



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN STANDARD INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0473

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2015

NAIC Company Code 10387

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)	10,664,768	9,937,595		3,649,159	10,243,609	12,347,898	10,044,537	408,235	550,749	868,944	890,434	320,553
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	5,834,712	5,255,499		2,012,619	3,626,587	3,565,150	130,505	14,917	12,553	4,543	451,248	175,375
21.2 Commercial auto physical damage	251	251		148							24	8
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	16,499,731	15,193,345		5,661,926	13,870,196	15,913,048	10,175,042	423,152	563,302	873,487	1,341,706	495,936
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN STANDARD INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0473

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2015

NAIC Company Code 10387

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)	10,530,941	11,051,158		2,912,585	6,478,759	6,524,446	9,428,315	407,269	231,084	993,981	899,019	172,425
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	5,884,821	6,016,658		1,730,927	3,432,687	3,304,920	151,939	18,016	19,017	14,146	475,723	.96,354
21.2 Commercial auto physical damage		1,543	1,636		890							.25
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	16,417,305	17,069,452		4,644,402	9,911,446	9,829,366	9,580,254	425,285	250,101	1,008,127	1,374,863	268,804
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN STANDARD INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0473

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2015

NAIC Company Code 10387

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)	21,195,709	20,988,753		6,561,744	16,722,368	18,872,344	19,472,852	815,504	781,833	1,862,925	1,789,453	492,978
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	11,719,533	11,272,157		3,743,546	7,059,274	6,870,070	282,444	32,933	31,570	18,689	926,971	271,729
21.2 Commercial auto physical damage	1,794	1,887		1,038							145	.33
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	32,917,036	32,262,797		10,306,328	23,781,642	25,742,414	19,755,296	848,437	813,403	1,881,614	2,716,569	764,740
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

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

Schedule F - Part 1

N O N E

Schedule F - Part 2

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN STANDARD INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Com- pany 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										18 Reinsurance Payable	19 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable			
39-0273710	19275	American Family Mutual Ins Co	WI		32,917	180	530	9,386		10,369	3,293	10,306		34,064	1,445		32,619	
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other					32,917	180	530	9,386		10,369	3,293	10,306		34,064	1,445		32,619	
0499999. Total Authorized - Affiliates - U.S. Non-Pool					32,917	180	530	9,386		10,369	3,293	10,306		34,064	1,445		32,619	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)					32,917	180	530	9,386		10,369	3,293	10,306		34,064	1,445			
0899999. Total Authorized - Affiliates					32,917	180	530	9,386		10,369	3,293	10,306		34,064	1,445		32,619	
0999998. Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																		
0999999. Total Authorized - Other U.S. Unaffiliated Insurers																		
1299998. Total Authorized - Other Non-U.S. Insurers (Under \$100,000)																		
1299999. Total Authorized - Other Non-U.S. Insurers																		
1399999. Total Authorized					32,917	180	530	9,386		10,369	3,293	10,306		34,064	1,445		32,619	
1799999. Total Unauthorized - Affiliates - U.S. Non-Pool																		
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.)																		
2199999. Total Unauthorized - Affiliates																		
2299998. Total Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																		
2299999. Total Unauthorized - Other U.S. Unaffiliated Insurers																		
2599998. Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000)																		
2599999. Total Unauthorized - Other Non-U.S. Insurers																		
2699999. Total Unauthorized																		
3099999. Total Certified - Affiliates - U.S. Non-Pool																		
3399999. Total Certified - Affiliates - Other (Non-U.S.)																		
3499999. Total Certified - Affiliates																		
3599998. Total Certified - Other U.S. Unaffiliated Insurers (Under \$100,000)																		
3599999. Total Certified - Other U.S. Unaffiliated Insurers																		
3899998. Total Certified - Other Non-U.S. Insurers (Under \$100,000)																		
3899999. Total Certified - Other Non-U.S. Insurers																		
3999999. Total Certified																		
4099999. Total Authorized, Unauthorized and Certified					32,917	180	530	9,386		10,369	3,293	10,306		34,064	1,445		32,619	
4199999. Total Protected Cells																		
9999999 Totals					32,917	180	530	9,386		10,369	3,293	10,306		34,064	1,445		32,619	

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties.

The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1.		
2.		
3.		
4.		
5.		

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

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1. American Family Mutual Ins Co	34,064	32,917	Yes [X] No []
2.			Yes [] No []
3.			Yes [] No []
4.			Yes [] No []
5.			Yes [] No []

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN STANDARD INSURANCE COMPANY OF OHIO

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 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9/Col. 11	
				5 Current	Overdue					11 Total Due Col. 5 + 10			
					6 1 to 29 Days	7 30 to 90 Days	8 91 to 120 Days	9 Over 120 Days	10 Total Overdue Cols. 6 + 7 + 8 + 9				
39-027370	19275	American Family Mutual Ins Co	WI	710						710			
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other				710						710			
0499999. Total Authorized - Affiliates - U.S. Non-Pool				710						710			
0799999. Total Authorized - Affiliates - Other (Non-U.S.)				710						710			
0899999. Total Authorized - Affiliates				710						710			
1399999. Total Authorized				710						710			
1799999. Total Unauthorized - Affiliates - U.S. Non-Pool													
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.)													
2199999. Total Unauthorized - Affiliates													
2699999. Total Unauthorized													
3099999. Total Certified - Affiliates - U.S. Non-Pool													
3399999. Total Certified - Affiliates - Other (Non-U.S.)													
3499999. Total Certified - Affiliates													
3999999. Total Certified													
4099999. Total Authorized, Unauthorized and Certified				710						710			
4199999. Total Protected Cells													
99999999 Totals				710						710			

Schedule F - Part 5

N O N E

Schedule F - Part 5 - Bank Footnote

N O N E

Schedule F - Part 6 - Section 1 - Provision for Reinsurance Ceded to Certified Reinsurers

N O N E

Schedule F - Part 6 - Section 1 - Bank Footnote

N O N E

Schedule F - Part 6 - Section 2 - Provision for Overdue Reinsurance Ceded to Certified Reinsurers

N O N E

Schedule F - Part 7 - Provision for Overdue Authorized Reinsurance

N O N E

Schedule F - Part 8 - Provision for Overdue Reinsurance

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN STANDARD 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)	8,747,701		8,747,701
2. Premiums and considerations (Line 15)			
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	710,241	(710,241)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	960,876		960,876
6. Net amount recoverable from reinsurers		32,620,534	32,620,534
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	10,418,818	31,910,293	42,329,111
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)		23,048,638	23,048,638
10. Taxes, expenses, and other obligations (Lines 4 through 8)	9		9
11. Unearned premiums (Line 9)		10,306,328	10,306,328
12. Advance premiums (Line 10)	28,716		28,716
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	1,444,673	(1,444,673)	
15. Funds held by company under reinsurance treaties (Line 13)			
16. Amounts withheld or retained by company for account of others (Line 14)	80		80
17. Provision for reinsurance (Line 16)			
18. Other liabilities	945,200		945,200
19. Total liabilities excluding protected cell business (Line 26)	2,418,678	31,910,293	34,328,971
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	8,000,140	XXX	8,000,140
22. Totals (Line 38)	10,418,818	31,910,293	42,329,111

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? _____

Yes [] No []

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

Schedule H - Part 1

N O N E

Schedule H - Part 2 - Reserves and Liabilities

N O N E

Schedule H - Part 3 - Prior Year's Claim Reserves and Liabilities

N O N E

Schedule H - Part 4 - Reinsurance

N O N E

Schedule H - Part 5 - Health Claims

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN STANDARD INSURANCE COMPANY OF OHIO
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 (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.....									XXX.....	
2. 2006.....													
3. 2007.....													
4. 2008.....													
5. 2009.....													
6. 2010.....													
7. 2011.....													
8. 2012.....													
9. 2013.....													
10. 2014.....													
11. 2015.....													
12. Totals.....	XXX.....	XXX.....	XXX.....									XXX.....	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing 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.....													
2. 2006.....													
3. 2007.....													
4. 2008.....													
5. 2009.....													
6. 2010.....													
7. 2011.....													
8. 2012.....													
9. 2013.....													
10. 2014.....													
11. 2015.....													
12. Totals.....													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	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.....			XXX.....		
2. 2006.....											
3. 2007.....											
4. 2008.....											
5. 2009.....											
6. 2010.....											
7. 2011.....											
8. 2012.....											
9. 2013.....											
10. 2014.....											
11. 2015.....											
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN STANDARD INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (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	(15)	(15)	1	1					XXX	
2. 2006	22,580	22,580		11,719	11,719	473	473	2,378	2,378			3,937	
3. 2007	19,703	19,703		10,502	10,502	470	470	2,277	2,277			3,315	
4. 2008	14,836	14,836		7,659	7,659	432	432	1,732	1,732			2,469	
5. 2009	12,893	12,893		6,908	6,908	530	530	833	833			2,193	
6. 2010	13,059	13,059		8,380	8,380	556	556	.826	.826			2,563	
7. 2011	14,367	14,367		10,345	10,345	631	631	1,796	1,796			3,107	
8. 2012	17,714	17,714		17,387	17,387	787	787	2,438	2,438			4,157	
9. 2013	20,899	20,899		17,167	17,167	590	590	2,202	2,202			4,490	
10. 2014	21,098	21,098		14,041	14,041	255	255	2,065	2,065			3,846	
11. 2015	20,989	20,989		9,101	9,101	73	73	2,415	2,415			3,795	
12. Totals	XXX	XXX	XXX	113,194	113,194	4,798	4,798	18,962	18,962			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.													
2. 2006					(1)	(1)			1	1			
3. 2007			1	1			1	1	1	1			
4. 2008		10	10				3	3	1	1			
5. 2009		32	32				7	7	3	3			
6. 2010	.26	26	60	60			30	30	6	6			3
7. 2011	81	81	46	46			51	51	9	9			7
8. 2012	359	359	.506	.506			136	136	.56	.56			20
9. 2013	943	943	.973	.973			296	296	123	123			55
10. 2014	1,720	1,720	2,455	2,455			474	474	275	275			143
11. 2015	5,762	5,762	6,500	6,500			864	864	831	831			796
12. Totals	8,891	8,891	10,582	10,582			1,863	1,863	1,305	1,305			1,024

	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			XXX		
2. 2006	14,570	14,570		.64.5	.64.5						
3. 2007	13,252	13,252		.67.3	.67.3						
4. 2008	9,837	9,837		.66.3	.66.3						
5. 2009	8,313	8,313		.64.5	.64.5						
6. 2010	9,884	9,884		.75.7	.75.7						
7. 2011	12,959	12,959		.90.2	.90.2						
8. 2012	21,669	21,669		.122.3	.122.3						
9. 2013	22,294	22,294		.106.7	.106.7						
10. 2014	21,285	21,285		.100.9	.100.9						
11. 2015	25,546	25,546		.121.7	.121.7						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN STANDARD INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (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.....									XXX.....	
2. 2006.....													
3. 2007.....													
4. 2008.....													
5. 2009.....													
6. 2010.....	2.....	2.....											
7. 2011.....													
8. 2012.....													
9. 2013.....													
10. 2014.....													
11. 2015.....													
12. Totals.....	XXX.....	XXX.....	XXX.....									XXX.....	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing 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.....													
2. 2006.....													
3. 2007.....													
4. 2008.....													
5. 2009.....													
6. 2010.....													
7. 2011.....													
8. 2012.....													
9. 2013.....													
10. 2014.....													
11. 2015.....													
12. Totals.....													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		
2. 2006.....											
3. 2007.....											
4. 2008.....											
5. 2009.....											
6. 2010.....											
7. 2011.....											
8. 2012.....											
9. 2013.....											
10. 2014.....											
11. 2015.....											
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		

Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)

N O N E

Schedule P - Part 1E - Commercial Multiple Peril

N O N E

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence

N O N E

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

N O N E

Schedule P - Part 1H - Section 1 - Other Liability - Occurrence

N O N E

Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made

N O N E

Schedule P - Part 1I - Special Property (Fire, Allied Lines...)

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN STANDARD INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (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	(67)	(67)	3	3					XXX	
2. 2014	10,490	10,490		5,798	5,798	20	20	999	999			5,924	
3. 2015	11,274	11,274		6,853	6,853	21	21	1,111	1,111			5,186	
4. Totals	XXX	XXX	XXX	12,584	12,584	44	44	2,110	2,110			XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	3	3	(73)	(73)			9	9	1	1			1			
2. 2014	22	22	(21)	(21)			4	4	4	4			14			
3. 2015	471	471	(119)	(119)			6	6	101	101			300			
4. Totals	496	496	(213)	(213)			19	19	106	106			315			

	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			XXX		
2. 2014	6,826	6,826		65.1	65.1						
3. 2015	8,444	8,444		74.9	74.9						
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1K - Fidelity/Surety

N O N E

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

N O N E

Schedule P - Part 1M - International

N O N E

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 1R - Section 1 - Products Liability - Occurrence

N O N E

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 1T - Warranty

N O N E

Schedule P - Part 2A - Homeowners/Farmowners

N O N E

Schedule P - Part 2B - Private Passenger Auto Liability/Medical

N O N E

Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical

N O N E

Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)

N O N E

Schedule P - Part 2E - Commercial Multiple Peril

N O N E

Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence

N O N E

Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

N O N E

Schedule P - Part 2H - Section 1 - Other Liability - Occurrence

N O N E

Schedule P - Part 2H - Section 2- Other Liability - Claims-Made

N O N E

Schedule P - Part 2I - Special Property

N O N E

Schedule P - Part 2J - Auto Physical Damage

N O N E

Schedule P - Part 2K - Fidelity/Surety

N O N E

Schedule P - Part 2L - Other (Including Credit, Accident and Health)

N O N E

Schedule P - Part 2M - International

N O N E

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

N O N E

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 2T - Warranty

N O N E

Schedule P - Part 3A - Homeowners/Farmowners

N O N E

Schedule P - Part 3B - Private Passenger Auto Liability/Medical

N O N E

Schedule P - Part 3C - Commercial Auto/Truck Liability/Medical

N O N E

Schedule P - Part 3D - Workers' Compensation (Excluding Excess Workers' Compensation)

N O N E

Schedule P - Part 3E - Commercial Multiple Peril

N O N E

Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence

N O N E

Schedule P - Part 3F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

Schedule P - Part 3G - Special Liability

N O N E

Schedule P - Part 3H - Section 1 - Other Liability - Occurrence

N O N E

Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made

N O N E

Schedule P - Part 3I - Special Property

N O N E

Schedule P - Part 3J - Auto Physical Damage

N O N E

Schedule P - Part 3K - Fidelity/Surety

N O N E

Schedule P - Part 3L - Other (Including Credit, Accident and Health)

N O N E

Schedule P - Part 3M - International

N O N E

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence

N O N E

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made

N O N E

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 3T - Warranty

N O N E

Schedule P - Part 4A - Homeowners/Farmowners

N O N E

Schedule P - Part 4B - Private Passenger Auto Liability/Medical

N O N E

Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical

N O N E

Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)

N O N E

Schedule P - Part 4E - Commercial Multiple Peril

N O N E

Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence

N O N E

Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

Schedule P - Part 4G - Special Liability

N O N E

Schedule P - Part 4H - Section 1 - Other Liability - Occurrence

N O N E

Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made

N O N E

Schedule P - Part 4I - Special Property

N O N E

Schedule P - Part 4J - Auto Physical Damage

N O N E

Schedule P - Part 4K - Fidelity/Surety

N O N E

Schedule P - Part 4L - Other (Including Credit, Accident and Health)

N O N E

Schedule P - Part 4M - International

N O N E

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

N O N E

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 4T - Warranty

N O N E

Schedule P - Part 5A - Homeowners/Farmowners - Section 1

N O N E

Schedule P - Part 5A - Homeowners/Farmowners - Section 2

N O N E

Schedule P - Part 5A - Homeowners/Farmowners - Section 3

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN STANDARD INSURANCE COMPANY OF OHIO
**SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	1,194	.294	131	48	.12	.5	.1	.1	4	
2. 2006	2,079	2,754	2,899	2,951	2,978	2,983	2,984	2,985	2,985	2,985
3. 2007	XXX	1,797	2,330	2,456	2,501	2,512	2,519	2,519	2,522	2,523
4. 2008	XXX	XXX	1,409	1,840	1,932	1,969	1,972	1,973	1,973	1,975
5. 2009	XXX	XXX	XXX	1,203	1,573	1,650	1,686	1,688	1,692	1,695
6. 2010	XXX	XXX	XXX	XXX	1,453	1,916	2,013	2,044	2,050	2,054
7. 2011	XXX	XXX	XXX	XXX	XXX	1,797	2,410	2,543	2,576	2,589
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	2,226	3,115	3,261	3,295
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,561	3,411	3,529
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,233	2,926
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	468	.204	.67	25	.12	.6	.5	.4		
2. 2006	811	.200	.83	32	.8	.1	.1			
3. 2007	XXX	.672	166	73	.23	10	4	.4	1	
4. 2008	XXX	XXX	507	118	.45	.7	4	.2	.2	
5. 2009	XXX	XXX	XXX	460	117	45	9	.8	3	
6. 2010	XXX	XXX	XXX	XXX	520	133	51	11	6	3
7. 2011	XXX	XXX	XXX	XXX	XXX	663	164	.53	18	7
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	982	.190	.52	.20
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	899	156	.55
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.777	143
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	796

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	320	.49	8	.5						
2. 2006	3,666	3,885	3,921	3,934	3,935	3,936	3,936	3,936	3,937	3,937
3. 2007	XXX	3,097	3,285	3,311	3,313	3,314	3,315	3,315	3,315	3,315
4. 2008	XXX	XXX	2,303	2,442	2,465	2,469	2,469	2,469	2,469	2,469
5. 2009	XXX	XXX	XXX	2,030	2,167	2,191	2,191	2,192	2,192	2,193
6. 2010	XXX	XXX	XXX	XXX	2,360	2,528	2,555	2,563	2,563	2,563
7. 2011	XXX	XXX	XXX	XXX	XXX	2,828	3,076	3,104	3,107	3,107
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	3,782	4,125	4,153	4,157
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,159	4,465	4,490
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,642	3,846
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,795

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN STANDARD INSURANCE COMPANY OF OHIO
**SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior										
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XXX							
6. 2010	XXX	XXX	XXX	XXX						
7. 2011	XXX	XXX	XXX	XXX	XXX					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior										
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XXX							
6. 2010	XXX	XXX	XXX	XXX						
7. 2011	XXX	XXX	XXX	XXX	XXX					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior										
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XXX							
6. 2010	XXX	XXX	XXX	XXX						
7. 2011	XXX	XXX	XXX	XXX	XXX					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1
N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2
N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3
N O N E

Schedule P - Part 5E - Commercial Multiple Peril - Section 1
N O N E

Schedule P - Part 5E - Commercial Multiple Peril - Section 2
N O N E

Schedule P - Part 5E - Commercial Multiple Peril - Section 3
N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A
N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A
N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A
N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B
N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B
N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B
N O N E

Schedule P - Part 5H - Other Liability - Occurrence - Section 1A
N O N E

Schedule P - Part 5H - Other Liability - Occurrence - Section 2A
N O N E

Schedule P - Part 5H - Other Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

N O N E

Schedule P - Part 5T - Warranty - Section 1

N O N E

Schedule P - Part 5T - Warranty - Section 2

N O N E

Schedule P - Part 5T - Warranty - Section 3

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN STANDARD INSURANCE COMPANY OF OHIO

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior.....											
2. 2006.....											
3. 2007.....	XXX										
4. 2008.....	XXX	XXX									
5. 2009.....	XXX	XXX	XXX								
6. 2010.....	XXX	XXX	XXX	XXX	2	2	2	2	2	2	
7. 2011.....	XXX	XXX	XXX	XXX	XXX						
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)						2					XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior.....											
2. 2006.....											
3. 2007.....	XXX										
4. 2008.....	XXX	XXX									
5. 2009.....	XXX	XXX	XXX								
6. 2010.....	XXX	XXX	XXX	XXX	2	2	2	2	2	2	
7. 2011.....	XXX	XXX	XXX	XXX	XXX						
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)						2					XXX

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

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior.....											
2. 2006.....											
3. 2007.....	XXX										
4. 2008.....	XXX	XXX									
5. 2009.....	XXX	XXX	XXX								
6. 2010.....	XXX	XXX	XXX	XXX							
7. 2011.....	XXX	XXX	XXX	XXX	XX						
8. 2012.....	XXX	XXX	XXX	XX	XX	XX					
9. 2013.....	XXX	XXX	XXX	XX	XX	XX	XXX				
10. 2014.....	XXX	XXX	XXX	XX	XX	XX	XXX	XXX			
11. 2015.....	XXX	XXX	XXX	XX	XX	XX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior.....											
2. 2006.....											
3. 2007.....	XXX										
4. 2008.....	XXX	XXX									
5. 2009.....	XXX	XXX	XXX								
6. 2010.....	XXX	XXX	XXX	XXX							
7. 2011.....	XXX	XXX	XXX	XXX	XX						
8. 2012.....	XXX	XXX	XXX	XX	XX	XX	XXX				
9. 2013.....	XXX	XXX	XXX	XX	XX	XX	XX	XXX			
10. 2014.....	XXX	XXX	XXX	XX	XX	XX	XX	XXX			
11. 2015.....	XXX	XXX	XXX	XX	XX	XX	XX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

Schedule P - Part 6E - Commercial Multiple Peril - Section 1

N O N E

Schedule P - Part 6E - Commercial Multiple Peril - Section 2

N O N E

Schedule P - Part 6H - Other Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 6H - Other Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 6M - International - Section 1

N O N E

Schedule P - Part 6M - International - Section 2

N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

N O N E

Schedule P - Part 6R - Products Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 6R - Products Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN STANDARD 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 to be included.

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

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

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? 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
1.602 2006
1.603 2007
1.604 2008
1.605 2009
1.606 2010
1.607 2011
1.608 2012
1.609 2013
1.610 2014
1.611 2015
1.612 Totals

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

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

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

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

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

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

5.1 Fidelity
 5.2 Surety

6. Claim count information is reported per claim or per claimant (Indicate which). per claim
 If not the same in all years, explain in Interrogatory 7.

7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [] No [X]

7.2 (An extended statement may be attached.)

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN STANDARD INSURANCE COMPANY OF OHIO

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 Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0473	American Family Insurance Group	19275	39-0273710			American Family Mutual Insurance Company	AMFAM, Inc.	WI	UIP	American Family Mutual Insurance Company	Board of Directors	0.000	American Family Mutual Insurance	
			39-1508124			American Family Brokerage, Inc.		WI	NIA	American Family Mutual Insurance Company	Ownership	100.000	Company	
			39-1391393			AMFAM, Inc.		WI	UDP	American Family Mutual Insurance Company	Ownership	100.000	American Family Mutual Insurance	
			46-3538161			The AssureStart Insurance Agency, LLC		WI	NIA	American Family Mutual Insurance Company	Ownership	100.000	American Family Mutual Insurance	
0473	American Family Insurance Group	19283	39-6040366			American Standard Insurance Co. of WI		WI	IA	AMFAM, Inc.	Ownership	100.000	American Family Mutual Insurance	
0473	American Family Insurance Group	10386	39-1835307			American Family Insurance Company		OH	IA	AMFAM, Inc.	Ownership	100.000	American Family Mutual Insurance	
0473	American Family Insurance Group	10387	39-1835305			American Standard Insurance Co. of OH		OH	RE	AMFAM, Inc.	Ownership	100.000	American Family Mutual Insurance	
0473	American Family Insurance Group	60399	39-6040365			American Family Life Insurance Co.		WI	IA	AMFAM, Inc.	Ownership	100.000	American Family Mutual Insurance	
0473	American Family Insurance Group	27138	36-2705935			Midvale Indemnity Company		IL	IA	AMFAM, Inc.	Ownership	100.000	Company	
			39-6040596			American Family Financial Services, Inc.		WI	NIA	AMFAM, Inc.	Ownership	100.000	American Family Mutual Insurance	
			36-4681910			New Ventures, LLC		WI	NIA	AMFAM, Inc.	Ownership	99.000	Company	
			36-4681910			New Ventures, LLC		WI	NIA	American Family Life Insurance Co.	Ownership	1.000	American Family Mutual Insurance	
			86-1101013			PGC Holdings Corporation		DE	NIA	AMFAM, Inc.	Ownership	100.000	Company	
			42-6653388			PGC Holdings Statutory Trust 1		DE	NIA	PGC Holdings Corporation	Ownership	100.000	American Family Mutual Insurance	
			20-1980130			PGC Holdings Statutory Trust 2		DE	NIA	PGC Holdings Corporation	Ownership	100.000	American Family Mutual Insurance	
0473	Permanent General Holdings	22906	62-1482846			PGAC of Ohio		OH	IA	PGC Holdings Corporation	Ownership	100.000	Company	
0473	Permanent General Holdings	37648	13-2960609			Permanent General Assurance Corporation		OH	IA	Permanent General Companies, Inc.	Ownership	100.000	American Family Mutual Insurance	
			62-1336831			Permanent General Companies, Inc.		TN	NIA	PGC Holdings Corporation	Ownership	100.000	American Family Mutual Insurance	
			62-1383711			PGA Service Corporation		TN	NIA	Permanent General Assurance Corporation	Ownership	100.000	Company	
			62-1684228			The General Auto Insurance Services of Ohio, Inc.		OH	NIA	PGA Service Corporation	Ownership	100.000	American Family Mutual Insurance	
			62-1684225			The General Auto Insurance Services of California, Inc.		CA	NIA	PGA Service Corporation	Ownership	100.000	American Family Mutual Insurance	
			62-1758317			The General Auto Insurance Services of Louisiana, Inc.		LA	NIA	PGA Service Corporation	Ownership	100.000	American Family Mutual Insurance	
0473	Permanent General Holdings	13703	26-2465659			The General Automobile Insurance Company, Inc.		OH	IA	PGAC of Ohio	Ownership	100.000	American Family Mutual Insurance	
			62-1820203			The General Auto Insurance Services of Georgia, Inc.		GA	NIA	PGA Service Corporation	Ownership	100.000	American Family Mutual Insurance	
			62-1812273			The General Auto Insurance Services of Texas, Inc.		TX	NIA	PGA Service Corporation	Ownership	100.000	American Family Mutual Insurance	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN STANDARD INSURANCE COMPANY OF OHIO

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 Domestic- ciliary Loca- tion	10 Relation- ship to Reportin g 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 Owner- ship Provide Per- cen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
			04-3361207			Homesite Group Incorporated	DE.....NIA.....	AMFAM, Inc.		Ownership.....	.100.000	American Family Mutual Insurance Company		
			04-3441403			Homesite Securities Company LLC	DE.....NIA.....	Homesite Group Incorporated		Ownership.....	.100.000	American Family Mutual Insurance Company		
0473	American Family Insurance Group	13927	45-0282873			Homesite Insurance Company of the Midwest	ND.....IA.....	Homesite Securities Company LLC		Ownership.....	.100.000	American Family Mutual Insurance Company		
0473	American Family Insurance Group	17221	06-1125462			Homesite Insurance Company	CT.....IA.....	Homesite Securities Company LLC		Ownership.....	.100.000	American Family Mutual Insurance Company		
0473	American Family Insurance Group	20419	48-1156645			Homesite Indemnity Company	KS.....IA.....	Homesite Group Incorporated		Ownership.....	.100.000	American Family Mutual Insurance Company		
0473	American Family Insurance Group	11005	68-0426201			Homesite Insurance Company of California	CA.....IA.....	Homesite Securities Company LLC		Ownership.....	.100.000	American Family Mutual Insurance Company		
0473	American Family Insurance Group	10986	16-1559926			Homesite Insurance Company of New York	NY.....IA.....	Homesite Securities Company LLC		Ownership.....	.100.000	American Family Mutual Insurance Company		
0473	American Family Insurance Group	10745	23-2980263			Homesite Insurance Company of Georgia	GA.....IA.....	Homesite Securities Company LLC		Ownership.....	.100.000	American Family Mutual Insurance Company		
0473	American Family Insurance Group	11016	52-2176786			Homesite Insurance Company of Illinois	IL.....IA.....	Homesite Securities Company LLC		Ownership.....	.100.000	American Family Mutual Insurance Company		
0473	American Family Insurance Group	11156	04-3489719			Homesite Insurance Company of Florida	IL.....IA.....	Homesite Securities Company LLC		Ownership.....	.100.000	American Family Mutual Insurance Company		
0473	American Family Insurance Group	11237	74-2987795			Homesite Lloyd's of Texas	TX.....IA.....	Texas-South of Homesite, Inc.		Attorney-In-Fact.....	.00.000	American Family Mutual Insurance Company		
			23-3011415			Homesite Insurance Agency, Inc.	MA.....NIA.....	Homesite Securities Company LLC		Ownership.....	.100.000	American Family Mutual Insurance Company		
			04-3506712			Texas-South of Homesite, Inc.	TX.....NIA.....	Homesite Securities Company LLC		Ownership.....	.100.000	American Family Mutual Insurance Company		
			46-5039052			Homesite General Agent LLC	DE.....NIA.....	Homesite Group Incorporated		Ownership.....	.100.000	American Family Mutual Insurance Company		
			47-4532240			Midvale Life Insurance Company of New York	NY.....IA.....	AMFAM, Inc.		Ownership.....	.100.000	American Family Mutual Insurance Company		
			45-3695870			MoveIn, Inc.	WI.....OTH.....	New Ventures, LLC		Ownership.....	.17.200	MoveIn, Inc.000001	
			46-1991111			QuietMye, Inc.	WI.....OTH.....	New Ventures, LLC		Ownership.....	.20.300	QuietMye, Inc.000001	
			47-4493142			American Family Insurance Dreams Foundation, Inc.	WI.....OTH.....	American Family Mutual Insurance Company		Board of Directors.....	.00.000	American Family Insurance Dreams Foundation, Inc.		
			45-5384507			Review Trackers, Inc.	DE.....OTH.....	New Ventures, LLC		Ownership.....	.16.500	Review Trackers, Inc.000001	
			47-4384551			Functor Reality, Inc.	DE.....OTH.....	New Ventures, LLC		Ownership.....	.43.800	Functor Reality, Inc.000001	

1/6/1

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN STANDARD INSURANCE COMPANY OF OHIO

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)
19275	39-0273710	American Family Mutual Insurance Company		69,638,000			336,309,630	20,591,821			426,539,451	(1,392,872,000)
19283	39-6040366	American Standard Insurance Co. of WI				(67,322,143)	6,051,180			(61,270,963)	378,982,000	
60399	39-6040365	American Family Life Insurance Co.		165,000		(121,768,163)	5,408,870			(116,194,293)		
	39-6040596	American Family Financial Services, Inc.				(38,580)				(38,580)		
	39-1508124	American Family Brokerage, Inc.				(7,934,367)				(7,934,367)		
10386	39-1835307	American Family Insurance Company				(106,868,284)	53,026,116			(53,842,168)	305,732,000	
10387	39-1835305	American Standard Insurance Co. of OH			(51,803,000)	(12,736,918)	10,678,965			(2,057,953)	34,064,000	
	39-1391393	AMFAM, Inc.				2,946,485				(48,856,515)		
27138	36-2705935	Midvale Indemnity Company			(18,000,000)	(27,230,250)	29,672,232			2,441,982	1,575,000	
	46-3538161	The AssureStart Insurance Agency, LLC								(18,000,000)		
	36-4681910	New Ventures, LLC										
	86-1101013	PGC Holdings Corporation	1,000,000	(30,000,000)			535,714				(28,464,286)	
	42-6653388	PGC Holdings Statutory Trust 1										
	20-1980130	PGC Holdings Statutory Trust 2										
22906	62-1482846	PGAC of Ohio	(1,000,000)	7,500,000			17,369,585		*		23,869,585	.19,387,774
37648	13-2960609	Permanent General Assurance Corporation		17,400,000			22,786,441		*		40,186,441	(32,797,144)
	62-1336831	Permanent General Companies, Inc.					(65,988,922)				(65,988,922)	
	62-1383711	PGA Service Corporation					752,287				.752,287	
	62-1684228	The General Auto Insurance Services of Ohio, Inc.					(490,437)				(490,437)	
	62-1684225	The General Auto Insurance Services of California, Inc.					(203,130)				(203,130)	
	62-1758317	The General Auto Insurance Services of Louisiana, Inc.					(44,691)				(44,691)	
13703	26-2465659	The General Automobile Insurance Company, Inc.		5,100,000			17,844,924		*		22,944,924	13,409,370
	62-1820203	The General Auto Insurance Services of Georgia, Inc.					966,399				.966,399	
	62-1812273	The General Auto Insurance Services of Texas, Inc.					169,309,786					
	04-3361207	Homesite Group Incorporated		(5,000,000)							164,309,786	
	04-3441403	Homesite Securities Company LLC										
13927	45-0282873	Homesite Insurance Company of the Midwest					(45,837,811)	(35,720,379)			(81,558,190)	236,295,000
	17221	06-1125462	Homesite Insurance Company				(57,035,712)	(40,837,844)			(97,873,556)	225,245,000
	20419	48-1156645	Homesite Indemnity Company				(17,023,878)	(25,452,899)			(42,476,777)	56,619,000
	11005	68-0426201	Homesite Insurance Company of California				(11,808,276)	(684,535)			(12,492,811)	51,418,000
	10986	16-1559926	Homesite Insurance Company of New York				(9,922,675)	(7,541,766)			(17,464,441)	40,098,000
	10745	23-2980263	Homesite Insurance Company of Georgia				(3,670,923)	(1,280,550)			(4,951,473)	14,852,000
	11016	52-2176786	Homesite Insurance Company of Illinois				(3,669,571)	(4,919,898)			(8,589,469)	13,811,000
	11156	04-3489719	Homesite Insurance Company of Florida				(408,840)	1,474,263			1,065,423	3,449,000
	11237	74-2987795	Homesite Lloyd's of Texas		5,000,000		(7,365,578)	(10,465,576)			(12,831,154)	30,732,000
	23-3011415	Homesite Insurance Agency, Inc.					(1,452,102)				(1,452,102)	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN STANDARD INSURANCE COMPANY OF OHIO

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 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
04-3506712		Texas-South of Homesite, Inc.										
9999999	Control Totals								XXX			

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN STANDARD 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

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

APRIL FILING

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

MAY FILING

8. Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	YES
9. Will an audited financial report be filed by June 1?	YES
10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

JUNE FILING

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

The following supplemental reports are required to be filed as part of your annual 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 supplemental 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

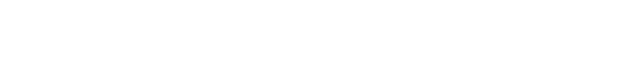
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March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

APRIL FILING

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

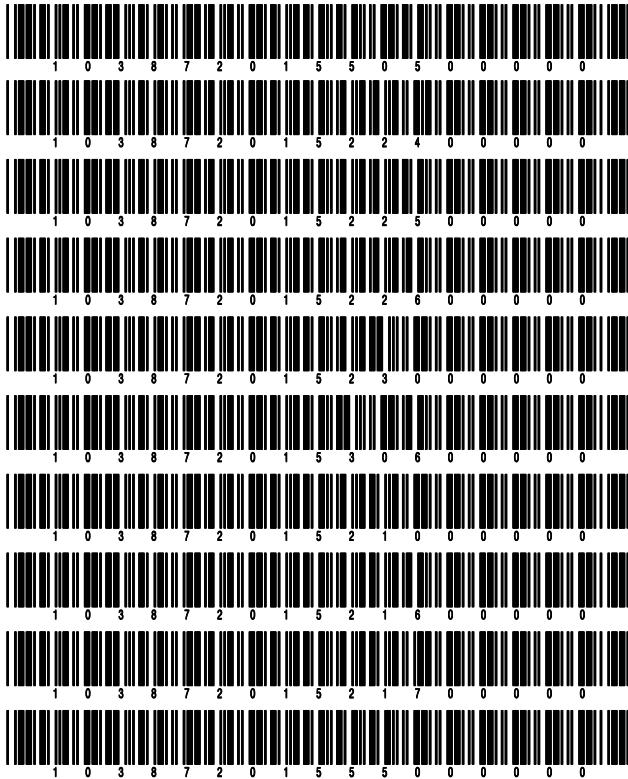
34. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
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Explanations:

12. Bar Codes:	
12. SIS Stockholder Information Supplement [Document Identifier 420]	 1 0 3 8 7 2 0 1 5 4 2 0 0 0 0 0 0
13. Financial Guaranty Insurance Exhibit [Document Identifier 240]	 1 0 3 8 7 2 0 1 5 2 4 0 0 0 0 0 0
14. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	 1 0 3 8 7 2 0 1 5 3 6 0 0 0 0 0 0
15. Supplement A to Schedule T [Document Identifier 455]	 1 0 3 8 7 2 0 1 5 4 5 5 0 0 0 0 0 0
16. Trusted Surplus Statement [Document Identifier 490]	 1 0 3 8 7 2 0 1 5 4 9 0 0 0 0 0 0 0
17. Premiums Attributed to Protected Cells [Document Identifier 385]	 1 0 3 8 7 2 0 1 5 4 5 5 0 0 0 0 0 0 0
18. Reinsurance Summary Supplemental Filing [Document Identifier 401]	 1 0 3 8 7 2 0 1 5 3 8 5 0 0 0 0 0 0 0
19. Medicare Part D Coverage Supplement [Document Identifier 365]	 1 0 3 8 7 2 0 1 5 4 0 1 0 0 0 0 0 0 0
22. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	 1 0 3 8 7 2 0 1 5 3 6 5 0 0 0 0 0 0 0
23. Bail Bond Supplement [Document Identifier 500]	 1 0 3 8 7 2 0 1 5 5 0 0 0 0 0 0 0 0 0

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- 24. Director and Officer Insurance Coverage Supplement [Document Identifier 505]
- 25. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
- 26. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
- 27. Relief from the Requirements for Audit Committees [Document Identifier 226]
- 28. Credit Insurance Experience Exhibit [Document Identifier 230]
- 29. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 30. Accident and Health Policy Experience Exhibit [Document Identifier 210]
- 31. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
- 32. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
- 33. Cybersecurity and Identity Theft Insurance Coverage Supplement [Document Identifier 550]



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