private passenger auto liability..... | 19,335,190 | 19,817,942 | 0 | 7,038,790 | 12,714,745 | 12,339,480 | 12,623,806 | .805,797 | .696,798 | .638,457 | 3,298,048 | 298,009 |
| 19.3 Commercial auto no-fault (personal injury protection)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.4 Other commercial auto liability..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21.1 Private passenger auto physical damage..... | 14,797,681 | 14,691,407 | 0 | 5,482,508 | 9,126,092 | 9,213,738 | (119,164) | .39,703 | .40,096 | .3,021 | 2,549,302 | 231,812 |
| 21.2 Commercial auto physical damage..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Aircraft (all perils)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. Fidelity..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24. Surety..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26. Burglary and theft..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27. Boiler and machinery..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28. Credit..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30. Warranty..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 64,925,144 | 66,590,591 | 0 | 28,505,683 | 34,899,487 | 33,978,543 | 18,393,931 | 1,392,662 | 1,251,849 | 1,164,563 | 12,470,208 | 1,091,784 |

DETAILS OF WRITE-INS

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

(a) Finance and service charges not included in Lines 1 to 35 \$....321,490.

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



* 1 1 0 1 7 2 0 1 4 4 3 0 3 6 1 0 0 *

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

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|--|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire..... | 1,578,337 | 1,677,855 | 0 | .810,187 | 37,201 | (74,910) | -(8,039) | .27,603 | .24,456 | 1,185 | 315,620 | .36,288 |
| 2.1 Allied lines..... | 2,109,397 | 2,249,013 | 0 | 1,083,445 | 1,008,488 | 761,342 | 36,158 | .24,313 | 0 | 21,061 | 3,715 | 421,490 |
| 2.2 Multiple peril crop..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2.3 Federal flood..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2.4 Private crop..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Farmowners multiple peril..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Homeowners multiple peril..... | 24,567,424 | 25,544,167 | 0 | 12,801,796 | 11,093,245 | 10,989,097 | 4,394,206 | .406,266 | .438,058 | 126,304 | 5,348,162 | .453,128 |
| 5.1 Commercial multiple peril (non-liability portion)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5.2 Commercial multiple peril (liability portion)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Mortgage guaranty..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Ocean marine..... | 135,395 | 144,187 | 0 | .62,963 | 23,050 | 14,246 | 1,637 | .497 | .537 | 112 | 33,748 | .2,189 |
| 9. Inland marine..... | 838,877 | 843,303 | 0 | .434,408 | .273,666 | 320,083 | .94,344 | .2,204 | .2,982 | .1,867 | 185,923 | .13,565 |
| 10. Financial guaranty..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Medical professional liability..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Earthquake..... | 254,262 | 258,341 | 0 | .132,270 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | .55,737 |
| 13. Group accident and health (b)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Credit A & H (group and individual)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.1 Collectively renewable A&H (b)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.2 Non-cancelable A & H (b)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.3 Guaranteed renewable A & H (b)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.4 Non-renewable for stated reasons only (b)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.5 Other accident only..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.7 All other A & H (b)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15.8 Federal employees health benefits plan premium (b)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Workers' compensation..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17.1 Other liability-occurrence..... | 1,308,581 | 1,364,376 | 0 | .659,316 | .623,000 | .415,467 | 1,370,983 | .86,279 | .27,861 | .389,902 | .262,178 | .20,169 |
| 17.2 Other liability-claims-made..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17.3 Excess workers' compensation..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. Products liability..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.1 Private passenger auto no-fault (personal injury protection)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.2 Other private passenger auto liability..... | 19,335,190 | 19,817,942 | 0 | .7,038,790 | 12,714,745 | 12,339,480 | 12,623,806 | .805,797 | .696,798 | .638,457 | 3,298,048 | .298,009 |
| 19.3 Commercial auto no-fault (personal injury protection)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.4 Other commercial auto liability..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21.1 Private passenger auto physical damage..... | 14,797,681 | 14,691,407 | 0 | .5,482,508 | .9,126,092 | 9,213,738 | -(119,164) | .39,703 | .40,096 | .3,021 | 2,549,302 | .231,812 |
| 21.2 Commercial auto physical damage..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Aircraft (all perils)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. Fidelity..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24. Surety..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26. Burglary and theft..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27. Boiler and machinery..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28. Credit..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30. Warranty..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS (a)..... | 64,925,144 | 66,590,591 | 0 | 28,505,683 | 34,899,487 | 33,978,543 | 18,393,931 | 1,392,662 | 1,251,849 | 1,164,563 | 12,470,208 | 1,091,784 |

DETAILS OF WRITE-INS

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

(a) Finance and service charges not included in Lines 1 to 35 \$....321,490.

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

SCHEDULE F - PART 1

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

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

Pools and Associations - Mandatory Pools

| | | | | | | | | | | | | | | |
|----------|--|------|----|----|----|----|----|----|----|----|----|----|----|----|
| 1099998. | Pools and Associations for which the total of column 8 is less than \$100,000-Mandatory..... | .218 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 1099999. | Pools and Associations - Mandatory Pools..... | .218 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 1299999. | Total Pools and Associations..... | .218 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 9999999. | Totals..... | .218 | .0 | .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**
SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

| 1 ID Number | 2 NAIC Company Code | 3 Name of Company | 4 Date of Contract | 5 Original Premium | 6 Reinsurance Premium |
|-------------------|------------------------------|----------------------|-----------------------|-----------------------|--------------------------|
|-------------------|------------------------------|----------------------|-----------------------|-----------------------|--------------------------|

NONE

SCHEDULE F - PART 3

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

| 1 ID Number | 2 NAIC Company Code | 3 Name of Reinsurer | 4 Domiciliary Jurisdiction | 5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written | 6 Reinsurance Premiums Ceded | Reinsurance Recoverable on | | | | | | | | | Reinsurance Payable | | 18 Net Amount Recoverable From Reinsurers Col. 15-[16+17] | 19 Funds Held By Company Under Reinsurance Treaties | | | |
|--|--|---|----------------------------------|---|---------------------------------------|----------------------------|------------------|--|--|--------------------------------|-------------------------------|----------------------------|---------------------------------|------------------------------------|------------------------------------|--|--|--|-----------|-----------|--------|
| | | | | | | 7 Paid Losses | 8 Paid LAE | 9 Known Case Loss Reserves | 10 Known Case LAE Reserves | 11 IBNR Loss Reserves | 12 IBNR LAE Reserves | 13 Unearned Premiums | 14 Contingent Commissions | 15 Cols. 7 thru 14 Totals | 16 Ceded Balances Payable | 17 Other Amounts Due to Reinsurers | | | | | |
| Authorized Affiliates-U.S. Intercompany Pooling | | | | | | | | | | | | | | | | | | | | | |
| 31-4316080. | 25135... | State Automobile Mutual Insurance Co..... | OH..... | | | 64,293 |8,132 |390 |13,146 |506 |5,115 |1,983 |28,502 |1,327 |59,101 |15,602 |0 |43,499 |0 | | |
| 0199999. | Total Authorized Affiliates - U.S. Intercompany Pooling..... | | | | | 64,293 |8,132 |390 |13,146 |506 |5,115 |1,983 |28,502 |1,327 |59,101 |15,602 |0 |43,499 |0 | | |
| 0899999. | Total Authorized Affiliates..... | | | | | 64,293 |8,132 |390 |13,146 |506 |5,115 |1,983 |28,502 |1,327 |59,101 |15,602 |0 |43,499 |0 | | |
| Authorized Other U.S. Unaffiliated Insurers | | | | | | | | | | | | | | | | | | | | | |
| 0999998. | Total Authorized Other U.S. Unaffiliated Insurers (Under \$100,000)..... | | | | | 299 |0 |0 |0 |0 |133 |0 |0 |0 |133 |(83) |0 |216 |2 | | |
| 0999999. | Total Authorized Other U.S. Unaffiliated Insurers..... | | | | | 299 |0 |0 |0 |0 |133 |0 |0 |0 |133 |(83) |0 |216 |2 | | |
| Authorized Pools-Mandatory Pools | | | | | | | | | | | | | | | | | | | | | |
| AA-9991503 | 00000... | Ohio Mine Subsidence Fund..... | OH..... | | | 6 |0 |0 |0 |0 |0 |0 |0 |3 |0 |3 |1 |0 |2 |0 | |
| 1099999. | Total Authorized Pools - Mandatory Pools..... | | | | | 6 |0 |0 |0 |0 |0 |0 |0 |3 |0 |3 |1 |0 |2 |0 | |
| Authorized Other Non-U.S. Insurers | | | | | | | | | | | | | | | | | | | | | |
| 1299998. | Total Authorized Other Non-U.S. Insurers (Under \$100,000)..... | | | | | 189 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |(17) |0 |17 |0 | |
| 1299999. | Total Authorized Other Non-U.S. Insurers..... | | | | | 189 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |(17) |0 |17 |0 | |
| 1399999. | Total Authorized..... | | | | | 64,787 |8,132 |390 |13,146 |506 |5,248 |1,983 |28,505 |1,327 |59,237 |15,503 |0 |43,734 |2 | | |
| Unauthorized Other Non-U.S. Insurers | | | | | | | | | | | | | | | | | | | | | |
| 2599998. | Total Unauthorized Other Non-U.S. Insurers (Under \$100,000)..... | | | | | 356 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |15 |0 |(15) |0 | |
| 2599999. | Total Unauthorized Other Non-U.S. Insurers..... | | | | | 356 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |15 |0 |(15) |0 |
| 2699999. | Total Unauthorized..... | | | | | 356 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |15 |0 |(15) |0 |
| 4099999. | Total Authorized, Unauthorized and Certified..... | | | | | 65,143 |8,132 |390 |13,146 |506 |5,248 |1,983 |28,505 |1,327 |59,237 |15,518 |0 |43,719 |2 | | |
| 9999999. | Totals..... | | | | | 65,143 |8,132 |390 |13,146 |506 |5,248 |1,983 |28,505 |1,327 |59,237 |15,518 |0 |43,719 |2 | | |

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

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

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

| 1 Name of Reinsurer | 2 Total Recoverables | 3 Ceded Premiums | 4 Affiliated |
|---|----------------------------|------------------------|-----------------|
| (1) State Automobile Mutual Insurance Co..... |59,101 |64,293 | Yes [X] No [] |
| (2) Ohio Mine Subsidence Fund..... |3 |6 | Yes [] No [X] |
| (3)..... |0 |0 | Yes [] No [] |
| (4)..... |0 |0 | Yes [] No [] |
| (5)..... |0 |0 | Yes [] No [] |

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 | 6 1 to 29 Days | 7 30 to 90 Days | 8 91 to 120 Days | 9 Over 120 Days | 10 Total Overdue Col. 6 + 7 + 8 + 9 | 11 | | |
| Authorized Affiliates-U.S. Intercompany Pooling | | | | | | | | | | | | |
| 31-4316080.. | 25135..... | State Automobile Mutual Insurance Co..... | OH..... | 8,522 |0 |0 |0 |0 |0 |0 | 8,522 |0.0 |
| 0199999. | | Total Authorized - Affiliates - U.S. Intercompany Pooling..... | | 8,522 |0 |0 |0 |0 |0 |0 | 8,522 |0.0 |
| 0899999. | | Total Authorized - Affiliates..... | | 8,522 |0 |0 |0 |0 |0 |0 | 8,522 |0.0 |
| 1399999. | | Total Authorized..... | | 8,522 |0 |0 |0 |0 |0 |0 | 8,522 |0.0 |
| 4099999. | | Total Authorized, Unauthorized and Certified..... | | 8,522 |0 |0 |0 |0 |0 |0 | 8,522 |0.0 |
| 9999999. | | Totals..... | | 8,522 |0 |0 |0 |0 |0 |0 | 8,522 |0.0 |

SCHEDULE F - PART 5

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

| 1 ID Number | 2 NAIC Company Code | 3 Name of Reinsurer | 4 Domiciliary Jurisdiction | 5 Reinsurance Recoverable all Items Schedule F, Part 3, Col. 15 | 6 Funds Held By Company Under Reinsurance Treaties | 7 Letters of Credit | 8 Issuing or Confirming Bank Reference Number (a) | 9 | 10 | 11 | 12 Total Collateral and Offsets Allowed (Cols. 6 + 7 + 9 + 10 + 11 but not in Excess of Col. 5) | 13 Trust Funds and Other Allowed Offset Items | 14 Provision for Unauthorized Reinsurance (Col. 5 minus Col. 12) | 15 Recoverable Paid Losses & LAE Expenses Over 90 Days Past Due not in Dispute | 16 20% of Amount in Dispute Included in Col. 5 | 17 Provision for Overdue Reinsurance (Col. 15 plus Col. 16) | 18 Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 13 plus Col. 17 but not in Excess of Col. 5) |
|--------------------------------|------------------------------------|------------------------------------|----------------------------------|---|---|------------------------------|--|-----------|--------|---------|--|---|---|--|---|--|---|
| Other Non-U.S. Insurers | | | | | | | | | | | | | | | | | |
| AA-3194128. | 00000.... | Allied World Assurance Co Ltd..... | BMU..... |0 |0 |0 |0 |3 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| AA-3190932. | 00000.... | Argo Re..... | BMU..... |0 |0 |0 |0 |1 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| AA-3194161. | 00000.... | Catlin Ins Co Ltd..... | BMU..... |0 |0 |0 |0 |(1) |0 |1 |0 |0 |0 |0 |0 |0 |0 |
| AA-3190060. | 00000.... | Hanover Re (bermuda) Ltd..... | BMU..... |0 |0 |0 |0 |4 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| AA-3194200. | 00000.... | Ms Frontier Reins Ltd..... | BMU..... |0 |0 |0 |0 |2 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| AA-1340004. | 00000.... | R V Versicherung Ag..... | DEU..... |0 |0 |0 |0 |5 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| AA-1460023. | 00000.... | Tokio Millennium Re AG..... | CHE..... |0 |0 |0 |0 |(12) |0 |12 |0 |0 |0 |0 |0 |0 |0 |
| AA-3190870. | 00000.... | Validus Reins Ltd..... | BMU..... |0 |0 |0 |0 |7 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| AA-3190757. | 00000.... | XI Re Ltd..... | BMU..... |0 |0 |0 |0 |6 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 1299999. | Total Other Non-U.S. Insurers..... | | |0 |0 |0 | XXX..... |15 |0 |13 |0 |0 |0 |0 |0 |0 |0 |
| 1399999. | Total Affiliates and Others..... | | |0 |0 |0 | XXX..... |15 |0 |13 |0 |0 |0 |0 |0 |0 |0 |
| 9999999. | Totals..... | | |0 |0 |0 | XXX..... |15 |0 |13 |0 |0 |0 |0 |0 |0 |0 |

1. Amounts in dispute totaling \$.....0 are included in Column 5.
2. Amounts in dispute totaling \$.....0 are excluded from Column 14.

Sch. F-Pt. 6-Section 1
NONE

Sch. F-Pt. 6-Section 2
NONE

Sch. F-Pt. 7
NONE

Sch. F-Pt. 8
NONE

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
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, Col. 3) | | | |
| 1. Cash and invested assets (Line 12)..... | 16,195,489 | 0 | 16,195,489 |
| 2. Premiums and considerations (Line 15)..... | 0 | 0 | 0 |
| 3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)..... | 8,522,092 | (8,522,092) | 0 |
| 4. Funds held by or deposited with reinsured companies (Line 16.2)..... | 0 | 0 | 0 |
| 5. Other assets..... | 7,540,295 | 0 | 7,540,295 |
| 6. Net amount recoverable from reinsurers..... | 0 | 44,684,051 | 44,684,051 |
| 7. Protected cell assets (Line 27)..... | 0 | 0 | 0 |
| 8. Totals (Line 28)..... | 32,257,876 | 36,161,959 | 68,419,835 |
| LIABILITIES (Page 3) | | | |
| 9. Losses and loss adjustment expenses (Lines 1 through 3)..... | 0 | 20,883,173 | 20,883,173 |
| 10. Taxes, expenses, and other obligations (Lines 4 through 8)..... | 207,315 | 2,292,392 | 2,499,707 |
| 11. Unearned premiums (Line 9)..... | 0 | 28,502,457 | 28,502,457 |
| 12. Advance premiums (Line 10)..... | 0 | 0 | 0 |
| 13. Dividends declared and unpaid (Line 11.1 and 11.2)..... | 0 | 0 | 0 |
| 14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)..... | 15,514,972 | (15,513,763) | 1,209 |
| 15. Funds held by company under reinsurance treaties (Line 13)..... | 2,300 | (2,300) | 0 |
| 16. Amounts withheld or retained by company for account of others (Line 14)..... | 0 | 0 | 0 |
| 17. Provision for reinsurance (Line 16)..... | 0 | 0 | 0 |
| 18. Other liabilities..... | 26,932 | 0 | 26,932 |
| 19. Total liabilities excluding protected cell business (Line 26)..... | 15,751,519 | 36,161,959 | 51,913,478 |
| 20. Protected cell liabilities (Line 27)..... | 0 | 0 | 0 |
| 21. Surplus as regards policyholders (Line 37)..... | 16,506,357 | XXX | 16,506,357 |
| 22. Totals (Line 38)..... | 32,257,876 | 36,161,959 | 68,419,835 |

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

If yes, give full explanation:

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

Sch. H-Pt. 1
NONE

Sch. H-Pt. 2
NONE

Sch. H-Pt. 3
NONE

Sch. H-Pt. 4
NONE

Sch. H-Pt. 5
NONE

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$000 omitted)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported-Direct and Assumed | |
|--|----------------------|--------------|---------------------|--------------------------------|---------|---------------------------------------|---------|------------------------------|---------|-------------------------------------|---|---|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | | |
| 1. Prior..... |XXX..... |XXX..... |XXX..... |0 |0 |0 |0 |0 |0 |0 |0 |XXX..... | |
| 2. 2005..... |0 |9 |(9) |0 |0 |0 |0 |0 |0 |0 |0 |0 | |
| 3. 2006..... |0 |12 |(12) |0 |0 |0 |0 |0 |0 |0 |0 |0 | |
| 4. 2007..... |0 |20 |(20) |0 |0 |0 |0 |0 |0 |0 |0 |0 | |
| 5. 2008..... |0 |13 |(13) |0 |0 |0 |0 |0 |0 |0 |0 |0 | |
| 6. 2009..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 | |
| 7. 2010..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 | |
| 8. 2011..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 | |
| 9. 2012..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 | |
| 10. 2013..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 | |
| 11. 2014..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 | |
| 12. Totals.... |XXX..... |XXX..... |XXX..... |0 |0 |0 |0 |0 |0 |0 |0 |XXX..... | |

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

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves after Discount | |
|----------------|---|--------------|--------------|---|--------------|--------------|---------------------|-----------------|---|---|-------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | | | | | | | | | | | |
| 1. Prior..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |0 |0 |XXX..... |0 |0 |
| 2. 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 |

Sch. P-Pt. 1B
NONE

Sch. P-Pt. 1C
NONE

Sch. P-Pt. 1D
NONE

Sch. P-Pt. 1E
NONE

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

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

SCHEDULE P - PART 1G - SPECIAL LIABILITY
(OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)
 (\$000 omitted)

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

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

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

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

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

**SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY AND THEFT)**
(\$000 omitted)

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

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding-Direct and Assumed |
|---------------|-----------------------|----------|-----------------------|----------|-------------------------------------|----------|-----------------------|----------|----------------------------|--------|--|---|--|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 | 22 | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | Direct and Assumed | Ceded | | | |
| 1. Prior.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 2. 2013.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 3. 2014.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 4. Totals.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves after Discount | | |
|---------------|---|--------------|--------------|---|--------------|--------------|---------------------|-----------------|---|---|-------------------------|--------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid | |
| | Assumed | Net | Assumed | Ceded | Net | Loss | Expense | Percentage | | Unpaid | Unpaid | |
| 1. Prior.. |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |0 |0 |XXX..... |0 |0 |XXX..... |
| 2. 2013..... |0 |0 |0 |0.0 |0.0 |0.0 |0 |0 |0.00 |0 |0 |XXX..... |
| 3. 2014..... |0 |0 |0 |0.0 |0.0 |0.0 |0 |0 |0.00 |0 |0 |XXX..... |
| 4. Totals.... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |0 |0 |XXX..... |0 |0 |XXX..... |

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE
(\$000 omitted)

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

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding-Direct and Assumed |
|----------------|-----------------------|----------|-----------------------|----------|-------------------------------------|----------|-----------------------|----------|----------------------------|--------|--|---|--|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 | 22 | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | Direct and Assumed | Ceded | | | |
| 1. Prior..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 2. 2013..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. 2014..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Totals..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves after Discount | |
|----------------|---|----------|----------|---|----------|----------|---------------------|-----------------|---|---|-------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | | | | | | | | | | | |
| 1. Prior.. | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... |0 |0 |XXX..... |0 |0 |
| 2. 2013..... | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.00 | 0 | 0 |
| 3. 2014..... | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0 | 0 | 0.00 | 0 | 0 |
| 4. Totals..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... |0 |0 |XXX..... |0 |0 |

Sch. P-Pt. 1K

NONE

Sch. P-Pt. 1L

NONE

Sch. P-Pt. 1M

NONE

Sch. P-Pt. 1N

NONE

Sch. P-Pt. 1O

NONE

Sch. P-Pt. 1P

NONE

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

NONE

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

NONE

Sch. P-Pt. 1S

NONE

Sch. P-Pt. 1T

NONE

Sch. P-Pt. 2A

NONE

Sch. P-Pt. 2B

NONE

Sch. P-Pt. 2C

NONE

Sch. P-Pt. 2D

NONE

Sch. P-Pt. 2E

NONE

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

NONE

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

NONE

Sch. P-Pt. 2G

NONE

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

NONE

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

NONE

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

| Years in Which Losses Were Incurred | Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted) | | | | | | | | | | Development | |
|-------------------------------------|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------|----------------|----------------|
| | 1 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..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |0..... |0..... |0..... |0..... |0..... |
| 2. 2013.... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |0..... |0..... |0..... |0..... |XXX..... |
| 3. 2014.... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |XXX..... |0..... |XXX..... |XXX..... |
| | | | | | | | | | | 4. Totals |0..... |0..... |

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

| | | | | | | | | | | | | |
|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------|--------------|--------------|
| 1. Prior..... |XXX..... |0..... |0..... |0..... |0..... |0..... |
| 2. 2013.... |XXX..... |0..... |0..... |0..... |0..... |XXX..... |
| 3. 2014.... |XXX..... |0..... |XXX..... |XXX..... |
| | | | | | | | | | | 4. Totals |0..... |0..... |

SCHEDULE P - PART 2K - FIDELITY/SURETY

| | | | | | | | | | | | | |
|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------|------------|------------|--------------|--------------|
| 1. Prior..... |XXX..... |0..... |0..... |0..... |0..... |0..... |
| 2. 2013.... |XXX..... |0..... |0..... |0..... |0..... |XXX..... |
| 3. 2014.... |XXX..... |0..... |0..... |0..... |XXX..... |XXX..... |
| | | | | | | | | | | 4. Totals |0..... |0..... |

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

| | | | | | | | | | | | | |
|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------|------------|------------|------------|--------------|
| 1. Prior..... |XXX..... |0..... |0..... |0..... |0..... |0..... |
| 2. 2013.... |XXX..... |0..... |0..... |0..... |0..... |XXX..... |
| 3. 2014.... |XXX..... |0..... |0..... |0..... |0..... |XXX..... |
| | | | | | | | | | | 4. Totals |0..... |0..... |

SCHEDULE P - PART 2M - INTERNATIONAL

| | | | | | | | | | | | | |
|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------|--------------|--------------|
| 1. Prior..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |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..... |

Sch. P-Pt. 2N
NONE

Sch. P-Pt. 2O
NONE

Sch. P-Pt. 2P
NONE

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

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

Sch. P-Pt. 2S
NONE

Sch. P-Pt. 2T
NONE

Sch. P-Pt. 3A
NONE

Sch. P-Pt. 3B
NONE

Sch. P-Pt. 3C
NONE

Sch. P-Pt. 3D
NONE

Sch. P-Pt. 3E
NONE

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

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

Sch. P-Pt. 3G
NONE

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

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

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

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

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

| | | | | | | | | | | | | |
|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--------|--------|--------|
| 1. Prior.... | XXX..... | 000..... | 0..... | 0..... | 0..... | 0..... |
| 2. 2013.... | XXX..... | 0..... | 0..... | 0..... | 0..... |
| 3. 2014.... | XXX..... | 0..... | 0..... | 0..... |

SCHEDULE P - PART 3K - FIDELITY/SURETY

| | | | | | | | | | | | | |
|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--------|----------|----------|
| 1. Prior.... | XXX..... | 000..... | 0..... | 0..... | XXX..... | XXX..... |
| 2. 2013.... | XXX..... | 0..... | 0..... | XXX..... | XXX..... |
| 3. 2014.... | XXX..... | 0..... | XXX..... | XXX..... |

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

| | | | | | | | | | | | | |
|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--------|----------|----------|
| 1. Prior.... | XXX..... | 000..... | 0..... | 0..... | XXX..... | XXX..... |
| 2. 2013.... | XXX..... | 0..... | 0..... | XXX..... | XXX..... |
| 3. 2014.... | XXX..... | 0..... | XXX..... | XXX..... |

SCHEDULE P - PART 3M - INTERNATIONAL

| | | | | | | | | | | | | |
|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--------|----------|----------|
| 1. Prior.... | 000..... | 0..... | 0..... | 0..... | 0..... | 0..... | 0..... | 0..... | 0..... | 0..... | XXX..... | XXX..... |
| 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 | 0 |
| 11. 2014.... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | 0 | 0 | 0 |

Sch. P-Pt. 3N
NONE

Sch. P-Pt. 3O
NONE

Sch. P-Pt. 3P
NONE

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

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

Sch. P-Pt. 3S
NONE

Sch. P-Pt. 3T
NONE

Sch. P-Pt. 4A
NONE

Sch. P-Pt. 4B
NONE

Sch. P-Pt. 4C
NONE

Sch. P-Pt. 4D
NONE

Sch. P-Pt. 4E
NONE

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

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

Sch. P-Pt. 4G
NONE

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

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

Sch. P-Pt. 4I

NONE

Sch. P-Pt. 4J

NONE

Sch. P-Pt. 4K

NONE

Sch. P-Pt. 4L

NONE

Sch. P-Pt. 4M

NONE

Sch. P-Pt. 4N

NONE

Sch. P-Pt. 4O

NONE

Sch. P-Pt. 4P

NONE

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

NONE

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

NONE

Sch. P-Pt. 4S

NONE

Sch. P-Pt. 4T

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Sch. P-Pt. 6H-Sn. 1B
NONE

Sch. P-Pt. 6H-Sn. 2B
NONE

Sch. P-Pt. 6M-Sn. 1
NONE

Sch. P-Pt. 6M-Sn. 2
NONE

Sch. P-Pt. 6N-Sn. 1
NONE

Sch. P-Pt. 6N-Sn. 2
NONE

Sch. P-Pt. 6O-Sn. 1
NONE

Sch. P-Pt. 6O-Sn. 2
NONE

Sch. P-Pt. 6R-Sn. 1A
NONE

Sch. P-Pt. 6R-Sn. 2A
NONE

Sch. P-Pt. 6R-Sn. 1B
NONE

Sch. P-Pt. 6R-Sn. 2B
NONE

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS

(\$000 Omitted)

SECTION 1

| Schedule P - Part 1 | 1 Total Net Losses and Expenses Unpaid | 2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts | 3 Loss Sensitive as Percentage of Total | 4 Total Net Premiums Written | 5 Net Premiums Written on Loss Sensitive Contracts | 6 Loss Sensitive as Percentage of Total |
|--|---|---|--|---------------------------------|---|--|
| 1. Homeowners/farmowners..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 2. Private passenger auto liability/medical..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 3. Commercial auto/truck liability/medical..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 4. Workers' compensation..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 5. Commercial multiple peril..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 6. Medical professional liability - occurrence..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 7. Medical professional liability - claims-made..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 8. Special liability..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 9. Other liability - occurrence..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 10. Other liability - claims-made..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 11. Special property..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 12. Auto physical damage..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 13. Fidelity/surety..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 14. Other..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 15. International..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 16. Reinsurance - nonproportional assumed property..... | XXX | XXX | XXX | XXX | XXX | XXX |
| 17. Reinsurance - nonproportional assumed liability..... | XXX | XXX | XXX | XXX | XXX | XXX |
| 18. Reinsurance - nonproportional assumed financial lines..... | XXX | XXX | XXX | XXX | XXX | XXX |
| 19. Products liability - occurrence..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 20. Products liability - claims-made..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 21. Financial guaranty/mortgage guaranty..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 22. Warranty..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 23. Totals..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |

SECTION 2

| Years in Which Policies Were Issued | Incurred 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 |

SECTION 3

| Years in Which Policies Were Issued | Bulk and Incurred But Not Reported Reserves for Losses and Defense and Cost Containment Expenses 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 |

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (continued)

SECTION 4

| Years in Which Policies Were Issued | Net Earned Premiums 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

SECTION 5

| Years in Which Policies Were Issued | Net Reserve for Premium Adjustments and Accrued Retrospective Premiums 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

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS

(\$000 Omitted)

SECTION 1

| Schedule P - Part 1 | 1 Total Net Losses and Expenses Unpaid | 2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts | 3 Loss Sensitive as Percentage of Total | 4 Total Net Premiums Written | 5 Net Premiums Written on Loss Sensitive Contracts | 6 Loss Sensitive as Percentage of Total |
|--|---|---|--|---------------------------------|---|--|
| | | | | | | |
| 1. Homeowners/farmowners..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 2. Private passenger auto liability/medical..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 3. Commercial auto/truck liability/medical..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 4. Workers' compensation..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 5. Commercial multiple peril..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 6. Medical professional liability - occurrence..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 7. Medical professional liability - claims-made..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 8. Special liability..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 9. Other liability - occurrence..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 10. Other liability - claims-made..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 11. Special property..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 12. Auto physical damage..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 13. Fidelity/surety..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 14. Other..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 15. International..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 16. Reinsurance - nonproportional assumed property..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 17. Reinsurance - nonproportional assumed liability..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 18. Reinsurance - nonproportional assumed financial lines..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 19. Products liability - occurrence..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 20. Products liability - claims-made..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 21. Financial guaranty/mortgage guaranty..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 22. Warranty..... | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| 23. Totals | 0 | 0 | 0.0 | 0 | 0 | 0.0 |

SECTION 2

| Years in Which Policies Were Issued | Incurred 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 |

SECTION 3

| Years in Which Policies Were Issued | Bulk and Incurred But Not Reported Reserves for Losses and Defense and Cost Containment Expenses 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 |

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (continued)

SECTION 4

| Years in Which Policies Were Issued | Net Earned Premiums Reported At Year End (\$000 Omitted) | | | | | | | | | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 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 |

SECTION 5

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

SECTION 6

| Years in Which Policies Were Issued | Incurred Adjustable Commissions 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 |

SECTION 7

| Years in Which Policies Were Issued | Reserves For Commission Adjustments 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 |

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

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

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

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

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

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

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

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

| Years in Which Premiums Were Earned and Losses Were Incurred | DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid | |
|--|---|-----------------------------|
| | 1 Section 1: Occurrence | 2 Section 2: Claims-Made |
| 1.601 Prior..... | 0 | 0 |
| 1.602 2005..... | 0 | 0 |
| 1.603 2006..... | 0 | 0 |
| 1.604 2007..... | 0 | 0 |
| 1.605 2008..... | 0 | 0 |
| 1.606 2009..... | 0 | 0 |
| 1.607 2010..... | 0 | 0 |
| 1.608 2011..... | 0 | 0 |
| 1.609 2012..... | 0 | 0 |
| 1.610 2013..... | 0 | 0 |
| 1.611 2014..... | 0 | 0 |
| 1.612 Totals..... | 0 | 0 |

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

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

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

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

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

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

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

5.1 Fidelity \$.....0

5.2 Surety \$.....0

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|----------------|-----------------------|-------------------|--------------|--------------|------------|--|---|----------------------|----------------------------------|---|--|---|---|--------|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Influence, Other Percentage | Ultimate Controlling Entity(ies)/Person(s) | * |
| Members | | | | | | | | | | | | | | |
| 0175..... | State Auto Group..... | 45934... | 41-1719183. | 0..... | 0..... | | American Compensation Insurance Company..... | MN..... | IA..... | RTW, Inc..... | Ownership..... | ...100.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0175..... | State Auto Group..... | 12311... | 41-1988144.. | 0..... | 0..... | | Bloomington Compensation Insurance Company..... | MN..... | IA..... | American Compensation Insurance Company..... | Ownership..... | ...100.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0175..... | State Auto Group..... | 23353... | 35-1135866.. | 0..... | 0..... | | Meridian Security Insurance Company..... | IN..... | IA..... | State Auto Holdings, Inc..... | Ownership..... | ...100.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0175..... | State Auto Group..... | 41653... | 46-0368854.. | 0..... | 0..... | | Milbank Insurance Company..... | IA..... | IA..... | State Auto Financial Corp..... | Ownership..... | ...100.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0175..... | State Auto Group..... | 14923... | 06-0487440.. | 0..... | 0..... | | Patrons Mutual Insurance Company of Connecticut.. | CT..... | IA..... | State Automobile Mutual Insurance Company..... | Board..... |0.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0175..... | State Auto Group..... | 30945... | 58-1140651.. | 0..... | 0..... | | Plaza Insurance Company..... | IA..... | IA..... | Rockhill Insurance Company..... | Ownership..... | ...100.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0175..... | State Auto Group..... | 28053... | 06-1149847.. | 0..... | 0..... | | Rockhill Insurance Company..... | AZ..... | IA..... | Rockhill Holding Company..... | Ownership..... | ...100.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0175..... | State Auto Group..... | 11017... | 31-1651026.. | 0..... | 0..... | | State Auto Insurance Company of Ohio..... | OH..... | RE..... | State Auto Financial Corp..... | Ownership..... | ...100.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0175..... | State Auto Group..... | 31755... | 39-1211058.. | 0..... | 0..... | | State Auto Insurance Company of Wisconsin..... | WI..... | IA..... | State Automobile Mutual Insurance Company..... | Ownership..... | ...100.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0175..... | State Auto Group..... | 25127... | 57-6010814.. | 0..... | 0..... | | State Auto Property & Casualty Insurance Company. | IA..... | IA..... | State Auto Financial Corp..... | Ownership..... | ...100.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0175..... | State Auto Group..... | 25135... | 31-4316080.. | 0..... | 0..... | | State Automobile Mutual Insurance Company..... | OH..... | UIP | Members..... | Ownership..... | ...100.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0..... | State Auto Group..... | 0..... | 31-1579525.. | 0..... | 0..... | | 518 Property & Mgmt. Leasing, LLC..... | OH..... | NIA..... | State Auto Property & Casualty Insurance Company. | Management..... |0.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0..... | State Auto Group..... | 0..... | 77-0573960.. | 0..... | 0..... | | CDC Holding Inc..... | CA..... | NIA..... | State Automobile Mutual Insurance Company..... | Ownership..... | ...100.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0..... | State Auto Group..... | 0..... | 75-6015185.. | 0..... | 0..... | | Eagle Development Corporation..... | TX..... | NIA..... | State Auto Holdings, Inc..... | Ownership..... | ...100.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0..... | State Auto Group..... | 0..... | 57-0468570.. | 0..... | 0..... | | Facilitators, Inc..... | SC..... | NIA..... | State Automobile Mutual Insurance Company..... | Ownership..... | ...100.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0..... | State Auto Group..... | 0..... | 13-3632811.. | 0..... | 0..... | | National Environmental Coverage Corporation..... | NY..... | NIA..... | Rockhill Insurance Company..... | Ownership..... | ...100.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0..... | State Auto Group..... | 0..... | 41-2098206.. | 0..... | 0..... | | Network E&S Insurance Brokers, LLC..... | CA..... | NIA..... | CDC Holding Inc..... | Ownership..... | ...100.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0..... | State Auto Group..... | 0..... | 62-1855334.. | 0..... | 0..... | | Partners General Insurance Agency, LLC..... | CA..... | NIA..... | CDC Holding Inc..... | Ownership..... | ...100.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0..... | State Auto Group..... | 0..... | 27-0231394.. | 0..... | 0..... | | Risk Evaluation & Design, LLC..... | MO..... | NIA..... | State Automobile Mutual Insurance Company..... | Ownership..... | ...100.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0..... | State Auto Group..... | 0..... | 25-1923260.. | 0..... | 0001347161 | | Rockhill Holding Company..... | DE..... | NIA..... | State Automobile Mutual Insurance Company..... | Ownership..... | ...100.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0..... | State Auto Group..... | 0..... | 20-8406742.. | 0..... | 0..... | | Rockhill Insurance Services LLC..... | CA..... | NIA..... | Rockhill Holding Company..... | Ownership..... | ...100.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0..... | State Auto Group..... | 0..... | 01-0712531.. | 0..... | 0..... | | Rockhill Underwriting Management LLC..... | MO..... | NIA..... | Rockhill Holding Company..... | Ownership..... | ...100.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0..... | State Auto Group..... | 0..... | 41-1440870.. | 0..... | 0000915781 | | RTW, Inc..... | MN..... | NIA..... | Rockhill Holding Company..... | Ownership..... | ...100.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0..... | State Auto Group..... | 0..... | 31-1324304.. | 0..... | 0000874977 | NASDAQ.. | State Auto Financial Corp..... | OH..... | UDP..... | State Automobile Mutual Insurance Company..... | Ownership..... | ...62.500 | State Automobile Mutual Insurance Company.... | 0..... |
| 0..... | State Auto Group..... | 0..... | 20-8756040.. | 0..... | 0..... | | State Auto Holdings, Inc..... | OH..... | NIA..... | State Automobile Mutual Insurance Company..... | Ownership..... | ...100.000 | State Automobile Mutual Insurance Company.... | 0..... |
| 0..... | State Auto Group..... | 0..... | 31-0676465.. | 0..... | 0..... | | Stateco Financial Services, Inc..... | OH..... | NIA..... | State Auto Financial Corp..... | Ownership..... | ...100.000 | State Automobile Mutual Insurance Company.... | 0..... |

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/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8 Management Agreements and Service Contracts | 9 Income/ (Disbursements) Incurred under Reinsurance Agreements | 10 * | 11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | 12 | 13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) | |
|--------------------------------|---------------------|---|-------------------------------|-------------------------------|--|--|--|--|--------------|--|--------------|---|------------|
| Affiliated Transactions | | | | | | | | | | | | | |
| 25135..... | 31-4316080..... | State Automobile Mutual Insurance Company..... | 10,233,156 | 0 | 0 | 0 | 0 | 27,267,316 | * | 0 | 37,500,472 | (28,043,570) | |
| 25127..... | 57-6010814..... | State Auto Property & Casualty Insurance Company..... | (18,850,000) | 0 | 0 | 0 | 0 | 0 | * | 0 | (18,850,000) | 0 | |
| 31755..... | 39-1211058..... | State Auto Insurance Company of Wisconsin..... | 0 | 0 | 0 | 0 | 0 | 0 | * | 0 | 0 | 0 | |
| 11017..... | 31-1651026..... | State Auto Insurance Company of Ohio..... | 0 | 0 | 0 | 0 | 0 | 0 | * | 0 | 0 | 0 | |
| 41653..... | 46-0368854..... | Milbank Insurance Company..... | (1,000,000) | 0 | 0 | 0 | 0 | 0 | * | 0 | (1,000,000) | 0 | |
| 23353..... | 35-1135866..... | Meridian Security Insurance Company..... | 0 | 0 | 0 | 0 | 0 | 0 | * | 0 | 0 | 0 | |
| 14923..... | 06-0487440..... | Patrons Mutual Insurance Company of Connecticut..... | 0 | 0 | 0 | 0 | 0 | 0 | * | 0 | 0 | 0 | |
| 28053..... | 06-1149847..... | Rockhill Insurance Company..... | 0 | 0 | 0 | 0 | 0 | (15,353,987) | (27,373,017) | * | 0 | (42,727,004) | 24,625,415 |
| 30945..... | 58-1140651..... | Plaza Insurance Company..... | 0 | 0 | 0 | 0 | 0 | 0 | * | 0 | 164,272 | 3,323,286 | |
| 45934..... | 41-1719183..... | American Compensation Insurance Company..... | 0 | 0 | 0 | 0 | 0 | 0 | * | 0 | (58,571) | 94,869 | |
| 12311..... | 41-1988144..... | Bloomington Compensation Insurance Company..... | 0 | 0 | 0 | 0 | 0 | 0 | * | 0 | 0 | 0 | |
| 0..... | 31-0676465..... | Stateco Financial Services, Inc..... | (3,100,000) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (3,100,000) | 0 | |
| 0..... | 31-1324304..... | State Auto Financial Corporation..... | 13,746,558 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13,746,558 | 0 | |
| 0..... | 31-1579525..... | 518 Property and Management Leasing, LLC..... | (1,000,000) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (1,000,000) | 0 | |
| 0..... | 27-0231394..... | Risk Evaluation & Design, LLC..... | (29,714) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (29,714) | 0 | |
| 0..... | 01-0712531..... | Rockhill Underwriting Management, LLC..... | 0 | 0 | 0 | 0 | 0 | 15,353,987 | 0 | 0 | 15,353,987 | 0 | |
| 9999999..... | Control Totals..... | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | |

86

Detailed Explanation

See Note 26 for detailed list of pooling percentages.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

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

APRIL FILING

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

MAY FILING

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

JUNE FILING

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

AUGUST FILING

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

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

MARCH FILING

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

APRIL FILING

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

AUGUST FILING

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE **STATE AUTO INSURANCE COMPANY OF OHIO**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

EXPLANATIONS:

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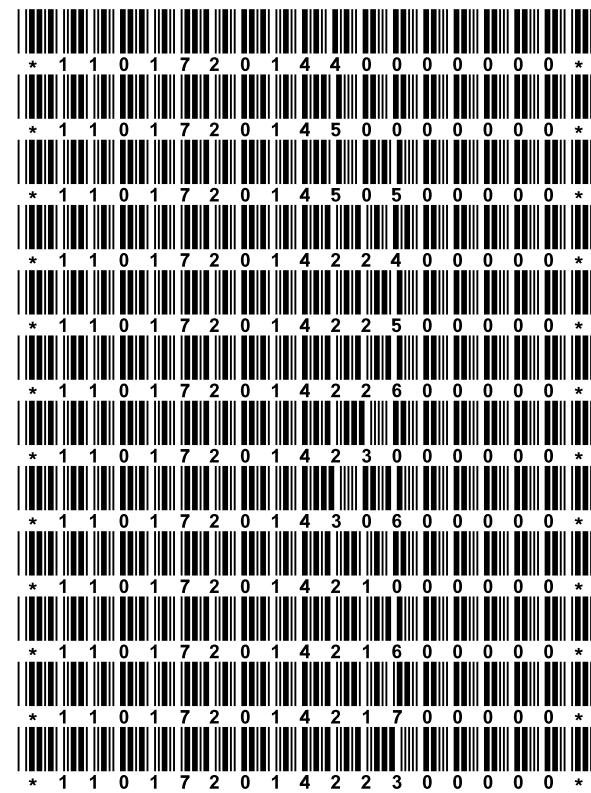
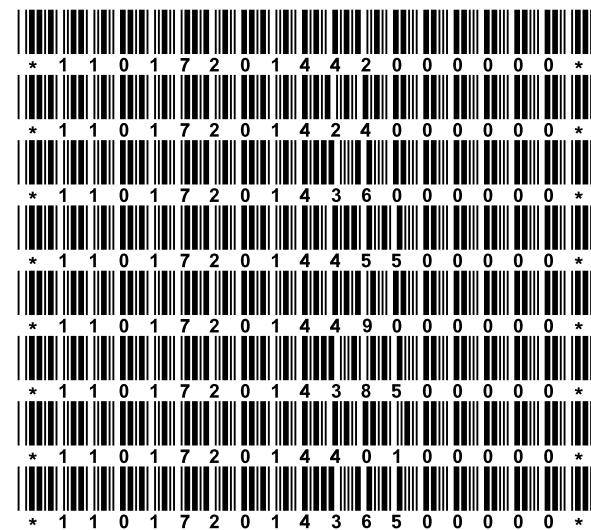
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2014 ALPHABETICAL INDEX -- PROPERTY & CASUALTY ANNUAL STATEMENT BLANK

| | | | |
|--|------|--|------|
| Assets | 2 | Schedule P-Part 2G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery) | 58 |
| Cash Flow | 5 | Schedule P-Part 2H-Section 1-Other Liability-Occurrence | 58 |
| Exhibit of Capital Gains (Losses) | 12 | Schedule P-Part 2H-Section 2-Other Liability-Claims-Made | 58 |
| Exhibit of Net Investment Income | 12 | Schedule P-Part 2I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, Theft) | 59 |
| Exhibit of Nonadmitted Assets | 13 | Schedule P-Part 2J-Auto Physical Damage | 59 |
| Exhibit of Premiums and Losses (State Page) | 19 | Schedule P-Part 2K-Fidelity, Surety | 59 |
| Five-Year Historical Data | 17 | Schedule P-Part 2L-Other (Including Credit, Accident and Health) | 59 |
| General Interrogatories | 15 | Schedule P-Part 2M-International | 59 |
| Jurat Page | 1 | Schedule P-Part 2N-Reinsurance - Nonproportional Assumed Property | 60 |
| Liabilities, Surplus and Other Funds | 3 | Schedule P-Part 2O-Reinsurance - Nonproportional Assumed Liability | 60 |
| Notes To Financial Statements | 14 | Schedule P-Part 2P-Reinsurance - Nonproportional Assumed Financial Lines | 60 |
| Overflow Page For Write-ins | 100 | Schedule P-Part 2R-Section 1-Products Liability-Occurrence | 61 |
| Schedule A-Part 1 | E01 | Schedule P-Part 2R-Section 2-Products Liability-Claims-Made | 61 |
| Schedule A-Part 2 | E02 | Schedule P-Part 2S-Financial Guaranty/Mortgage Guaranty | 61 |
| Schedule A-Part 3 | E03 | Schedule P-Part 2T-Warranty | 61 |
| Schedule A-Verification Between Years | SI02 | Schedule P-Part 3A-Homeowners/Farmowners | 62 |
| Schedule B-Part 1 | E04 | Schedule P-Part 3B-Private Passenger Auto Liability/Medical | 62 |
| Schedule B-Part 2 | E05 | Schedule P-Part 3C-Commercial Auto/Truck Liability/Medical | 62 |
| Schedule B-Part 3 | E06 | Schedule P-Part 3D-Workers' Compensation (Excluding Excess Workers Compensation) | 62 |
| Schedule B-Verification Between Years | SI02 | Schedule P-Part 3E-Commercial Multiple Peril | 62 |
| Schedule BA-Part 1 | E07 | Schedule P-Part 3F-Section 1-Medical Professional Liability-Occurrence | 63 |
| Schedule BA-Part 2 | E08 | Schedule P-Part 3F-Section 2-Medical Professional Liability-Claims-Made | 63 |
| Schedule BA-Part 3 | E09 | Schedule P-Part 3G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery) | 63 |
| Schedule BA-Verification Between Years | SI03 | Schedule P-Part 3H-Section 1-Other Liability-Occurrence | 63 |
| Schedule D-Part 1 | E10 | Schedule P-Part 3H-Section 2-Other Liability-Claims-Made | 63 |
| Schedule D-Part 1A-Section 1 | SI05 | Schedule P-Part 3I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, Theft) | 64 |
| Schedule D-Part 1A-Section 2 | SI08 | Schedule P-Part 3J-Auto Physical Damage | 64 |
| Schedule D-Part 2-Section 1 | E11 | Schedule P-Part 3K-Fidelity/Surety | 64 |
| Schedule D-Part 2-Section 2 | E12 | Schedule P-Part 3L-Other (Including Credit, Accident and Health) | 64 |
| Schedule D-Part 3 | E13 | Schedule P-Part 3M-International | 64 |
| Schedule D-Part 4 | E14 | Schedule P-Part 3N-Reinsurance - Nonproportional Assumed Property | 65 |
| Schedule D-Part 5 | E15 | Schedule P-Part 3O-Reinsurance - Nonproportional Assumed Liability | 65 |
| Schedule D-Part 6-Section 1 | E16 | Schedule P-Part 3P-Reinsurance - Nonproportional Assumed Financial Lines | 65 |
| Schedule D-Part 6-Section 2 | E16 | Schedule P-Part 3R-Section 1-Products Liability-Occurrence | 66 |
| Schedule D-Summary By Country | SI04 | Schedule P-Part 3R-Section 2-Products Liability-Claims-Made | 66 |
| Schedule D-Verification Between Years | SI03 | Schedule P-Part 3S-Financial Guaranty/Mortgage Guaranty | 66 |
| Schedule DA-Part 1 | E17 | Schedule P-Part 3T-Warranty | 66 |
| Schedule DA-Verification Between Years | SI10 | Schedule P-Part 4A-Homeowners/Farmowners | 67 |
| Schedule DB-Part A-Section 1 | E18 | Schedule P-Part 4B-Private Passenger Auto Liability/Medical | 67 |
| Schedule DB-Part A-Section 2 | E19 | Schedule P-Part 4C-Commercial Auto/Truck Liability/Medical | 67 |
| Schedule DB-Part A-Verification Between Years | SI11 | Schedule P-Part 4D-Workers' Compensation (Excluding Excess Workers Compensation) | 67 |
| Schedule DB-Part B-Section 1 | E20 | Schedule P-Part 4E-Commercial Multiple Peril | 67 |
| Schedule DB-Part B-Section 2 | E21 | Schedule P-Part 4F-Section 1-Medical Professional Liability-Occurrence | 68 |
| Schedule DB-Part B-Verification Between Years | SI11 | Schedule P-Part 4F-Section 2-Medical Professional Liability-Claims-Made | 68 |
| Schedule DB-Part C-Section 1 | SI12 | Schedule P-Part 4G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery) | 68 |
| Schedule DB-Part C-Section 2 | SI13 | Schedule P-Part 4H-Section 1-Other Liability-Occurrence | 68 |
| Schedule DB-Part D-Section 1 | E22 | Schedule P-Part 4H-Section 2-Other Liability-Claims-Made | 68 |
| Schedule DB-Part D-Section 2 | E23 | Schedule P-Part 4I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft) | 69 |
| Schedule DB-Verification | SI14 | Schedule P-Part 4J-Auto Physical Damage | 69 |
| Schedule DL-Part 1 | E24 | Schedule P-Part 4K-Fidelity/Surety | 69 |
| Schedule DL-Part 2 | E25 | Schedule P-Part 4L-Other (Including Credit, Accident and Health) | 69 |
| Schedule E-Part 1-Cash | E26 | Schedule P-Part 4M-International | 69 |
| Schedule E-Part 2-Cash Equivalents | E27 | Schedule P-Part 4N-Reinsurance - Nonproportional Assumed Property | 70 |
| Schedule E-Part 3-Special Deposits | E28 | Schedule P-Part 4O-Reinsurance - Nonproportional Assumed Liability | 70 |
| Schedule E-Verification Between Years | SI15 | Schedule P-Part 4P-Reinsurance - Nonproportional Assumed Financial Lines | 70 |
| Schedule F-Part 1 | 20 | Schedule P-Part 4R-Section 1-Products Liability-Occurrence | 71 |
| Schedule F-Part 2 | 21 | Schedule P-Part 4R-Section 2-Products Liability-Claims-Made | 71 |
| Schedule F-Part 3 | 22 | Schedule P-Part 4S-Financial Guaranty/Mortgage Guaranty | 71 |
| Schedule F-Part 4 | 23 | Schedule P-Part 4T-Warranty | 71 |
| Schedule F-Part 5 | 24 | Schedule P-Part 5A-Homeowners/Farmowners | 72 |
| Schedule F-Part 6-Section 1 | 25 | Schedule P-Part 5B-Private Passenger Auto Liability/Medical | 73 |
| Schedule F-Part 6-Section 2 | 26 | Schedule P-Part 5C-Commercial Auto/Truck Liability/Medical | 74 |
| Schedule F-Part 7 | 27 | Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers Compensation) | 75 |
| Schedule F-Part 8 | 28 | Schedule P-Part 5E-Commercial Multiple Peril | 76 |
| Schedule F-Part 9 | 29 | Schedule P-Part 5F-Medical Professional Liability-Claims-Made | 78 |
| Schedule H-Accident and Health Exhibit-Part 1 | 30 | Schedule P-Part 5F-Medical Professional Liability-Occurrence | 77 |
| Schedule H-Part 2, Part 3 and Part 4 | 31 | Schedule P-Part 5H-Other Liability-Claims-Made | 80 |
| Schedule H-Part 5-Health Claims | 32 | Schedule P-Part 5H-Other Liability-Occurrence | 79 |
| Schedule P-Part 1-Summary | 33 | Schedule P-Part 5R-Products Liability-Claims-Made | 82 |
| Schedule P-Part 1A-Homeowners/Farmowners | 35 | Schedule P-Part 5R-Products Liability-Occurrence | 81 |
| Schedule P-Part 1B-Private Passenger Auto Liability/Medical | 36 | Schedule P-Part 5T-Warranty | 83 |
| Schedule P-Part 1C-Commercial Auto/Truck Liability/Medical | 37 | Schedule P-Part 6C-Commercial Auto/Truck Liability/Medical | 84 |
| Schedule P-Part 1D-Workers' Compensation (Excluding Excess Workers Compensation) | 38 | Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers Compensation) | 84 |
| Schedule P-Part 1E-Commercial Multiple Peril | 39 | Schedule P-Part 6E-Commercial Multiple Peril | 85 |
| Schedule P-Part 1F-Section 1-Medical Professional Liability-Occurrence | 40 | Schedule P-Part 6H-Other Liability-Claims-Made | 86 |
| Schedule P-Part 1F-Section 2-Medical Professional Liability-Claims-Made | 41 | Schedule P-Part 6H-Other Liability-Occurrence | 85 |
| Schedule P-Part 1G-Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler & Machinery) | 42 | Schedule P-Part 6M-International | 86 |
| Schedule P-Part 1H-Section 1-Other Liability-Occurrence | 43 | Schedule P-Part 6N-Reinsurance - Nonproportional Assumed Property | 87 |
| Schedule P-Part 1H-Section 2-Other Liability-Claims-Made | 44 | Schedule P-Part 6O-Reinsurance - Nonproportional Assumed Liability | 87 |
| Schedule P-Part 1I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft) | 45 | Schedule P-Part 6R-Products Liability-Claims-Made | 88 |
| Schedule P-Part 1J-Auto Physical Damage | 46 | Schedule P-Part 6R-Products Liability-Occurrence | 88 |
| Schedule P-Part 1K-Fidelity/Surety | 47 | Schedule P-Part 7A-Primary Loss Sensitive Contracts | 89 |
| Schedule P-Part 1L-Other (Including Credit, Accident and Health) | 48 | Schedule P-Part 7B-Reinsurance Loss Sensitive Contracts | 91 |
| Schedule P-Part 1M-International | 49 | Schedule P-Interrogatories | 93 |
| Schedule P-Part 1N-Reinsurance - Nonproportional Assumed Property | 50 | Schedule T-Exhibit of Premiums Written | 94 |
| Schedule P-Part 1O-Reinsurance - Nonproportional Assumed Liability | 51 | Schedule T-Part 2-Interstate Compact | 95 |
| Schedule P-Part 1P-Reinsurance - Nonproportional Assumed Financial Lines | 52 | Schedule Y-Information Concerning Activities of Insurer Members of a Holding Company Group | 96 |
| Schedule P-Part 1R-Section 1-Products Liability-Occurrence | 53 | Schedule Y-Detail of Insurance Holding Company System | 97 |
| Schedule P-Part 1R-Section 2-Products Liability-Claims-Made | 54 | Schedule Y-Part 2-Summary of Insurer's Transactions With Any Affiliates | 98 |
| Schedule P-Part 1S-Financial Guaranty/Mortgage Guaranty | 55 | Statement of Income | 4 |
| Schedule P-Part 1T-Warranty | 56 | Summary Investment Schedule | SI01 |
| Schedule P-Part 2, Part 3 and Part 4 - Summary | 34 | Supplemental Exhibits and Schedules Interrogatories | 99 |
| Schedule P-Part 2A-Homeowners/Farmowners | 57 | Underwriting and Investment Exhibit Part 1 | 6 |
| Schedule P-Part 2B-Private Passenger Auto Liability/Medical | 57 | Underwriting and Investment Exhibit Part 1A | 7 |
| Schedule P-Part 2C-Commercial Auto/Truck Liability/Medical | 57 | Underwriting and Investment Exhibit Part 1B | 8 |
| Schedule P-Part 2D-Workers' Compensation (Excluding Excess Workers Compensation) | 57 | Underwriting and Investment Exhibit Part 2 | 9 |
| Schedule P-Part 2E-Commercial Multiple Peril | 57 | Underwriting and Investment Exhibit Part 2A | 10 |
| Schedule P-Part 2F-Section 1-Medical Professional Liability-Occurrence | 58 | Underwriting and Investment Exhibit Part 3 | 11 |
| Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made | 58 | | |