



ANNUAL STATEMENT

For the Year Ended December 31, 2016

of the Condition and Affairs of the

STATE AUTO INSURANCE COMPANY OF OHIO

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

Organized under the Laws of OH

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

Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address

Statutory Statement Contact

NAIC Company Code..... 11017

State of Domicile or Port of Entry OH

Commenced Business..... January 1, 2000

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

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

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

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

www.stateauto.com

Tina Marie Stillabower
(Name)

corporateaccounting@stateauto.com
(E-Mail Address)

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

Country of Domicile US

614-464-5000
(Area Code) (Telephone Number)

614-464-5000
(Area Code) (Telephone Number)

317-931-7473
(Area Code) (Telephone Number) (Extension)

317-931-6558
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Michael Edward LaRocco	President	2. Melissa Ann Centers	Secretary
3. Matthew Robert Pollak	Treasurer	4.	
OTHER			
Jessica Elizabeth Clark	Senior Vice President	Steven Eugene English	Senior Vice President
Kim Burton Garland	Senior Vice President	Ricky Lee Holbein	Vice President
Scott Alan Jones	Vice President	Matthew Stanley Mrozek	Vice President
John Michael Petrucci	Senior Vice President	Cynthia Ann Powell	Senior Vice President
Timothy Gerard Reik	Vice President	Elise deLanglade Spriggs #	Senior Vice President
Paul Martin Stachura	Senior Vice President	Gregory Allan Tacchetti	Senior Vice President

DIRECTORS OR TRUSTEES

Robert Ellison Baker	David James D'Antoni	Michael Joseph Fiorile	Kym Marie Hubbard #
Michael Edward LaRocco	Eileen Ann Mallesch	Thomas Edward Markert	David Russell Meuse
Sharon Elaine Roberts			

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

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

Michael Edward LaRocco
President

Subscribed and sworn to before me
This 21st day of February, 2017

Melissa Ann Centers
Secretary

a. Is this an original filing?
b. If no

Matthew Robert Pollak
Treasurer

1. State the amendment number
2. Date filed
3. Number of pages attached

Yes [X] No []

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code.....0175 NAIC Company Code....11017 BUSINESS IN GRAND TOTAL DURING THE YEAR

19.GT

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		Dividends Paid or Credited to Policyholders on Direct Business	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned		Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire.....	1,218,882	1,324,252	0	626,663	200,172	55,727	33,104	3,857	(4,380)	2,702	194,905	28,547
2.1 Allied lines.....	1,608,174	1,748,541	0	823,781	365,356	340,289	67,046	10,112	9,836	4,737	256,795	24,727
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	23,202,816	23,751,019	0	11,913,397	7,801,311	7,781,306	3,946,427	473,913	501,704	167,682	4,169,333	426,758
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	80,209	97,461	0	35,619	104,811	108,540	4,507	24,993	25,357	443	16,741	1,314
9. Inland marine.....	849,334	848,278	0	446,127	240,503	214,294	23,685	2,087	1,505	385	154,457	13,913
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	248,041	249,825	0	127,427	0	0	0	0	0	0	44,676	4,063
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A & H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable A & H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A & H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A & H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium.....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	1,246,699	1,265,660	0	624,812	3,219,000	1,852,819	2,866,486	103,161	(286,026)	724,918	199,598	19,169
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	19,177,146	18,926,200	0	7,251,949	14,067,828	15,878,135	15,758,043	752,421	861,980	795,428	2,475,311	294,861
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	16,195,208	15,802,575	0	6,170,822	9,354,805	9,481,718	235,202	30,047	32,922	7,085	2,116,340	249,012
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	63,826,509	64,013,811	0	28,020,597	35,353,786	35,712,828	22,934,501	1,400,591	1,142,898	1,703,380	9,628,156	1,062,364

DETAILS OF WRITE-INS

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

(a) Finance and service charges not included in Lines 1 to 35 \$.....289,656.
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



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

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

19.OH

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	Direct Premiums Written	Direct Premiums Earned										
1. Fire.....	1,218,882	1,324,252	0	626,663	200,172	55,727	33,104	3,857	(4,380)	2,702	194,905	28,547
2.1 Allied lines.....	1,608,174	1,748,541	0	823,781	365,356	340,289	67,046	10,112	9,836	4,737	256,795	24,727
2.2 Multiple peril crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood.....	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Private crop.....	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood.....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	23,202,816	23,751,019	0	11,913,397	7,801,311	7,781,306	3,946,427	473,913	501,704	167,682	4,169,333	426,758
5.1 Commercial multiple peril (non-liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion).....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	80,209	97,461	0	35,619	104,811	108,540	4,507	24,993	25,357	443	16,741	1,314
9. Inland marine.....	849,334	848,278	0	446,127	240,503	214,294	23,685	2,087	1,505	385	154,457	13,913
10. Financial guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake.....	248,041	249,825	0	127,427	0	0	0	0	0	0	44,676	4,063
13. Group accident and health (b).....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A & H (group and individual).....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A & H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable A & H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A & H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only.....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A & H (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium.....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence.....	1,246,699	1,265,660	0	624,812	3,219,000	1,852,819	2,866,486	103,161	(286,026)	724,918	199,598	19,169
17.2 Other liability-claims-made.....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability.....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability.....	19,177,146	18,926,200	0	7,251,949	14,067,828	15,878,135	15,758,043	752,421	861,980	795,428	2,475,311	294,861
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	16,195,208	15,802,575	0	6,170,822	9,354,805	9,481,718	235,202	30,047	32,922	7,085	2,116,340	249,012
21.2 Commercial auto physical damage.....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils).....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity.....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety.....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft.....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit.....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty.....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	63,826,509	64,013,811	0	28,020,597	35,353,786	35,712,828	22,934,501	1,400,591	1,142,898	1,703,380	9,628,156	1,062,364

DETAILS OF WRITE-INS

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

(a) Finance and service charges not included in Lines 1 to 35 \$.....289,656.

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

SCHEDULE F - PART 1

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held by or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 + 7							
Pools and Associations - Mandatory Pools														
1099998.	Pools and Associations for which the total of column 8 is less than \$100,000-Mandatory.....			167	0	0	0	0	0	0	0	0	0	0
1099999.	Pools and Associations - Mandatory Pools.....			167	0	0	0	0	0	0	0	0	0	0
1299999.	Total Pools and Associations.....			167	0	0	0	0	0	0	0	0	0	0
9999999.	Totals.....			167	0	0	0	0	0	0	0	0	0	0

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectored or (Canceled) during Current Year

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

NONE

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable on										Reinsurance Payable		18	19
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Col. 15-[16+17]	Funds Held By Company Under Reinsurance Treaties	
Authorized Affiliates-U.S. Intercompany Pooling																			
31-4316080.	25135...	State Automobile Mut Ins Co.....	OH.....		63,327	7,452	429	15,739	691	7,283	2,839	28,017	723	63,173	15,086	0	48,087	0	
0199999.	Total Authorized Affiliates - U.S. Intercompany Pooling.....				63,327	7,452	429	15,739	691	7,283	2,839	28,017	723	63,173	15,086	0	48,087	0	
0899999.	Total Authorized Affiliates.....				63,327	7,452	429	15,739	691	7,283	2,839	28,017	723	63,173	15,086	0	48,087	0	
Authorized Other U.S. Unaffiliated Insurers																			
0999998.	Total Authorized Other U.S. Unaffiliated Insurers (Under \$100,000).....				245	0	0	(58)	0	0	0	0	0	(58)	(356)	0	298	2	
0999999.	Total Authorized Other U.S. Unaffiliated Insurers.....				245	0	0	(58)	0	0	0	0	0	(58)	(356)	0	298	2	
Authorized Pools-Mandatory Pools																			
AA-9991503	00000...	Ohio Mine Subsidence Fund.....	OH.....		5	0	0	0	0	0	0	3	0	3	1	0	2	0	
1099999.	Total Authorized Pools - Mandatory Pools.....				5	0	0	0	0	0	0	3	0	3	1	0	2	0	
Authorized Other Non-U.S. Insurers																			
1299998.	Total Authorized Other Non-U.S. Insurers (Under \$100,000).....				213	0	0	(17)	0	0	0	0	0	(17)	(129)	0	112	0	
1299999.	Total Authorized Other Non-U.S. Insurers.....				213	0	0	(17)	0	0	0	0	0	(17)	(129)	0	112	0	
1399999.	Total Authorized.....				63,790	7,452	429	15,664	691	7,283	2,839	28,020	723	63,101	14,602	0	48,499	2	
Unauthorized Other Non-U.S. Insurers																			
2599998.	Total Unauthorized Other Non-U.S. Insurers (Under \$100,000).....				191	0	0	(7)	0	0	0	0	0	(7)	(103)	0	96	0	
2599999.	Total Unauthorized Other Non-U.S. Insurers.....				191	0	0	(7)	0	0	0	0	0	(7)	(103)	0	96	0	
2699999.	Total Unauthorized.....				191	0	0	(7)	0	0	0	0	0	(7)	(103)	0	96	0	
Certified Other Non-U.S. Insurers																			
3899998.	Total Certified Other Non-U.S. Insurers (Under \$100,000).....				9	0	0	(7)	0	0	0	0	0	(7)	(42)	0	35	0	
3899999.	Total Certified Other Non-U.S. Insurers.....				9	0	0	(7)	0	0	0	0	0	(7)	(42)	0	35	0	
3999999.	Total Certified.....				9	0	0	(7)	0	0	0	0	0	(7)	(42)	0	35	0	
4099999.	Total Authorized, Unauthorized and Certified.....				63,990	7,452	429	15,650	691	7,283	2,839	28,020	723	63,087	14,457	0	48,630	2	
9999999.	Totals.....				63,990	7,452	429	15,650	691	7,283	2,839	28,020	723	63,087	14,457	0	48,630	2	

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable on									Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Col. 15-[16+17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers		

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

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

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

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated	
(1) State Automobile Mut Ins Co.....	63,173	63,327	Yes	☒ No ☐
(2) Ohio Mine Subsidence Fund.....	3	5	Yes	☐ No ☒
(3)	0	0	Yes	☐ No ☐
(4)	0	0	Yes	☐ No ☐
(5)	0	0	Yes	☐ No ☐

SCHEDULE F - PART 4

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12 Percentage Overdue Col. 10 / Col. 11	13 Percentage More Than 120 Days Overdue Col. 9 / Col. 11
				5 Current	Overdue					11 Total Due Cols. 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			
Authorized Affiliates-U.S. Intercompany Pooling												
31-4316080..	25135.....	State Automobile Mut Ins Co.....	OH.....	7,881	0	0	0	0	0	7,881	0.0	0.0
0199999.	Total Authorized - Affiliates - U.S. Intercompany Pooling.....			7,881	0	0	0	0	0	7,881	0.0	0.0
0899999.	Total Authorized.....			7,881	0	0	0	0	0	7,881	0.0	0.0
1399999.	Total Authorized.....			7,881	0	0	0	0	0	7,881	0.0	0.0
4099999.	Total Authorized, Unauthorized and Certified.....			7,881	0	0	0	0	0	7,881	0.0	0.0
9999999.	Totals.....			7,881	0	0	0	0	0	7,881	0.0	0.0

SCHEDULE F - PART 5

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
ID Number	NAIC Company Code	Name of Reinsurer	Domi- ciliary Juris- diction	Special Code	Reinsurance Recoverable all Items Schedule F, Part 3, Col. 15	Funds Held By Company Under Reinsurance Treaties	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Ceded Balances Payable	Miscellaneous Balances Payable	Trust Funds and Other Allowed Offset Items	Total Collateral and Offsets Allowed (Cols. 7+8+10 + 11 + 12 but not in Excess of Col. 6)	Provision for Unauthorized Reinsurance (Col. 6 minus Col. 13)	Recoverable Paid Losses & LAE Expenses Over 90 Days Past Due not in Dispute	20% of Amount in Col. 15	20% of Amount in Dispute Included in Col. 6	Provision for Overdue Reinsurance (Col. 16 plus Col. 17)	Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 14 plus Col. 18 but not in Excess of Col. 6)

Other Non-U.S. Insurers

AA-3194128.	00000.....	Allied World Assurance Co Ltd.....	BMU.	.....	.....0	0	0	0	(4)	0	0	(4)	4	0	0	0	0	0
AA-3190932.	00000.....	Argo Re.....	BMU.	.....	.....(2)	0	0	0	(11)	0	0	(11)	9	0	0	0	0	0
AA-3194161.	00000.....	Catlin Ins Co Ltd.....	BMU.	.....	.....0	0	0	0	(3)	0	0	(3)	3	0	0	0	0	0
AA-9240020.	00000.....	China Reins Grp Corp.....	CHN..	.....	.....0	0	0	0	(1)	0	0	(1)	1	0	0	0	0	0
AA-3190060.	00000.....	Hanover Re (bermuda) Ltd.....	BMU.	.....	.....0	0	0	0	(8)	0	0	(8)	8	0	0	0	0	0
AA-3190829.	00000.....	Markel Bermuda Ltd.....	BMU.	.....	.....0	0	0	0	(11)	0	0	(11)	11	0	0	0	0	0
AA-1460019.	00000.....	MS Amlin AG.....	CHE..	.....	.....(2)	0	0	0	(5)	0	0	(5)	3	0	0	0	0	0
AA-3194200.	00000.....	Ms Frontier Reins Ltd.....	BMU.	.....	.....0	0	0	0	(6)	0	0	(6)	6	0	0	0	0	0
AA-1340004.	00000.....	R V Versicherung Ag.....	DEU..	.....	.....0	0	0	0	(10)	0	0	(10)	10	0	0	0	0	0
AA-1320031.	00000.....	Scor Global P & C.....	FRA..	.....	.....0	0	0	0	(3)	0	0	(3)	3	0	0	0	0	0
AA-1460023.	00000.....	Tokio Millennium Re AG.....	CHE..	.....	.....(3)	0	0	0	(35)	0	0	(35)	32	0	0	0	0	0
AA-3190757.	00000.....	XI Re Ltd.....	BMU.	.....	.....0	0	0	0	(6)	0	0	(6)	6	0	0	0	0	0
1299999.	Total Other Non-U.S. Insurers.....				(7)	0	0	XXX.....	(103)	0	0	(103)	96	0	0	0	0	0
1399999.	Total Affiliates and Others.....				(7)	0	0	XXX.....	(103)	0	0	(103)	96	0	0	0	0	0
9999999.	Totals.....				(7)	0	0	XXX.....	(103)	0	0	(103)	96	0	0	0	0	0

1.
- Amounts in dispute totaling \$.....0 are included in Column 6.
2.
- Amounts in dispute totaling \$.....0 are excluded from Column 15.

SCHEDULE F - PART 6 - SECTION 1

Provision for Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	Collateral Provided						18	19	20	21
											12	13	14	15	16	17				
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Net Amount Recoverable from Reinsurers (Sch F Part 3 Col. 18)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 8 - Col. 9)	Dollar Amount of Collateral Required (Col. 10 x Col. 7)	Multiple Beneficiary Trust	Funds Held by Company Under Reinsurance Treaties	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Other Allowable Collateral	Total Collateral Provided (Cols. 12 + 13 + 14 + 16)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements (Col. 17 / Col. 10)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 18/Col. 7, not to exceed 100%)	Amount of Credit Allowed for Net Recoverables (Col 9 + (Col. 10 x Col. 19))	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col 8 - Col. 20)
Other Non-U.S. Insurers																				
AA-1340125	00000.....	Hannover Ruck SE.....	DEU.....	2	07/01/2015.	0.10	35	0	35	4	4	0	0	0	0	4	0.11	1.00	35	0
1299999.	Total Other Non-U.S. Insurers.....						35	0	35	4	4	0	0	XXX.....	0	4	XXX.....	XXX.....	35	0
1399999.	Total Affiliates and Others.....						35	0	35	4	4	0	0	XXX.....	0	4	XXX.....	XXX.....	35	0
9999999.	Totals.....						35	0	35	4	4	0	0	XXX.....	0	4	XXX.....	XXX.....	35	0

Sch. F - Pt. 6 - Sn. 2
NONE

Sch. F - Pt. 7
NONE

Sch. F - Pt. 8
NONE

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	16,909,302	0	16,909,302
2. Premiums and considerations (Line 15).....	0	0	0
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....	7,880,448	(7,880,448)	0
4. Funds held by or deposited with reinsured companies (Line 16.2).....	0	0	0
5. Other assets.....	6,906,873	0	6,906,873
6. Net amount recoverable from reinsurers.....	0	49,587,281	49,587,281
7. Protected cell assets (Line 27).....	0	0	0
8. Totals (Line 28).....	31,696,623	41,706,833	73,403,456
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....	0	26,464,356	26,464,356
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	159,916	1,681,468	1,841,384
11. Unearned premiums (Line 9).....	0	28,017,410	28,017,410
12. Advance premiums (Line 10).....	0	0	0
13. Dividends declared and unpaid (Line 11.1 and 11.2).....	0	0	0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12).....	14,455,305	(14,454,101)	1,204
15. Funds held by company under reinsurance treaties (Line 13).....	2,300	(2,300)	0
16. Amounts withheld or retained by company for account of others (Line 14).....	0	0	0
17. Provision for reinsurance (Line 16).....	0	0	0
18. Other liabilities.....	8,686	0	8,686
19. Total liabilities excluding protected cell business (Line 26).....	14,626,207	41,706,833	56,333,040
20. Protected cell liabilities (Line 27).....	0	0	0
21. Surplus as regards policyholders (Line 37).....	17,070,416	XXX	17,070,416
22. Totals (Line 38).....	31,696,623	41,706,833	73,403,456

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

If yes, give full explanation:

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

Sch. H - Pt. 1
NONE

Sch. H - Pt. 2
NONE

Sch. H - Pt. 3
NONE

Sch. H - Pt. 4
NONE

Sch. H - Pt. 5
NONE

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS (\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported- Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	XXX.....
2. 2007.....	0	20	(20)	0	0	0	0	0	0	0	0	0
3. 2008.....	0	13	(13)	0	0	0	0	0	0	0	0	0
4. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded						Direct and Assumed	Ceded
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals...	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	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	Inter- Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	0	0
2. 2007.	0	0	0	0.0	0.0	0.0	0	0	0.00	0	0
3. 2008.	0	0	0	0.0	0.0	0.0	0	0	0.00	0	0
4. 2009.	0	0	0	0.0	0.0	0.0	0	0	0.00	0	0
5. 2010.	0	0	0	0.0	0.0	0.0	0	0	0.00	0	0
6. 2011.	0	0	0	0.0	0.0	0.0	0	0	0.00	0	0
7. 2012.	0	0	0	0.0	0.0	0.0	0	0	0.00	0	0
8. 2013.	0	0	0	0.0	0.0	0.0	0	0	0.00	0	0
9. 2014.	0	0	0	0.0	0.0	0.0	0	0	0.00	0	0
10. 2015.	0	0	0	0.0	0.0	0.0	0	0	0.00	0	0
11. 2016.	0	0	0	0.0	0.0	0.0	0	0	0.00	0	0
12. Totals	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	0	0

Sch. P - Pt. 1B
NONE

Sch. P - Pt. 1C
NONE

Sch. P - Pt. 1D
NONE

Sch. P - Pt. 1E
NONE

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported- Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
2. 2007.....	0.....	3.....	(3).....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
3. 2008.....	0.....	1.....	(1).....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
4. 2009.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
5. 2010.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
6. 2011.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
7. 2012.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
8. 2013.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
9. 2014.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
10. 2015.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
11. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
12. Totals.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2007.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals...	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2007.	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.00.....	0.....	0.....
3. 2008.	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.00.....	0.....	0.....
4. 2009.	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.00.....	0.....	0.....
5. 2010.	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.00.....	0.....	0.....
6. 2011.	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.00.....	0.....	0.....
7. 2012.	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.00.....	0.....	0.....
8. 2013.	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.00.....	0.....	0.....
9. 2014.	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.00.....	0.....	0.....
10. 2015.	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.00.....	0.....	0.....
11. 2016.	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.00.....	0.....	0.....
12. Totals	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....

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

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

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

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported- Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	XXX.....
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0	XXX.....
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	XXX.....
4. Totals....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Totals...	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	0	0
2. 2015.	0	0	0	0.0	0.0	0.0	0	0	0.00	0	0
3. 2016.	0	0	0	0.0	0.0	0.0	0	0	0.00	0	0
4. Totals	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	0	0

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported- Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	XXX.....
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0
4. Totals....	XXX.....	XXX.....	XXX.....	0	0	0	0	0	0	0	0	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding- Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Totals...	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	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	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	0	0
2. 2015.	0	0	0	0.0	0.0	0.0	0	0	0.00	0	0
3. 2016.	0	0	0	0.0	0.0	0.0	0	0	0.00	0	0
4. Totals	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	0	0

Sch. P - Pt. 1K
NONE

Sch. P - Pt. 1L
NONE

Sch. P - Pt. 1M
NONE

Sch. P - Pt. 1N
NONE

Sch. P - Pt. 1O
NONE

Sch. P - Pt. 1P
NONE

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

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

Sch. P - Pt. 1S
NONE

Sch. P - Pt. 1T
NONE

Sch. P - Pt. 2A
NONE

Sch. P - Pt. 2B
NONE

Sch. P - Pt. 2C
NONE

Sch. P - Pt. 2D
NONE

Sch. P - Pt. 2E
NONE

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

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

Sch. P - Pt. 2G
NONE

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

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

Sch. P - Pt. 2I
NONE

Sch. P - Pt. 2J
NONE

Sch. P - Pt. 2K
NONE

Sch. P - Pt. 2L
NONE

Sch. P - Pt. 2M
NONE

Sch. P - Pt. 2N
NONE

Sch. P - Pt. 2O
NONE

Sch. P - Pt. 2P
NONE

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

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

Sch. P - Pt. 2S
NONE

Sch. P - Pt. 2T
NONE

Sch. P - Pt. 3A
NONE

Sch. P - Pt. 3B
NONE

Sch. P - Pt. 3C
NONE

Sch. P - Pt. 3D
NONE

Sch. P - Pt. 3E
NONE

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

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

Sch. P - Pt. 3G
NONE

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

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

Sch. P - Pt. 3I
NONE

Sch. P - Pt. 3J
NONE

Sch. P - Pt. 3K
NONE

Sch. P - Pt. 3L
NONE

Sch. P - Pt. 3M
NONE

Sch. P - Pt. 3N
NONE

Sch. P - Pt. 3O
NONE

Sch. P - Pt. 3P
NONE

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

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

Sch. P - Pt. 3S
NONE

Sch. P - Pt. 3T
NONE

Sch. P - Pt. 4A
NONE

Sch. P - Pt. 4B
NONE

Sch. P - Pt. 4C
NONE

Sch. P - Pt. 4D
NONE

Sch. P - Pt. 4E
NONE

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

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

Sch. P - Pt. 4G
NONE

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

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

Sch. P - Pt. 4I
NONE

Sch. P - Pt. 4J
NONE

Sch. P - Pt. 4K
NONE

Sch. P - Pt. 4L
NONE

Sch. P - Pt. 4M
NONE

Sch. P - Pt. 4N
NONE

Sch. P - Pt. 4O
NONE

Sch. P - Pt. 4P
NONE

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

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

Sch. P - Pt. 4S
NONE

Sch. P - Pt. 4T
NONE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sch. P - Pt. 7A - Sn. 1
NONE

Sch. P - Pt. 7A - Sn. 2
NONE

Sch. P - Pt. 7A - Sn. 3
NONE

Sch. P - Pt. 7A - Sn. 4
NONE

Sch. P - Pt. 7A - Sn. 5
NONE

Sch. P - Pt. 7B - Sn. 1
NONE

Sch. P - Pt. 7B - Sn. 2
NONE

Sch. P - Pt. 7B - Sn. 3
NONE

Sch. P - Pt. 7B - Sn. 4
NONE

Sch. P - Pt. 7B - Sn. 5
NONE

Sch. P - Pt. 7B - Sn. 6
NONE

Sch. P - Pt. 7B - Sn. 7
NONE

STATE AUTO INSURANCE COMPANY OF OHIO
SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims-Made insurance policies. EREs provided for reasons other than DDR are not be included.
- 1.1 Does the company issue Medical Professional Liability Claims-Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost?

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)?

\$.....0
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?

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

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

Yes [] No [] N/A[X]
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1	2
		Section 1: Occurrence	Section 2: Claims-Made
1.601	Prior.....	0	0
1.602	2007.....	0	0
1.603	2008.....	0	0
1.604	2009.....	0	0
1.605	2010.....	0	0
1.606	2011.....	0	0
1.607	2012.....	0	0
1.608	2013.....	0	0
1.609	2014.....	0	0
1.610	2015.....	0	0
1.611	2016.....	0	0
1.612	Totals.....	0	0

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

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

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

Yes [] No [X]

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

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

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

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

5.1 Fidelity

\$.....0

5.2 Surety

\$.....0
6. Claim count information is reported per claim or per claimant. (Indicate which).

PER CLAIMANT

If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses?

Yes [] No [X]
- 7.2 An extended statement may be attached.

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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)	Is an SCA Filing Required? (Y/N)	*
Members															
0175	State Auto Group	45934...	41-171918	0	0	.....	American Compensation Insurance Company.....	MN.....	IA.....	RTW, Inc.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company...	N.....	0.....
0175	State Auto Group	12311...	41-198814	0	0	.....	Bloomington Compensation Insurance Company.....	MN.....	IA.....	American Compensation Insurance Company.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company...	N.....	0.....
0175	State Auto Group	23353...	35-113586	0	0	.....	Meridian Security Insurance Company.....	IN.....	IA.....	State Auto Holdings, Inc.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company...	N.....	0.....
0175	State Auto Group	41653...	46-036885	0	0	.....	Milbank Insurance Company.....	IA.....	IA.....	State Auto Financial Corp.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company...	N.....	0.....
0175	State Auto Group	14923...	06-048744	0	0	.....	Patrons Mutual Insurance Company of Connecticut.....	CT.....	IA.....	State Automobile Mutual Insurance Company.....	Board.....	0.000	State Automobile Mutual Insurance Company...	N.....	0.....
0175	State Auto Group	30945...	58-114065	0	0	.....	Plaza Insurance Company.....	IA.....	IA.....	Rockhill Insurance Company.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company...	N.....	0.....
0175	State Auto Group	28053...	06-114984	0	0	.....	Rockhill Insurance Company.....	AZ.....	IA.....	Rockhill Holding Company.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company...	N.....	0.....
0175	State Auto Group	11017...	31-165102	0	0	.....	State Auto Insurance Company of Ohio.....	OH.....	RE.....	State Auto Financial Corp.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company...	N.....	0.....
0175	State Auto Group	31755...	39-121105	0	0	.....	State Auto Insurance Company of Wisconsin.....	WI.....	IA.....	State Automobile Mutual Insurance Company.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company...	N.....	0.....
0175	State Auto Group	25127...	57-601081	0	0	.....	State Auto Property & Casualty Insurance Company.....	IA.....	IA.....	State Auto Financial Corp.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company...	N.....	0.....
0175	State Auto Group	25135...	31-431608	0	0	.....	State Automobile Mutual Insurance Company.....	OH.....	UIP.....	Members.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company...	N.....	0.....
0.....	State Auto Group	0.....	31-157952	0	0	.....	518 Property & Mgmt. Leasing, LLC.....	OH.....	NIA.....	State Auto Property & Casualty Insurance Company.....	Management.....	0.000	State Automobile Mutual Insurance Company...	N.....	0.....
0.....	State Auto Group	0.....	75-601518	0	0	.....	Eagle Development Corporation.....	TX.....	NIA.....	State Auto Holdings, Inc.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company...	N.....	0.....
0.....	State Auto Group	0.....	57-046857	0	0	.....	Facilitators, Inc.....	SC.....	NIA.....	State Automobile Mutual Insurance Company.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company...	N.....	0.....
0.....	State Auto Group	0.....	41-209820	0	0	.....	Network E&S Insurance Brokers, LLC.....	CA.....	NIA.....	State Automobile Mutual Insurance Company.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company...	N.....	0.....
0.....	State Auto Group	0.....	62-185533	0	0	.....	Partners General Insurance Agency, LLC.....	CA.....	NIA.....	Rockhill Holding Company.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company...	N.....	0.....
0.....	State Auto Group	0.....	27-023139	0	0	.....	Risk Evaluation & Design, LLC.....	MO.....	NIA.....	State Automobile Mutual Insurance Company.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company...	N.....	0.....
0.....	State Auto Group	0.....	25-192326	0	1347161	.....	Rockhill Holding Company.....	DE.....	NIA.....	State Automobile Mutual Insurance Company.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company...	Y.....	0.....
0.....	State Auto Group	0.....	20-840674	0	0	.....	Rockhill Insurance Services LLC.....	CA.....	NIA.....	Rockhill Holding Company.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company...	N.....	0.....
0.....	State Auto Group	0.....	01-071253	0	0	.....	Rockhill Underwriting Management LLC.....	MO.....	NIA.....	Rockhill Holding Company.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company...	N.....	0.....
0.....	State Auto Group	0.....	41-144087	0	915781	.....	RTW, Inc.....	MN.....	NIA.....	Rockhill Holding Company.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company...	N.....	0.....
0.....	State Auto Group	0.....	31-132430	0	874977	NASDAQ..	State Auto Financial Corp.....	OH.....	UDP.....	State Automobile Mutual Insurance Company.....	Ownership.....	61.900	State Automobile Mutual Insurance Company...	Y.....	0.....
0.....	State Auto Group	0.....	20-875604	0	0	.....	State Auto Holdings, Inc.....	OH.....	NIA.....	State Automobile Mutual Insurance Company.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company...	Y.....	0.....
0.....	State Auto Group	0.....	31-067646	0	0	.....	Stateco Financial Services, Inc.....	OH.....	NIA.....	State Auto Financial Corp.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company...	N.....	0.....

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
25135.....	31-4316080.....	State Automobile Mutual Insurance Company.....	13,180,566	0	0	0	0	23,517,529	...*	(19,177,730)	17,520,365	(21,770,795)
25127.....	57-6010814.....	State Auto Property & Casualty Insurance Company.....	(10,000,000)	0	0	0	0	0	...*	0	(10,000,000)	0
31755.....	39-1211058.....	State Auto Insurance Company of Wisconsin.....	0	0	0	0	0	0	...*	0	0	0
11017.....	31-1651026.....	State Auto Insurance Company of Ohio.....	0	0	0	0	0	0	...*	0	0	0
41653.....	46-0368854.....	Milbank Insurance Company.....	0	0	0	0	0	0	...*	0	0	0
23353.....	35-1135866.....	Meridian Security Insurance Company.....	0	0	0	0	0	0	...*	0	0	0
14923.....	06-0487440.....	Patrons Mutual Insurance Company of Connecticut.....	0	0	0	0	0	0	...*	0	0	0
28053.....	06-1149847.....	Rockhill Insurance Company.....	(19,584,987)	0	0	0	0	(24,783,639)	...*	0	(44,368,626)	20,422,429
30945.....	58-1140651.....	Plaza Insurance Company.....	0	0	0	0	0	1,291,640	...*	0	1,291,640	1,286,366
45934.....	41-1719183.....	American Compensation Insurance Company.....	0	0	0	0	0	(25,530)	...*	19,177,730	19,152,200	62,000
12311.....	41-1988144.....	Bloomington Compensation Insurance Company.....	0	0	0	0	0	0	...*	0	0	0
0.....	62-1855334.....	Partners General Insurance Agency, LLC.....	(2,400,000)	0	0	0	0	0	.....	......0	(2,400,000)	0
0.....	25-1923260.....	Rockhill Holding Company.....	19,188,159	(15,000,000)	0	0	0	0	.....	......0	4,188,159	0
0.....	01-0712531.....	Rockhill Underwriting Management, LLC.....	0	15,000,000	0	0	0	0	.....	......0	15,000,000	0
0.....	31-1324304.....	State Auto Financial Corporation.....	3,816,262	0	0	0	0	0	.....	......0	3,816,262	0
0.....	31-0676465.....	Stateco Financial Services, Inc.....	(4,200,000)	0	0	0	0	0	.....	......0	(4,200,000)	0
9999999.	Control Totals.....	.....	......0	0	0	0	0	0	XXX	0	0	0

Detailed Explanation
See Note 26 for detailed list of pooling percentages.

STATE AUTO INSURANCE COMPANY OF OHIO
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING		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 the Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
MAY FILING		
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but 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 Trusteed 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 partners 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
28.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?	NO
APRIL FILING		
29.	Will the Credit Insurance Experience Exhibit be filed with state of domicile and the NAIC by April 1?	NO
30.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
32.	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
33.	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
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
35.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

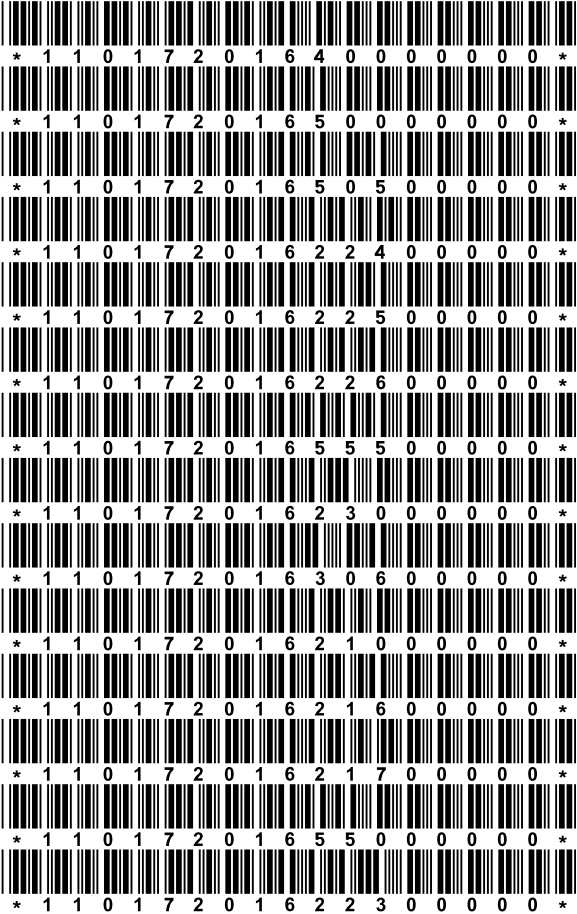
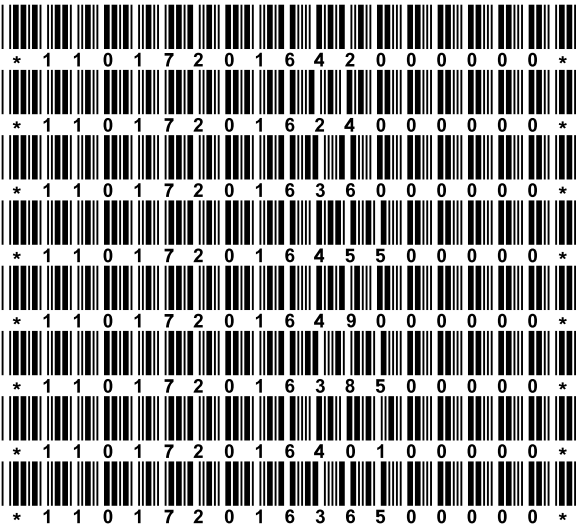
STATE AUTO INSURANCE COMPANY OF OHIO
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

EXPLANATIONS:

BAR CODE:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12. The data for this supplement is not required to be filed.
13. The data for this supplement is not required to be filed.
14. The data for this supplement is not required to be filed.
15. The data for this supplement is not required to be filed.
16. The data for this supplement is not required to be filed.
17. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
19. The data for this supplement is not required to be filed.
20.
21.
22. The data for this supplement is not required to be filed.
23. The data for this supplement is not required to be filed.
24. The data for this supplement is not required to be filed.
25. The data for this supplement is not required to be filed.
26. The data for this supplement is not required to be filed.
27. The data for this supplement is not required to be filed.
28. The data for this supplement is not required to be filed.
29. The data for this supplement is not required to be filed.
30. The data for this supplement is not required to be filed.
31. The data for this supplement is not required to be filed.
32. The data for this supplement is not required to be filed.
33. The data for this supplement is not required to be filed.
34. The data for this supplement is not required to be filed.
35. The data for this supplement is not required to be filed.



**Overflow Page
NONE**

**Overflow Page
NONE**

2016 ALPHABETICAL INDEX -- PROPERTY & CASUALTY ANNUAL STATEMENT BLANK

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