

Statement for June 30, 2015 of the **STATE AUTO INSURANCE COMPANY OF OHIO**
ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	14,624,353	0	14,624,353	14,391,338
2. Stocks:				
2.1 Preferred stocks.....	0	0	0	0
2.2 Common stocks.....	1,367,404	0	1,367,404	1,396,450
3. Mortgage loans on real estate:				
3.1 First liens.....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	0	0	0	0
4.2 Properties held for the production of income (less \$.....0 encumbrances).....	0	0	0	0
4.3 Properties held for sale (less \$.....0 encumbrances).....	0	0	0	0
5. Cash (\$....247,648), cash equivalents (\$.....0) and short-term investments (\$.....0).....	247,648	0	247,648	407,701
6. Contract loans (including \$.....0 premium notes).....	0	0	0	0
7. Derivatives.....	0	0	0	0
8. Other invested assets.....	0	0	0	0
9. Receivables for securities.....	0	0	0	0
10. Securities lending reinvested collateral assets.....	0	0	0	0
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	16,239,405	0	16,239,405	16,195,489
13. Title plants less \$.....0 charged off (for Title insurers only).....	0	0	0	0
14. Investment income due and accrued.....	119,506	0	119,506	88,756
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	0	0	0	0
15.3 Accrued retrospective premiums.....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	8,058,606	0	8,058,606	8,522,092
16.2 Funds held by or deposited with reinsured companies.....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts.....	0	0	0	0
17. Amounts receivable relating to uninsured plans.....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon.....	0	0	0	0
18.2 Net deferred tax asset.....	513,088	143,173	369,915	439,437
19. Guaranty funds receivable or on deposit.....	0	0	0	0
20. Electronic data processing equipment and software.....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$.....0).....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates.....	8,639,607	0	8,639,607	7,012,102
24. Health care (\$.....0) and other amounts receivable.....	0	0	0	0
25. Aggregate write-ins for other than invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	33,570,212	143,173	33,427,039	32,257,876
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0	0
28. Total (Lines 26 and 27).....	33,570,212	143,173	33,427,039	32,257,876

DETAILS OF WRITE-INS

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

STATE AUTO INSURANCE COMPANY OF OHIO
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$.....0)	0	0
2. Reinsurance payable on paid losses and loss adjustment expenses	0	0
3. Loss adjustment expenses	0	0
4. Commissions payable, contingent commissions and other similar charges	0	0
5. Other expenses (excluding taxes, licenses and fees)	0	0
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	0	0
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses))	25,931	207,315
7.2 Net deferred tax liability	0	0
8. Borrowed money \$.....0 and interest thereon \$.....0	0	0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$....27,947,984 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act)	0	0
10. Advance premium	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	16,680,709	15,514,972
13. Funds held by company under reinsurance treaties	2,300	2,300
14. Amounts withheld or retained by company for account of others	0	0
15. Remittances and items not allocated	0	0
16. Provision for reinsurance (including \$.....0 certified)	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates	0	0
18. Drafts outstanding	0	0
19. Payable to parent, subsidiaries and affiliates	9,656	9,307
20. Derivatives	0	0
21. Payable for securities	0	0
22. Payable for securities lending	0	0
23. Liability for amounts held under uninsured plans	0	0
24. Capital notes \$.....0 and interest thereon \$.....0	0	0
25. Aggregate write-ins for liabilities	16,401	17,625
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	16,734,997	15,751,519
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	16,734,997	15,751,519
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	2,300,000	2,300,000
31. Preferred capital stock	0	0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes	0	0
34. Gross paid in and contributed surplus	3,823,680	3,823,680
35. Unassigned funds (surplus)	10,568,362	10,382,677
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0)	0	0
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0)	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	16,692,042	16,506,357
38. Totals (Page 2, Line 28, Col. 3)	33,427,039	32,257,876

DETAILS OF WRITE-INS

2501. Equities and deposits in pools and associations	16,401	17,625
2502. ....0	0	0
2503. ....0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	16,401	17,625
2901. ....0	0	0
2902. ....0	0	0
2903. ....0	0	0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	0
3201. ....0	0	0
3202. ....0	0	0
3203. ....0	0	0
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above)	0	0

Statement for June 30, 2015 of the **STATE AUTO INSURANCE COMPANY OF OHIO**
STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct..... (written \$....31,703,898)	32,261,597	33,717,209	66,590,590
1.2 Assumed..... (written \$....103,279)	103,279	109,776	217,927
1.3 Ceded..... (written \$....31,807,177)	32,364,876	33,826,985	66,808,517
1.4 Net..... (written \$....0)	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$.....0):			
2.1 Direct.....	17,106,048	21,291,943	33,978,542
2.2 Assumed.....	45,632	58,108	105,292
2.3 Ceded.....	17,151,680	21,350,051	34,083,834
2.4 Net.....	0	0	0
3. Loss adjustment expenses incurred.....	0	0	0
4. Other underwriting expenses incurred.....	0	0	0
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	0	0	0
7. Net income of protected cells.....	0	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	0	0	0
INVESTMENT INCOME			
9. Net investment income earned.....	262,386	275,375	540,546
10. Net realized capital gains (losses) less capital gains tax of \$....695.....	32,272	68,100	170,822
11. Net investment gain (loss) (Lines 9 + 10).....	294,658	343,475	711,368
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0	0	0
13. Finance and service charges not included in premiums.....	0	0	0
14. Aggregate write-ins for miscellaneous income.....	0	0	0
15. Total other income (Lines 12 through 14).....	0	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	294,658	343,475	711,368
17. Dividends to policyholders.....	0	0	0
18. Net income after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17).....	294,658	343,475	711,368
19. Federal and foreign income taxes incurred.....	4,921	2,807	144,309
20. Net income (Line 18 minus Line 19) (to Line 22).....	289,737	340,668	567,059
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year.....	16,506,357	15,938,927	15,938,927
22. Net income (from Line 20).....	289,737	340,668	567,059
23. Net transfers (to) from Protected Cell accounts.....	0	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$....(12,086).....	(22,444)	32,500	(20,709)
25. Change in net unrealized foreign exchange capital gain (loss).....	0	0	0
26. Change in net deferred income tax.....	(73,609)	(97,831)	(27,216)
27. Change in nonadmitted assets.....	(7,999)	66,555	48,296
28. Change in provision for reinsurance.....	0	0	0
29. Change in surplus notes.....	0	0	0
30. Surplus (contributed to) withdrawn from protected cells.....	0	0	0
31. Cumulative effect of changes in accounting principles.....	0	0	0
32. Capital changes:			
32.1 Paid in.....	0	0	0
32.2 Transferred from surplus (Stock Dividend).....	0	0	0
32.3 Transferred to surplus.....	0	0	0
33. Surplus adjustments:			
33.1 Paid in.....	0	0	0
33.2 Transferred to capital (Stock Dividend).....	0	0	0
33.3 Transferred from capital.....	0	0	0
34. Net remittances from or (to) Home Office.....	0	0	0
35. Dividends to stockholders.....	0	0	0
36. Change in treasury stock.....	0	0	0
37. Aggregate write-ins for gains and losses in surplus.....	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37).....	185,685	341,892	567,430
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	16,692,042	16,280,819	16,506,357

DETAILS OF WRITE-INS

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

Statement for June 30, 2015 of the **STATE AUTO INSURANCE COMPANY OF OHIO**
CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	1,165,737	1,220,120	(786,853)
2. Net investment income.....	265,832	296,449	600,503
3. Miscellaneous income.....	0	0	0
4. Total (Lines 1 through 3).....	1,431,569	1,516,569	(186,350)
5. Benefit and loss related payments.....	(463,486)	1,667,039	264,371
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	0	0	0
8. Dividends paid to policyholders.....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	.187,000	.40,000	.34,433
10. Total (Lines 5 through 9).....	(276,486)	1,707,039	298,804
11. Net cash from operations (Line 4 minus Line 10).....	1,708,055	(190,470)	(485,154)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	1,242,852	3,203,091	4,382,552
12.2 Stocks.....	0	0	505,142
12.3 Mortgage loans.....	0	0	0
12.4 Real estate.....	0	0	0
12.5 Other invested assets.....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	0	0	0
12.7 Miscellaneous proceeds.....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	1,242,852	3,203,091	4,887,694
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	1,482,177	3,139,704	5,652,735
13.2 Stocks.....	0	0	0
13.3 Mortgage loans.....	0	0	0
13.4 Real estate.....	0	0	0
13.5 Other invested assets.....	0	0	0
13.6 Miscellaneous applications.....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	1,482,177	3,139,704	5,652,735
14. Net increase or (decrease) in contract loans and premium notes.....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(239,325)	63,387	(765,041)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds.....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0	0
16.5 Dividends to stockholders.....	0	0	0
16.6 Other cash provided (applied).....	(1,628,783)	446,859	1,051,304
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(1,628,783)	446,859	1,051,304
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(160,053)	319,776	(198,891)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	.407,701	.606,592	.606,592
19.2 End of period (Line 18 plus Line 19.1).....	.247,648	.926,368	.407,701

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

20.0001	0	0	0
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NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies:

A. Accounting Practices:

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

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

Description	State of Domicile	Amount (\$)	
		2015	2014
Net income, OH basis	OH	289,737	567,059
State prescribed practice		-	-
State permitted practice		-	-
Net income, NAIC SAP basis	OH	289,737	567,059
Statutory surplus, OH basis	OH	16,692,042	16,506,357
State prescribed practice		-	-
State permitted practice		-	-
Statutory surplus, NAIC SAP basis	OH	16,692,042	16,506,357

C. Accounting Policy:

6. Loan-backed securities are valued at amortized cost using the scientific interest method. The retrospective adjustment method is used to determine the fair value of all loan-backed securities.

2. Accounting Changes and Corrections of Errors:

No substantial change from December 31, 2014.

3. Business Combinations and Goodwill:

No substantial change from December 31, 2014.

4. Discontinued Operations:

No substantial change from December 31, 2014.

5. Investments:

A. Mortgage Loans: Not applicable.

B. Debt Restructuring: Not applicable.

C. Reverse Mortgages: Not applicable.

D. Loan-Backed Securities:

1. Prepayment assumptions for mortgage-backed securities, asset-backed securities and collateralized mortgage obligations were generated using a purchased prepayment model. The prepayment model uses a number of factors to estimate prepayment activity including the time of year (seasonality), current levels of interest rates (refinancing incentive), economic activity (including housing turnover) and term and age of the underlying collateral (burnout, seasoning).
2. The Company has not recognized any other than temporary impairments on its loan-backed securities.
3. The Company has not recognized any other than temporary impairments on its loan-backed securities.
4. The Company has loan-backed securities in which the fair value is less than cost or amortized cost for which an other than temporary impairment has not been recognized.

	Amount (\$)
a. The aggregate amount of unrealized losses	
1. Less than 12 Months	(39,307)
2. 12 Months or Longer	-
b. The aggregate related fair value of securities with unrealized losses	
1. Less than 12 Months	3,324,503
2. 12 Months or Longer	-

5. The Company regularly reviews its investment portfolio for factors that may indicate that a decline in fair value of an investment is other than temporary. The Company considers various factors, such as the duration and extent the security has been below cost, underlying credit rating of the issuer, receipt of scheduled principal and interest cash flows, and the Company's ability and intent to hold the security until recovery.

E. Repurchase Agreements: Not applicable.

F. Real Estate: Not applicable.

G. Low Income Housing Tax Credits: Not applicable.

H. Restricted Assets: No substantial change from December 31, 2014.

I. Working Capital Finance Investments: Not applicable.

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

K. Structured Notes: Not Applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies:

No substantial change from December 31, 2014.

7. Investment Income:

No substantial change from December 31, 2014.

8. Derivative Instruments:

No substantial change from December 31, 2014.

9. Income Taxes:

No substantial change from December 31, 2014.

10. Information Concerning Parent, Subsidiaries and Affiliates:

No substantial change from December 31, 2014.

11. Debt:

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

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

A. Defined Benefit Plan

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

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

No substantial change from December 31, 2014.

14. Liabilities, Contingencies and Assessments:

No substantial change from December 31, 2014.

15. Leases:

No substantial change from December 31, 2014.

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

No substantial change from December 31, 2014.

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

B. Transfer and Servicing of Financial Assets:

2. Servicing Assets and Servicing Liabilities:

- a. Description of Risk: None.
- b. Specified Servicing Fees: None.
- c. Assumptions Used to Estimate Fair Value: None.

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

- a. Income Statements Presented: None.
- b. Statement of Financial Position Presented: None.

C. Wash Sales: None.

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans:

No substantial change from December 31, 2014.

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

No substantial change from December 31, 2014.

20. Fair Value Measurement:

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

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

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

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

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

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

Fair Value Measurements at Reporting Date Description for each class of asset or liability	Amount (\$)			
	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Common stock				
Industrial and misc	1,367,404	-	-	1,367,404
Total common stocks	1,367,404	-	-	1,367,404
Total assets at fair value	1,367,404	-	-	1,367,404

2. The Company has no assets or liabilities measured and reported at fair value in Level 3.

3. Transfers between level categorizations may occur due to changes in the availability of market observable inputs. Transfers in and out of level categorizations are reported as having occurred at the beginning of the quarter in which the transfer occurred. There were no transfers between level categorizations as of June 30, 2015.

4. The Company has no assets or liabilities measured and reported at fair value in Level 2 or Level 3.

5. The Company has no derivative assets or liabilities.

B. Other Fair Value Disclosures: Not applicable.

C. Fair Values for All Financial Instruments by Levels 1, 2, and 3:

See Item A for a discussion on valuation techniques for assets and liabilities that are measured and reported at fair value.

20. Fair Value Measurement (continued):

The Company utilizes information provided by the SVO to estimate fair value measurements for the majority of its fixed maturities. If market data is not provided by the SVO, fair value is determined by using data provided by a nationally recognized pricing service.

June 30, 2015:

Type of Financial Instrument	Amount (\$)					
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	15,005,127	14,624,353	-	15,005,127	-	-
Common stocks	1,367,404	1,367,404	1,367,404	-	-	-

December 31, 2014:

Type of Financial Instrument	Amount (\$)					
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	14,987,420	14,391,338	-	14,987,420	-	-
Common stocks	1,396,450	1,396,450	1,396,450	-	-	-

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

21. Other Items:

No substantial change from December 31, 2014.

22. Events Subsequent:

Subsequent events have been considered through August 6, 2015 for the statutory statements issued on August 6, 2015.

23. Reinsurance:

No substantial change from December 31, 2014.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination:

F. Risk-Sharing Provisions of the Affordable Care Act (ACA): Not applicable.

25. Changes in Incurred Losses and Loss Adjustment Expenses:

No substantial changes since December 31, 2014. The Company receives no losses or loss adjustment expenses from State Auto Mutual in accordance with the Pooling Arrangement.

26. Intercompany Pooling Arrangements:

Per SSAP No. 62R – *Property and Casualty Reinsurance*, ceded reinsurance written premiums payable may be deducted from amounts due from the reinsurer when a legal right of offset exists. As the Pooling Arrangement provides for the right of offset, the Company has netted within the Statement of Assets and Liabilities the amount due to State Auto Mutual under ceded reinsurance written premiums payable with the amount due from State Auto Mutual on assumed reinsurance written premiums receivable for transactions under the Pooling Arrangement. The following tabular presentation reflects the ceded reinsurance written premiums payable and assumed reinsurance written premiums receivable at June 30, 2015, between each State Auto Pool participant and State Auto Mutual resulting in the net amount due to or due from State Auto Mutual:

	Amount (\$)		
	Assumed Reinsurance Written Premiums Receivable from State Auto Mutual	Ceded Reinsurance Written Premiums Payable to State Auto Mutual	Net Assumed Reinsurance Written Premiums Receivable/(Net Ceded Reinsurance Written Premiums Payable)
State Auto P&C	266,219,326	176,375,971	89,843,355
Milbank	73,079,815	25,095,298	47,984,517
SA Wisconsin	-	6,123,734	(6,123,734)
SA Ohio	-	17,291,086	(17,291,086)
Meridian Security	-	49,072,411	(49,072,411)
Patrons Mutual	2,609,994	19,461,455	(16,851,461)
Rockhill	-	61,367,614	(61,367,614)
Plaza	-	38,387,645	(38,387,645)
American Compensation	-	15,291,191	(15,291,191)
Bloomington Compensation	-	3,092,826	(3,092,826)

The following tabular presentation reflects the reinsurance receivable and payable on loss and loss adjustment expense paid at June 30, 2015, between each State Auto Pool participant and State Auto Mutual:

	Amount (\$)	
	Assumed Reinsurance Loss and Loss Adjustment Expense Paid from State Auto Mutual	Ceded Reinsurance Loss and Loss Adjustment Expense Paid to State Auto Mutual
State Auto P&C	144,771,908	106,672,361
Milbank	39,741,308	16,101,522
SA Wisconsin	-	3,498,020
SA Ohio	-	8,058,606
Meridian Security	-	30,196,270
Patrons Mutual	1,419,332	12,861,673
Rockhill	-	10,080,521
Plaza	-	16,924,546
American Compensation	-	7,739,333
Bloomington Compensation	-	1,370,481

26. Intercompany Pooling Arrangements (continued):

The following tabular presentation reflects all other intercompany amounts due from and due to State Auto Mutual from entities participating in the Pooling Arrangement at June 30, 2015:

	Amount (\$)	
	Intercompany Amounts Due from State Auto Mutual	Intercompany Amounts Due to State Auto Mutual
State Auto P&C	-	27,475,431
Milbank	-	18,498,100
SA Wisconsin	2,293,969	-
SA Ohio	8,639,607	-
Meridian Security	16,701,337	-
Patrons Mutual	2,437,389	-
Rockhill	52,286,826	-
Plaza	20,884,381	-
American Compensation	1,585,801	-
Bloomington Compensation	689,458	-

27. Structured Settlements:

No substantial change from December 31, 2014.

28. Health Care Receivables:

No substantial change from December 31, 2014.

29. Participating Policies:

No substantial change from December 31, 2014.

30. Premium Deficiency Reserves:

No substantial change from December 31, 2014.

31. High Deductibles:

No substantial change from December 31, 2014.

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

No substantial change from December 31, 2014.

33. Asbestos/Environmental Reserves:

No substantial change from December 31, 2014.

34. Subscriber Savings Accounts:

No substantial change from December 31, 2014.

35. Multiple Peril Crop Insurance:

No substantial change from December 31, 2014.

36. Financial Guaranty Insurance:

B. Schedule of Insured Financial Obligations: Not applicable.

Statement for June 30, 2015 of the **STATE AUTO INSURANCE COMPANY OF OHIO**
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

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

2.2 If yes, date of change: _____

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
 If yes, complete Schedule Y, Parts 1 and 1A.

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

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

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

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

1	2 NAIC Company Code	3 State of Domicile
Name of Entity	0	

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

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

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

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

6.4 By what department or departments?
Ohio Department of Insurance

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

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

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

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [] No [X]

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

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

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

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

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

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

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

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

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

The Nominating and Governance Committee of the Company's Board of Directors annually reviews the employee code of conduct, which is applicable to all senior managers. The 2015 annual review resulted in minor changes to the code. These changes were updating the communications with the public, adding an improper payments section and also adding a new provision that specifically addresses compliance with the Foreign Corrupt Practices Act.

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

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

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]
 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ _____ 0
 13. Amount of real estate and mortgages held in short-term investments: \$ _____ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]
 14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []
 If no, attach a description with this statement.

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ _____ 0
 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ _____ 0
 16.3 Total payable for securities lending reported on the liability page: \$ _____ 0

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

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

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

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

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

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

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

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

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Securities Valuation Office* been followed? Yes [X] No []

18.2 If no, list exceptions:

STATE AUTO INSURANCE COMPANY OF OHIO
GENERAL INTERROGATORIES (continued)

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [X] N/A []
 If yes, attach an explanation.

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

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]
 3.2 If yes, give full and complete information thereto:

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

4.2 If yes, complete the following schedule:

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

5.1 Operating Percentages:

5.1 A&H loss percent	0.000%
5.2 A&H cost containment percent	0.000%
5.3 A&H expense percent excluding cost containment expenses	0.000%

6.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

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

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

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

Statement for June 30, 2015 of the **STATE AUTO INSURANCE COMPANY OF OHIO**
SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Type of Reinsurer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating
U.S. Insurers						
10357.....	52-1952955.....	Platinum Underwriters Reins Inc.....	MD.....	Authorized.....	0.....	.....

STATE AUTO INSURANCE COMPANY OF OHIO
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid		
		2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	7 Prior Year to Date	
1. Alabama.....	.AL	N.....	0.....	0.....	0.....	0.....	0.....	
2. Alaska.....	AK	N.....	0.....	0.....	0.....	0.....	0.....	
3. Arizona.....	AZ	N.....	0.....	0.....	0.....	0.....	0.....	
4. Arkansas.....	AR	N.....	0.....	0.....	0.....	0.....	0.....	
5. California.....	CA	N.....	0.....	0.....	0.....	0.....	0.....	
6. Colorado.....	CO	N.....	0.....	0.....	0.....	0.....	0.....	
7. Connecticut.....	CT	N.....	0.....	0.....	0.....	0.....	0.....	
8. Delaware.....	DE	N.....	0.....	0.....	0.....	0.....	0.....	
9. District of Columbia.....	DC	N.....	0.....	0.....	0.....	0.....	0.....	
10. Florida.....	FL	N.....	0.....	0.....	0.....	0.....	0.....	
11. Georgia.....	GA	N.....	0.....	0.....	0.....	0.....	0.....	
12. Hawaii.....	HI	N.....	0.....	0.....	0.....	0.....	0.....	
13. Idaho.....	ID	N.....	0.....	0.....	0.....	0.....	0.....	
14. Illinois.....	IL	N.....	0.....	0.....	0.....	0.....	0.....	
15. Indiana.....	IN	N.....	0.....	0.....	0.....	0.....	0.....	
16. Iowa.....	IA	N.....	0.....	0.....	0.....	0.....	0.....	
17. Kansas.....	KS	N.....	0.....	0.....	0.....	0.....	0.....	
18. Kentucky.....	KY	N.....	0.....	0.....	0.....	0.....	0.....	
19. Louisiana.....	LA	N.....	0.....	0.....	0.....	0.....	0.....	
20. Maine.....	ME	N.....	0.....	0.....	0.....	0.....	0.....	
21. Maryland.....	MD	N.....	0.....	0.....	0.....	0.....	0.....	
22. Massachusetts.....	MA	N.....	0.....	0.....	0.....	0.....	0.....	
23. Michigan.....	MI	N.....	0.....	0.....	0.....	0.....	0.....	
24. Minnesota.....	MN	N.....	0.....	0.....	0.....	0.....	0.....	
25. Mississippi.....	MS	N.....	0.....	0.....	0.....	0.....	0.....	
26. Missouri.....	MO	N.....	0.....	0.....	0.....	0.....	0.....	
27. Montana.....	MT	N.....	0.....	0.....	0.....	0.....	0.....	
28. Nebraska.....	NE	N.....	0.....	0.....	0.....	0.....	0.....	
29. Nevada.....	NV	N.....	0.....	0.....	0.....	0.....	0.....	
30. New Hampshire.....	NH	N.....	0.....	0.....	0.....	0.....	0.....	
31. New Jersey.....	NJ	N.....	0.....	0.....	0.....	0.....	0.....	
32. New Mexico.....	NM	N.....	0.....	0.....	0.....	0.....	0.....	
33. New York.....	NY	N.....	0.....	0.....	0.....	0.....	0.....	
34. North Carolina.....	NC	N.....	0.....	0.....	0.....	0.....	0.....	
35. North Dakota.....	ND	N.....	0.....	0.....	0.....	0.....	0.....	
36. Ohio.....	OH	L.....	31,703,898	32,441,216	14,651,859	18,175,555	20,848,119	22,431,262
37. Oklahoma.....	OK	N.....	0.....	0.....	0.....	0.....	0.....	0.....
38. Oregon.....	OR	N.....	0.....	0.....	0.....	0.....	0.....	0.....
39. Pennsylvania.....	PA	N.....	0.....	0.....	0.....	0.....	0.....	0.....
40. Rhode Island.....	RI	N.....	0.....	0.....	0.....	0.....	0.....	0.....
41. South Carolina.....	SC	N.....	0.....	0.....	0.....	0.....	0.....	0.....
42. South Dakota.....	SD	N.....	0.....	0.....	0.....	0.....	0.....	0.....
43. Tennessee.....	TN	N.....	0.....	0.....	0.....	0.....	0.....	0.....
44. Texas.....	TX	N.....	0.....	0.....	0.....	0.....	0.....	0.....
45. Utah.....	UT	N.....	0.....	0.....	0.....	0.....	0.....	0.....
46. Vermont.....	VT	N.....	0.....	0.....	0.....	0.....	0.....	0.....
47. Virginia.....	VA	N.....	0.....	0.....	0.....	0.....	0.....	0.....
48. Washington.....	WA	N.....	0.....	0.....	0.....	0.....	0.....	0.....
49. West Virginia.....	WV	N.....	0.....	0.....	0.....	0.....	0.....	0.....
50. Wisconsin.....	WI	N.....	0.....	0.....	0.....	0.....	0.....	0.....
51. Wyoming.....	WY	N.....	0.....	0.....	0.....	0.....	0.....	0.....
52. American Samoa.....	AS	N.....	0.....	0.....	0.....	0.....	0.....	0.....
53. Guam.....	GU	N.....	0.....	0.....	0.....	0.....	0.....	0.....
54. Puerto Rico.....	PR	N.....	0.....	0.....	0.....	0.....	0.....	0.....
55. US Virgin Islands.....	VI	N.....	0.....	0.....	0.....	0.....	0.....	0.....
56. Northern Mariana Islands.....	MP	N.....	0.....	0.....	0.....	0.....	0.....	0.....
57. Canada.....	CAN	N.....	0.....	0.....	0.....	0.....	0.....	0.....
58. Aggregate Other Alien.....	OT	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....
59. Totals.....		(a).....1	31,703,898	32,441,216	14,651,859	18,175,555	20,848,119	22,431,262

DETAILS OF WRITE-INS

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

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

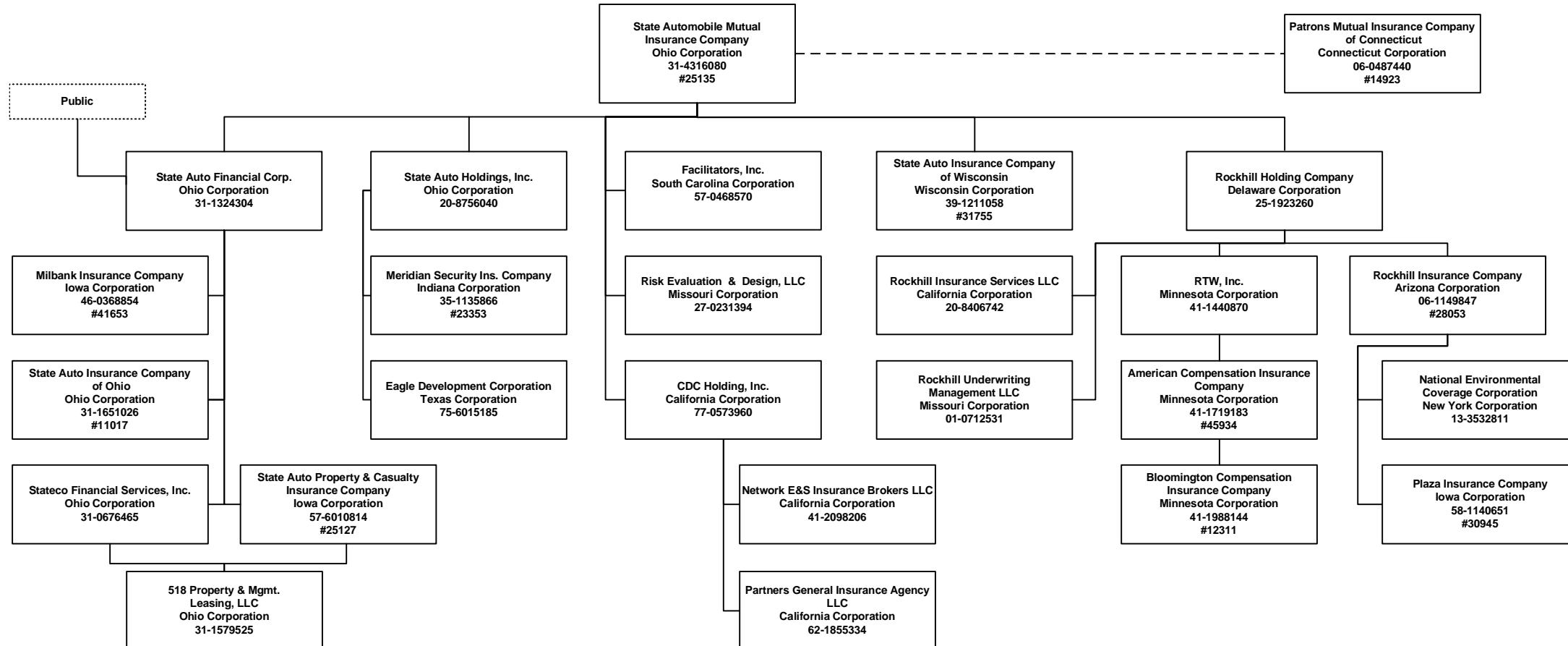
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

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

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

PART 1 – ORGANIZATIONAL CHART

ORGANIZATIONAL STRUCTURE OF STATE AUTO HOLDING COMPANY SYSTEM



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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Influence, Other Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
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.....	62.800	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.....

Q12

Statement for June 30, 2015 of the **STATE AUTO INSURANCE COMPANY OF OHIO**
PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire.....	769,068	217,762	28.3	(4.2)
2. Allied lines.....	1,026,914	358,222	34.9	9.9
3. Farmowners multiple peril.....	0	0	0.0	0.0
4. Homeowners multiple peril.....	12,204,520	5,713,847	46.8	65.5
5. Commercial multiple peril.....	0	0	0.0	0.0
6. Mortgage guaranty.....	0	0	0.0	0.0
8. Ocean marine.....	67,304	(367)	(0.5)	2.4
9. Inland marine.....	420,924	58,482	13.9	32.0
10. Financial guaranty.....	0	0	0.0	0.0
11.1 Medical professional liability - occurrence.....	0	0	0.0	0.0
11.2 Medical professional liability - claims-made.....	0	0	0.0	0.0
12. Earthquake.....	126,504	0	0.0	0.0
13. Group accident and health.....	0	0	0.0	0.0
14. Credit accident and health.....	0	0	0.0	0.0
15. Other accident and health.....	0	0	0.0	0.0
16. Workers' compensation.....	0	0	0.0	0.0
17.1 Other liability-occurrence.....	650,067	244,521	37.6	(32.7)
17.2 Other liability-claims made.....	0	0	0.0	0.0
17.3 Excess workers' compensation.....	0	0	0.0	0.0
18.1 Products liability-occurrence.....	0	0	0.0	0.0
18.2 Products liability-claims made.....	0	0	0.0	0.0
19.1, 19.2 Private passenger auto liability.....	9,526,274	6,192,052	65.0	75.2
19.3, 19.4 Commercial auto liability.....	0	0	0.0	0.0
21. Auto physical damage.....	7,470,022	4,321,528	57.9	71.4
22. Aircraft (all perils).....	0	0	0.0	0.0
23. Fidelity.....	0	0	0.0	0.0
24. Surety.....	0	0	0.0	0.0
26. Burglary and theft.....	0	0	0.0	0.0
27. Boiler and machinery.....	0	0	0.0	0.0
28. Credit.....	0	0	0.0	0.0
29. International.....	0	0	0.0	0.0
30. Warranty.....	0	0	0.0	0.0
31. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	0	0	0.0	0.0
35. Totals.....	32,261,597	17,106,047	53.0	63.1

DETAILS OF WRITE-INS

3401.	0	0.0	0.0	0.0
3402.	0	0.0	0.0	0.0
3403.	0	0.0	0.0	0.0
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0.0	0.0	XXX
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0.0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date	
1. Fire.....	379,795	725,350	807,407	
2. Allied lines.....	500,432	964,853	1,077,611	
3. Farmowners multiple peril.....	0	0	0	
4. Homeowners multiple peril.....	6,752,059	11,766,741	12,192,654	
5. Commercial multiple peril.....	0	0	0	
6. Mortgage guaranty.....	0	0	0	
8. Ocean marine.....	56,309	77,671	85,382	
9. Inland marine.....	236,504	408,559	416,195	
10. Financial guaranty.....	0	0	0	
11.1 Medical professional liability - occurrence.....	0	0	0	
11.2 Medical professional liability - claims made.....	0	0	0	
12. Earthquake.....	71,655	121,877	127,537	
13. Group accident and health.....	0	0	0	
14. Credit accident and health.....	0	0	0	
15. Other accident and health.....	0	0	0	
16. Workers' compensation.....	0	0	0	
17.1 Other liability-occurrence.....	350,875	648,518	666,849	
17.2 Other liability-claims made.....	0	0	0	
17.3 Excess workers' compensation.....	0	0	0	
18.1 Products liability-occurrence.....	0	0	0	
18.2 Products liability-claims made.....	0	0	0	
19.1, 19.2 Private passenger auto liability.....	5,102,862	9,451,352	9,754,115	
19.3, 19.4 Commercial auto liability.....	0	0	0	
21. Auto physical damage.....	4,120,271	7,538,977	7,313,466	
22. Aircraft (all perils).....	0	0	0	
23. Fidelity.....	0	0	0	
24. Surety.....	0	0	0	
26. Burglary and theft.....	0	0	0	
27. Boiler and machinery.....	0	0	0	
28. Credit.....	0	0	0	
29. International.....	0	0	0	
30. Warranty.....	0	0	0	
31. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX	
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX	
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX	
34. Aggregate write-ins for other lines of business.....	0	0	0	
35. Totals.....	17,570,763	31,703,898	32,441,216	

DETAILS OF WRITE-INS

3401.	0	0.0	0.0	0
3402.	0	0.0	0.0	0
3403.	0	0.0	0.0	0
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0.0	0.0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0.0	0.0	0

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Statement for June 30, 2015 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. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

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

Explanation:

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

Bar Code:



NONE

Statement for June 30, 2015 of the **STATE AUTO INSURANCE COMPANY OF OHIO**
SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	15,787,788	14,882,297
2. Cost of bonds and stocks acquired.....	1,482,177	5,652,735
3. Accrual of discount.....	.913	3,269
4. Unrealized valuation increase (decrease).....	(34,529)	(31,858)
5. Total gain (loss) on disposals.....	32,967	227,505
6. Deduct consideration for bonds and stocks disposed of.....	1,242,853	4,887,693
7. Deduct amortization of premium.....	34,706	58,467
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other than temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	15,991,757	15,787,788
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11).....	15,991,757	15,787,788

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	13,897,692	1,482,177	757,241	1,726	13,897,692	14,624,353	0	14,391,340
2. NAIC 2 (a).....	0	0	0	0	0	0	0	0
3. NAIC 3 (a).....	0	0	0	0	0	0	0	0
4. NAIC 4 (a).....	0	0	0	0	0	0	0	0
5. NAIC 5 (a).....	0	0	0	0	0	0	0	0
6. NAIC 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds.....	13,897,692	1,482,177	757,241	1,726	13,897,692	14,624,353	0	14,391,340
PREFERRED STOCK								
8. NAIC 1.....	0	0	0	0	0	0	0	0
9. NAIC 2.....	0	0	0	0	0	0	0	0
10. NAIC 3.....	0	0	0	0	0	0	0	0
11. NAIC 4.....	0	0	0	0	0	0	0	0
12. NAIC 5.....	0	0	0	0	0	0	0	0
13. NAIC 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	13,897,692	1,482,177	757,241	1,726	13,897,692	14,624,353	0	14,391,340

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

Sch. DA-Pt 1
NONE

Sch. DA-Verification
NONE

Sch. DB-Pt A-Verification
NONE

Sch. DB-Pt B-Verification
NONE

Sch. DB-Pt C-Sn 1
NONE

Sch. DB-Pt C-Sn 2
NONE

Sch. DB-Verification
NONE

Sch. E-Verification
NONE

Sch. A-Pt 2
NONE

Sch. A-Pt 3
NONE

Sch. B-Pt 2
NONE

Sch. B-Pt 3
NONE

Sch. BA-Pt 2
NONE

Sch. BA-Pt 3
NONE

SCHEDULE D - PART 3

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

1 Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Special Revenue and Special Assessment									
3137B4	WB 8 FHLMC K033 A2 3.060% 07/25/23.....		.....06/03/2015	Robert W Baird.....		.....1,482,177	.....1,415,000	.....1,862	1.....
3199999.	Total Bonds - U.S. Special Revenue and Special Assessment.....					.....1,482,177	.....1,415,000	.....1,862	XXX
8399997.	Total Bonds - Part 3.....					.....1,482,177	.....1,415,000	.....1,862	XXX
8399999.	Total Bonds.....					.....1,482,177	.....1,415,000	.....1,862	XXX
9999999.	Total Bonds, Preferred and Common Stocks.....					.....1,482,177	XXX	.....1,862	XXX

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

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SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 For eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Desig- nation or Market Indicator (a)	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's Other Than Temporary Impairment Recognized	13 Current Year's Temporary Impairment Recognized	14 Total Change in B/A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B/A.C.V.								
Bonds - U.S. Government																						
36292K G8 3	GNMA POOL# 984156 6.000% 01/15/16.....		05/07/2015	Robert W Baird.....			295,914	276,878	285,358	277,373	0	(348)	0	(348)	0	277,025	0	18,889	18,889	7,706	.01/15/2016	1.....
36292K G8 3	GNMA POOL# 984156 6.000% 01/15/16.....		05/01/2015	Paydown.....			9,199	9,199	9,480	9,215	0	(16)	0	(16)	0	9,199	0	0	0	207	.01/15/2016	1.....
36295F ZU 1	GNMA POOL # 669555 6.050% 04/15/44.....		06/01/2015	Paydown.....			5,525	5,525	5,759	5,734	0	(209)	0	(209)	0	5,525	0	0	0	139	.04/15/2044	1.....
0599999. Total Bonds - U.S. Government.....							310,638	291,602	300,597	292,322	0	(573)	0	(573)	0	291,749	0	18,889	18,889	8,052	XXX	XXX
Bonds - U.S. Political Subdivisions of States, Territories and Possessions																						
774829 GU 3	ROCKY RIVER OH CITY SCH DST SCH IMPT..		05/04/2015	Piper Jaffray.....			246,000	240,000	266,945	246,729	0	(763)	0	(763)	0	245,966	0	34	34	5,590	.12/01/2017	1FE.....
2499999. Total Bonds - U.S. Political Subdivisions of States, Territories and Possessions.....							246,000	240,000	266,945	246,729	0	(763)	0	(763)	0	245,966	0	34	34	5,590	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																						
3128P7 MD 2	FHLMC POOL# C91256 5.000% 06/01/29.....		05/07/2015	Robert W Baird.....			206,432	187,879	192,810	191,835	0	553	0	553	0	192,388	0	14,044	14,044	4,227	.06/01/2029	1.....
3128P7 MD 2	FHLMC POOL# C91256 5.000% 06/01/29.....		05/01/2015	Paydown.....			9,388	9,388	9,634	9,586	0	(198)	0	(198)	0	9,388	0	0	0	174	.06/01/2029	1.....
3136AG 2Y 7	FNMA 3.000% 04/25/33.....		06/01/2015	Paydown.....			17,752	17,752	17,985	17,981	0	(229)	0	(229)	0	17,752	0	0	0	222	.04/25/2033	1.....
3199999. Total Bonds - U.S. Special Revenue and Special Assessment.....							233,572	215,019	220,429	219,402	0	126	0	126	0	219,528	0	14,044	14,044	4,623	XXX	XXX
8399997. Total Bonds - Part 4.....							790,210	746,621	787,971	758,453	0	(1,210)	0	(1,210)	0	757,243	0	32,967	32,967	18,265	XXX	XXX
8399999. Total Bonds.....							790,210	746,621	787,971	758,453	0	(1,210)	0	(1,210)	0	757,243	0	32,967	32,967	18,265	XXX	XXX
9999999. Total Bonds, Preferred and Common Stocks.....							790,210	XXX	787,971	758,453	0	(1,210)	0	(1,210)	0	757,243	0	32,967	32,967	18,265	XXX	XXX

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

Sch. DB-Pt A-Sn 1
NONE

Sch. DB-Pt B-Sn 1
NONE

Sch. DB-Pt D-Sn 1
NONE

Sch. DB-Pt D-Sn 2
NONE

Sch. DL-Pt. 1
NONE

Sch. DL-Pt. 2
NONE

Statement for June 30, 2015 of the **STATE AUTO INSURANCE COMPANY OF OHIO**
SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	

Open Depositories

JPMorgan - Trust..... Columbus, OH 43215.....	.....	.....0.000	.....0	.....0	.....196,125	.....1,005.847	.....247,648	XXX
0199999. Total Open Depositories.....	XXX	XXX	.....0	.....0	.....196,125	.....1,005.847	.....247,648	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	.....0	.....0	.....196,125	.....1,005.847	.....247,648	XXX
0599999. Total Cash.....	XXX	XXX	.....0	.....0	.....196,125	.....1,005.847	.....247,648	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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