



QUARTERLY STATEMENT

As of September 30, 2017  
of the Condition and Affairs of the

STATE AUTO INSURANCE COMPANY OF OHIO

NAIC Group Code.....0175, 0175 (Current Period) (Prior Period)	NAIC Company Code..... 11017	Employer's ID Number..... 31-1651026
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized..... May 17, 1999	Commenced Business..... January 1, 2000	
Statutory Home Office	518 East Broad Street..... Columbus ..... OH ..... US ..... 43215 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	518 East Broad Street..... Columbus ..... OH ..... US ..... 43215 (Street and Number) (City or Town, State, Country and Zip Code)	614-464-5000 (Area Code) (Telephone Number)
Mail Address	518 East Broad Street..... Columbus ..... OH ..... US ..... 43215 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	518 East Broad Street..... Columbus ..... OH ..... US ..... 43215 (Street and Number) (City or Town, State, Country and Zip Code)	614-464-5000 (Area Code) (Telephone Number)
Internet Web Site Address	www.stateauto.com	
Statutory Statement Contact	Tina Marie Stillabower (Name) corporateaccounting@stateauto.com (E-Mail Address)	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			
Steven Eugene English	Senior Vice President	Kim Burton Garland	Senior Vice President
John Michael Petrucci	Senior Vice President	Suzanne Marie Sinclair #	Senior Vice President
Elise deLanglade Spriggs	Senior Vice President	Paul Martin Stachura	Senior Vice President
Gregory Allan Tacchetti	Senior Vice President	Scott Alan Jones	Vice President
Matthew Stanley Mrozek	Vice President		

DIRECTORS OR TRUSTEES

Robert Ellison Baker	Michael Joseph Fiorile	Kym Marie Hubbard	Michael Edward LaRocco
Eileen Ann Mallesch	Thomas Edward Markert	David Russell Meuse	Setareh Pouraghabagher #
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	Melissa Ann Centers Secretary	Matthew Robert Pollak Treasurer
Subscribed and sworn to before me This 9th day of November, 2017	a. Is this an original filing? b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes [ X ] No [ ]   

STATE AUTO INSURANCE COMPANY OF OHIO  
ASSETS

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1. Bonds.....	16,915,351	.0	16,915,351	16,868,894
2. Stocks:				
2.1 Preferred stocks.....	.0	.0	.0	.0
2.2 Common stocks.....	.0	.0	.0	.0
3. Mortgage loans on real estate:				
3.1 First liens.....	.0	.0	.0	.0
3.2 Other than first liens.....	.0	.0	.0	.0
4. Real estate:				
4.1 Properties occupied by the company (less \$.0 encumbrances).....	.0	.0	.0	.0
4.2 Properties held for the production of income (less \$.0 encumbrances).....	.0	.0	.0	.0
4.3 Properties held for sale (less \$.0 encumbrances).....	.0	.0	.0	.0
5. Cash (\$.148,112), cash equivalents (\$.0) and short-term investments (\$.0).....	148,112	.0	148,112	40,408
6. Contract loans (including \$.0 premium notes).....	.0	.0	.0	.0
7. Derivatives.....	.0	.0	.0	.0
8. Other invested assets.....	.0	.0	.0	.0
9. Receivables for securities.....	.0	.0	.0	.0
10. Securities lending reinvested collateral assets.....	.0	.0	.0	.0
11. Aggregate write-ins for invested assets.....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	17,063,463	.0	17,063,463	16,909,302
13. Title plants less \$.0 charged off (for Title insurers only).....	.0	.0	.0	.0
14. Investment income due and accrued.....	91,868	.0	91,868	123,378
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	.0	.0	.0	.0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.0 earned but unbilled premiums).....	.0	.0	.0	.0
15.3 Accrued retrospective premiums (\$.0) and contracts subject to redetermination (\$.0).....	.0	.0	.0	.0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	7,790,601	.0	7,790,601	7,880,448
16.2 Funds held by or deposited with reinsured companies.....	.0	.0	.0	.0
16.3 Other amounts receivable under reinsurance contracts.....	.0	.0	.0	.0
17. Amounts receivable relating to uninsured plans.....	.0	.0	.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon.....	.0	.0	.0	.0
18.2 Net deferred tax asset.....	469,855	294,763	175,092	207,034
19. Guaranty funds receivable or on deposit.....	.0	.0	.0	.0
20. Electronic data processing equipment and software.....	.0	.0	.0	.0
21. Furniture and equipment, including health care delivery assets (\$.0).....	.0	.0	.0	.0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....	.0	.0	.0	.0
23. Receivables from parent, subsidiaries and affiliates.....	5,477,407	.0	5,477,407	6,576,318
24. Health care (\$.0) and other amounts receivable.....	.0	.0	.0	.0
25. Aggregate write-ins for other than invested assets.....	30,204	.0	30,204	143
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	30,923,398	294,763	30,628,635	31,696,623
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	.0	.0	.0	.0
28. Total (Lines 26 and 27).....	30,923,398	294,763	30,628,635	31,696,623

DETAILS OF WRITE-INS				
1101. ....	.0	.0	.0	.0
1102. ....	.0	.0	.0	.0
1103. ....	.0	.0	.0	.0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	.0	.0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.0	.0	.0	.0
2501. Equities and deposits in pools and associations.....	5,879	.0	5,879	143
2502. Accounts receivable.....	24,325	.0	24,325	.0
2503. ....	.0	.0	.0	.0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	30,204	.0	30,204	143

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

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$.....0).....	.....0	.....0
2. Reinsurance payable on paid losses and loss adjustment expenses.....	.....0	.....0
3. Loss adjustment expenses.....	.....0	.....0
4. Commissions payable, contingent commissions and other similar charges.....	.....0	.....0
5. Other expenses (excluding taxes, licenses and fees).....	.....0	.....0
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	.....0	.....0
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....	88,328	159,916
7.2 Net deferred tax liability.....	.....0	.....0
8. Borrowed money \$.....0 and interest thereon \$.....0.....	.....0	.....0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$....24,891,160 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act).....	.....0	.....0
10. Advance premium.....	.....0	.....0
11. Dividends declared and unpaid:		
11.1 Stockholders.....	.....0	.....0
11.2 Policyholders.....	.....0	.....0
12. Ceded reinsurance premiums payable (net of ceding commissions).....	13,287,128	14,455,305
13. Funds held by company under reinsurance treaties.....	2,300	2,300
14. Amounts withheld or retained by company for account of others.....	.....0	.....0
15. Remittances and items not allocated.....	.....0	.....0
16. Provision for reinsurance (including \$.....0 certified).....	.....0	.....0
17. Net adjustments in assets and liabilities due to foreign exchange rates.....	.....0	.....0
18. Drafts outstanding.....	.....0	.....0
19. Payable to parent, subsidiaries and affiliates.....	8,729	8,686
20. Derivatives.....	.....0	.....0
21. Payable for securities.....	.....0	.....0
22. Payable for securities lending.....	.....0	.....0
23. Liability for amounts held under uninsured plans.....	.....0	.....0
24. Capital notes \$.....0 and interest thereon \$.....0.....	.....0	.....0
25. Aggregate write-ins for liabilities.....	.....0	.....0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	13,386,485	14,626,207
27. Protected cell liabilities.....	.....0	.....0
28. Total liabilities (Lines 26 and 27).....	13,386,485	14,626,207
29. Aggregate write-ins for special surplus funds.....	.....0	.....0
30. Common capital stock.....	2,300,000	2,300,000
31. Preferred capital stock.....	.....0	.....0
32. Aggregate write-ins for other than special surplus funds.....	.....0	.....0
33. Surplus notes.....	.....0	.....0
34. Gross paid in and contributed surplus.....	3,823,680	3,823,680
35. Unassigned funds (surplus).....	11,118,470	10,946,736
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0).....	.....0	.....0
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....	.....0	.....0
37. Surplus as regards policyholders (Lines 29 to 35, less 36).....	17,242,150	17,070,416
38. Totals (Page 2, Line 28, Col. 3).....	30,628,635	31,696,623

DETAILS OF WRITE-INS		
2501. ....	.....0	.....0
2502. ....	.....0	.....0
2503. ....	.....0	.....0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.....0	.....0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	.....0	.....0
2901. ....	.....0	.....0
2902. ....	.....0	.....0
2903. ....	.....0	.....0
2998. Summary of remaining write-ins for Line 29 from overflow page.....	.....0	.....0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	.....0	.....0
3201. ....	.....0	.....0
3202. ....	.....0	.....0
3203. ....	.....0	.....0
3298. Summary of remaining write-ins for Line 32 from overflow page.....	.....0	.....0
3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above).....	.....0	.....0

STATE AUTO INSURANCE COMPANY OF OHIO  
STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct..... (written \$...42,700,381).....	45,829,818	47,828,771	64,013,812
1.2 Assumed..... (written \$...99,567).....	99,568	128,479	166,592
1.3 Ceded..... (written \$...42,799,948).....	45,929,386	47,957,250	64,180,404
1.4 Net..... (written \$.....0).....	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$.....0):			
2.1 Direct.....	27,961,305	26,183,106	35,712,828
2.2 Assumed.....	33,086	42,068	65,277
2.3 Ceded.....	27,994,391	26,225,174	35,778,105
2.4 Net.....	0	0	0
3. Loss adjustment expenses incurred.....	0	0	0
4. Other underwriting expenses incurred.....	0	0	0
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	0	0	0
7. Net income of protected cells.....	0	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	0	0	0
INVESTMENT INCOME			
9. Net investment income earned.....	277,990	321,525	511,710
10. Net realized capital gains (losses) less capital gains tax of \$.....0.....	0	0	(31,770)
11. Net investment gain (loss) (Lines 9 + 10).....	277,990	321,525	479,940
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0	0	0
13. Finance and service charges not included in premiums.....	0	0	0
14. Aggregate write-ins for miscellaneous income.....	0	0	0
15. Total other income (Lines 12 through 14).....	0	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	277,990	321,525	479,940
17. Dividends to policyholders.....	0	0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17).....	277,990	321,525	479,940
19. Federal and foreign income taxes incurred.....	88,329	100,769	131,417
20. Net income (Line 18 minus Line 19) (to Line 22).....	189,661	220,756	348,523
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year.....	17,070,416	16,773,105	16,773,105
22. Net income (from Line 20).....	189,661	220,756	348,523
23. Net transfers (to) from Protected Cell accounts.....	0	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$....4,905.....	9,110	8,264	11,423
25. Change in net unrealized foreign exchange capital gain (loss).....	0	0	0
26. Change in net deferred income tax.....	2,922	(7,906)	(6,923)
27. Change in nonadmitted assets.....	(29,959)	(94,340)	(55,712)
28. Change in provision for reinsurance.....	0	0	0
29. Change in surplus notes.....	0	0	0
30. Surplus (contributed to) withdrawn from protected cells.....	0	0	0
31. Cumulative effect of changes in accounting principles.....	0	0	0
32. Capital changes:			
32.1 Paid in.....	0	0	0
32.2 Transferred from surplus (Stock Dividend).....	0	0	0
32.3 Transferred to surplus.....	0	0	0
33. Surplus adjustments:			
33.1 Paid in.....	0	0	0
33.2 Transferred to capital (Stock Dividend).....	0	0	0
33.3 Transferred from capital.....	0	0	0
34. Net remittances from or (to) Home Office.....	0	0	0
35. Dividends to stockholders.....	0	0	0
36. Change in treasury stock.....	0	0	0
37. Aggregate write-ins for gains and losses in surplus.....	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37).....	171,734	126,774	297,311
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	17,242,150	16,899,879	17,070,416
DETAILS OF WRITE-INS			
0501. ....	0	0	0
0502. ....	0	0	0
0503. ....	0	0	0
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0	0
1401. ....	0	0	0
1402. ....	0	0	0
1403. ....	0	0	0
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0	0
3701. ....	0	0	0
3702. ....	0	0	0
3703. ....	0	0	0
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	0	0	0

STATE AUTO INSURANCE COMPANY OF OHIO  
CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	.....(1,168,177)	.....908,781	.....(894,692)
2. Net investment income.....	.....362,355	.....380,951	.....483,115
3. Miscellaneous income.....	.....0	.....0	.....0
4. Total (Lines 1 through 3).....	.....(805,822)	.....1,289,732	.....(411,577)
5. Benefit and loss related payments.....	.....(89,846)	.....2,463,996	.....437,828
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	.....0	.....0	.....0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	.....0	.....0	.....0
8. Dividends paid to policyholders.....	.....0	.....0	.....0
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	.....159,917	.....24,486	.....24,486
10. Total (Lines 5 through 9).....	.....70,071	.....2,488,482	.....462,314
11. Net cash from operations (Line 4 minus Line 10).....	.....(875,893)	.....(1,198,750)	.....(873,891)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	.....500,000	.....1,760,811	.....3,411,837
12.2 Stocks.....	.....0	.....0	.....0
12.3 Mortgage loans.....	.....0	.....0	.....0
12.4 Real estate.....	.....0	.....0	.....0
12.5 Other invested assets.....	.....0	.....0	.....0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	.....0	.....0	.....0
12.7 Miscellaneous proceeds.....	.....0	.....0	.....0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	.....500,000	.....1,760,811	.....3,411,837
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	.....585,253	.....2,241,289	.....4,083,062
13.2 Stocks.....	.....0	.....0	.....0
13.3 Mortgage loans.....	.....0	.....0	.....0
13.4 Real estate.....	.....0	.....0	.....0
13.5 Other invested assets.....	.....0	.....0	.....0
13.6 Miscellaneous applications.....	.....0	.....0	.....0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	.....585,253	.....2,241,289	.....4,083,062
14. Net increase or (decrease) in contract loans and premium notes.....	.....0	.....0	.....0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	.....(85,253)	.....(480,478)	.....(671,225)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....	.....0	.....0	.....0
16.2 Capital and paid in surplus, less treasury stock.....	.....0	.....0	.....0
16.3 Borrowed funds.....	.....0	.....0	.....0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	.....0	.....0	.....0
16.5 Dividends to stockholders.....	.....0	.....0	.....0
16.6 Other cash provided (applied).....	.....1,068,850	.....1,560,019	.....1,332,577
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	.....1,068,850	.....1,560,019	.....1,332,577
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	.....107,704	.....(119,209)	.....(212,539)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	.....40,408	.....252,947	.....252,947
19.2 End of period (Line 18 plus Line 19.1).....	.....148,112	.....133,738	.....40,408

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

20.0001 .....	.....0	.....0	.....0
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NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies:

A. Accounting Practices:

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

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

		SSAP #	F/S Page	F/S Line #	Amount (\$)	
					2017	2016
NET INCOME						
1.	SA Ohio state basis (Page 4, Line 20, Columns 1 & 3)				189,661	348,523
2.	State Prescribed Practices that is an increase/(decrease) from NAIC SAP:				—	—
3.	State Permitted Practices that is an increase/(decrease) from NAIC SAP:				—	—
4.	NAIC SAP (1 - 2 - 3 = 4)				189,661	348,523
SURPLUS						
5.	SA Ohio state basis (Page 3, Line 37, Columns 1 & 2)				17,242,150	17,070,416
6.	State Prescribed Practices that is an increase/(decrease) from NAIC SAP:				—	—
7.	State Permitted Practices that is an increase/(decrease) from NAIC SAP:				—	—
8.	NAIC SAP (5 - 6 - 7 = 8)				17,242,150	17,070,416

C. Accounting Policy:

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

D. Going Concern:

Management has evaluated the Company's viability and has no doubt as to the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors:

No substantial change from December 31, 2016.

3. Business Combinations and Goodwill:

No substantial change from December 31, 2016.

4. Discontinued Operations:

No substantial change from December 31, 2016.

5. Investments:

A. Mortgage Loans: Not applicable.

B. Debt Restructuring: Not applicable.

C. Reverse Mortgages: Not applicable.

D. Loan-Backed Securities:

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

	Amount (\$)
a. The aggregate amount of unrealized losses	
1. Less than 12 Months	(66,231)
2. 12 Months or Longer	—
b. The aggregate related fair value of securities with unrealized losses	
1. Less than 12 Months	2,969,585
2. 12 Months or Longer	—

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

E. Repurchase Agreements: Not applicable.

F. Real Estate: Not applicable.

G. Low Income Housing Tax Credits: Not applicable.

H. Restricted Assets: No substantial change from December 31, 2016.

5. Investments (continued):

- I. Working Capital Finance Investments: Not applicable.
- J. Offsetting and Netting of Assets and Liabilities: Not applicable.
- K. Structured Notes: Not Applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies:

No substantial change from December 31, 2016.

7. Investment Income:

No substantial change from December 31, 2016.

8. Derivative Instruments:

No substantial change from December 31, 2016.

9. Income Taxes:

No substantial change from December 31, 2016.

10. Information Concerning Parent, Subsidiaries and Affiliates:

No substantial change from December 31, 2016.

11. Debt:

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

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

- A. Defined Benefit Plan:

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

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

No substantial change from December 31, 2016.

14. Liabilities, Contingencies and Assessments:

No substantial change from December 31, 2016.

15. Leases:

No substantial change from December 31, 2016.

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

No substantial change from December 31, 2016.

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

- B. Transfer and Servicing of Financial Assets:

2. Servicing Assets and Servicing Liabilities:

a. Description of Risk: None.

b. Specified Servicing Fees: None.

c. Assumptions Used to Estimate Fair Value: None.

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

a. Income Statements Presented: None.

b. Statement of Financial Position Presented: None.
- C. Wash Sales: None.

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

No substantial change from December 31, 2016.

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

No substantial change from December 31, 2016.

20. Fair Value Measurement:

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

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

Level 1 - Quoted Prices in Active Markets for Identical Assets and Liabilities: The Company has no assets or liabilities measured and reported at fair value in this category.

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

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

1. The Company has no assets or liabilities that are measured and reported at fair value that can be categorized into the three-level fair value hierarchy.
2. The Company has no assets or liabilities measured and reported at fair value in Level 3.
3. Transfers between level categorizations may occur due to changes in the availability of market observable inputs. Transfers in and out of level categorizations are reported as having occurred at the beginning of the quarter in which the transfer occurred. There were no transfers between level categorizations as of September 30, 2017.
4. The Company has no assets or liabilities measured and reported at fair value in Level 2 or Level 3.

20. Fair Value Measurement (continued):

5. The Company has no derivative assets or liabilities.

B. Other Fair Value Disclosures: Not applicable.

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

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

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

September 30, 2017:

Type of Financial Instrument	Amount (\$)					
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	17,246,682	16,915,351	—	17,246,682	—	—

December 31, 2016:

Type of Financial Instrument	Amount (\$)					
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	16,986,908	16,868,894	—	16,986,908	—	—

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

21. Other Items:

No substantial change from December 31, 2016.

22. Events Subsequent:

Subsequent events have been considered through November 9, 2017 for the statutory statements issued on November 9, 2017.

23. Reinsurance:

No substantial change from December 31, 2016.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination:

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

25. Changes in Incurred Losses and Loss Adjustment Expenses:

No substantial change from December 31, 2016. The Company receives no losses or loss adjustment expenses from State Auto Mutual in accordance with the Pooling Arrangement.

26. Intercompany Pooling Arrangements:

Per SSAP No. 62R - *Property and Casualty Reinsurance*, ceded reinsurance written premiums payable may be deducted from amounts due from the reinsurer when a legal right of offset exists. As the Pooling Arrangement provides for the right of offset, the Company has netted within the Statement of Assets and Liabilities the amount due to State Auto Mutual under ceded reinsurance written premiums payable with the amount due from State Auto Mutual on assumed reinsurance written premiums receivable for transactions under the Pooling Arrangement. The following tabular presentation reflects the ceded reinsurance written premiums payable and assumed reinsurance written premiums receivable at September 30, 2017, between each State Auto Pool participant and State Auto Mutual resulting in the net amount due to or due from State Auto Mutual:

	Amount (\$)		
	Assumed Reinsurance Written Premiums Receivable from State Auto Mutual	Ceded Reinsurance Written Premiums Payable to State Auto Mutual	Net Assumed Reinsurance Written Premiums Receivable/(Net Ceded Reinsurance Written Premiums Payable)
State Auto P&C	252,075,157	182,356,504	69,718,653
Milbank	69,197,102	27,122,853	42,074,249
SA Wisconsin	—	4,741,462	(4,741,462)
SA Ohio	—	14,319,304	(14,319,304)
Meridian Security	—	64,658,953	(64,658,953)
Patrons Mutual	2,471,325	15,046,405	(12,575,080)
Rockhill	—	49,107,667	(49,107,667)
Plaza	—	18,721,813	(18,721,813)
American Compensation	—	19,212,636	(19,212,636)
Bloomington Compensation	—	2,381,960	(2,381,960)



26. Intercompany Pooling Arrangements (continued):

The following tabular presentation reflects the reinsurance receivable and payable on loss and loss adjustment expense paid at September 30, 2017, between each State Auto Pool participant and State Auto Mutual:

	Amount (\$)	
	Assumed Reinsurance Loss and Loss Adjustment Expense Paid from State Auto Mutual	Ceded Reinsurance Loss and Loss Adjustment Expense Paid to State Auto Mutual
State Auto P&C	151,989,359	104,993,511
Milbank	41,722,569	20,473,952
SA Wisconsin	—	3,930,297
SA Ohio	—	7,790,602
Meridian Security	—	35,467,674
Patrons Mutual	1,490,092	9,505,437
Rockhill	—	22,953,340
Plaza	—	22,232,184
American Compensation	—	5,235,177
Bloomington Compensation	—	1,303,488

The following tabular presentation reflects all other intercompany amounts due from and due to State Auto Mutual from entities participating in the Pooling Arrangement at September 30, 2017:

	Amount (\$)	
	Intercompany Amounts Due from State Auto Mutual	Intercompany Amounts Due to State Auto Mutual
State Auto P&C	—	30,930,460
Milbank	—	22,738,406
SA Wisconsin	367,397	—
SA Ohio	5,493,324	—
Meridian Security	28,123,811	—
Patrons Mutual	1,025,335	—
Rockhill	9,649,502	—
Plaza	442,250	—
American Compensation	11,744,433	—
Bloomington Compensation	—	781,927

27. Structured Settlements:

No substantial change from December 31, 2016.

28. Health Care Receivables:

No substantial change from December 31, 2016.

29. Participating Policies:

No substantial change from December 31, 2016.

30. Premium Deficiency Reserves:

No substantial change from December 31, 2016.

31. High Deductibles:

No substantial change from December 31, 2016.

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

No substantial change from December 31, 2016.

33. Asbestos/Environmental Reserves:

No substantial change from December 31, 2016.

34. Subscriber Savings Accounts:

No substantial change from December 31, 2016.

35. Multiple Peril Crop Insurance:

No substantial change from December 31, 2016.

36. Financial Guaranty Insurance:

B. Schedule of Insured Financial Obligations: Not applicable.

STATE AUTO INSURANCE COMPANY OF OHIO  
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [ ☐ ] No [ ☒ ]

1.2

If yes, has the report been filed with the domiciliary state?

Yes [ ☐ ] No [ ☐ ]

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [ ☐ ] No [ ☒ ]

2.2

If yes, date of change:

3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  
If yes, complete Schedule Y, Parts 1 and 1A.

Yes [ ☒ ] No [ ☐ ]

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [ ☐ ] No [ ☒ ]

3.3

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

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [ ☐ ] No [ ☒ ]

4.2

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

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

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  
If yes, attach an explanation.

Yes [ ☐ ] No [ ☒ ] N/A [ ☐ ]

6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2013

6.2

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

12/31/2013

6.3

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

10/29/2014

6.4

By what department or departments?  
Ohio Department of Insurance

6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [ ☐ ] No [ ☐ ] N/A [ ☒ ]

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [ ☐ ] No [ ☐ ] N/A [ ☒ ]

7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [ ☐ ] No [ ☒ ]

7.2

If yes, give full information:

8.1

Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?

Yes [ ☐ ] No [ ☒ ]

8.2

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

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [ ☐ ] No [ ☒ ]

8.4

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

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

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

Yes [ ☒ ] No [ ☐ ]

9.11

If the response to 9.1 is No, please explain:

9.2

Has the code of ethics for senior managers been amended?

Yes [ ☒ ] No [ ☐ ]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).  
The Nominating and Governance Committee of the Company's Board of Directors annually reviews the employee code of conduct, which is applicable to all senior managers. The year review resulted in minor changes to the code. These changes were updating the "Our Values" section, adding an "Our Cultural Traits" section and updating the discrimination and sexual harrassment section to include retaliation. Also there were updates made to the "tobacco-free" and "e-cigarette-free" wording.

9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [ ☐ ] No [ ☒ ]

9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

STATE AUTO INSURANCE COMPANY OF OHIO  
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

FINANCIAL

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

INVESTMENT

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:
13. Amount of real estate and mortgages held in short-term investments:
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?
- 14.2 If yes, please complete the following:
- \$ 0
- \$ 0
- Yes [ ] No [X]

- 14.21 Bonds
- 14.22 Preferred Stock
- 14.23 Common Stock
- 14.24 Short-Term Investments
- 14.25 Mortgage Loans on Real Estate
- 14.26 All Other
- 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)
- 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

1	2
Prior Year End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
\$ 0	\$ 0
0	0
0	0
0	0
0	0
0	0
0	0
\$ 0	\$ 0
\$ 0	\$ 0

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

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

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

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

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

1	2
Name of Custodian(s)	Custodian Address
JP Morgan Chase Worldwide Securities	4 Chase Metrotech Center, 16th Floor, Brooklyn, NY 11245

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?
- 17.4 If yes, give full and complete information relating thereto:
- Yes [ ] No [X]

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

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such ["...that have access to the investment accounts", "handle securities"].

1	2
Name of Firm or Individual	Affiliation
Stateco	A

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets?
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?
- Yes [ ] No [X]
- Yes [ ] No [X]

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
	Stateco			NO

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?
- 18.2 If no, list exceptions:
- Yes [X] No [ ]

STATE AUTO INSURANCE COMPANY OF OHIO  
GENERAL INTERROGATORIES (continued)

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

1.

If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?  
  
If yes, attach an explanation.

Yes [ ]    No [X]    N/A [ ]

2.

Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?  
  
If yes, attach an explanation.

Yes [ ]    No [X]

3.1

Have any of the reporting entity's primary reinsurance contracts been canceled?

Yes [ ]    No [X]

3.2

If yes, give full and complete information thereto:

4.1

Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see *Annual Statement Instructions* pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero?

Yes [ ]    No [X]

4.2

If yes, complete the following schedule:

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

5.1

Operating Percentages:

5.1    A&H loss percent

5.2    A&H cost containment percent

5.3    A&H expense percent excluding cost containment expenses

6.1

Do you act as a custodian for health savings accounts?

6.2

If yes, please provide the amount of custodial funds held as of the reporting date.

6.3

Do you act as an administrator for health savings accounts?

6.4

If yes, please provide the amount of funds administered as of the reporting date.

0.000%

0.000%

0.000%

Yes [ ]    No [X]

\$    0

Yes [ ]    No [X]

\$    0

STATE AUTO INSURANCE COMPANY OF OHIO  
SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
All Other Insurers						
00000.....	AA-1120163.....	Lloyd's Syndicate Number 5678.....	GBR.....	Authorized.....	.....0.....	.....
00000.....	AA-1120181.....	Lloyd's Syndicate Number 5886.....	GBR.....	Authorized.....	.....0.....	.....
00000.....	AA-5324100.....	Taiping Reins Co Ltd.....	HKG.....	Unauthorized...	.....0.....	.....
00000.....	AA-3191315.....	XLBermuda Ltd.....	BMU.....	Unauthorized..	.....0.....	.....

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

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	7 Prior Year to Date
1. Alabama.....AL	N	0	0	0	0	0	0
2. Alaska.....AK	N	0	0	0	0	0	0
3. Arizona.....AZ	N	0	0	0	0	0	0
4. Arkansas.....AR	N	0	0	0	0	0	0
5. California.....CA	N	0	0	0	0	0	0
6. Colorado.....CO	N	0	0	0	0	0	0
7. Connecticut.....CT	N	0	0	0	0	0	0
8. Delaware.....DE	N	0	0	0	0	0	0
9. District of Columbia.....DC	N	0	0	0	0	0	0
10. Florida.....FL	N	0	0	0	0	0	0
11. Georgia.....GA	N	0	0	0	0	0	0
12. Hawaii.....HI	N	0	0	0	0	0	0
13. Idaho.....ID	N	0	0	0	0	0	0
14. Illinois.....IL	N	0	0	0	0	0	0
15. Indiana.....IN	N	0	0	0	0	0	0
16. Iowa.....IA	N	0	0	0	0	0	0
17. Kansas.....KS	N	0	0	0	0	0	0
18. Kentucky.....KY	N	0	0	0	0	0	0
19. Louisiana.....LA	N	0	0	0	0	0	0
20. Maine.....ME	N	0	0	0	0	0	0
21. Maryland.....MD	N	0	0	0	0	0	0
22. Massachusetts.....MA	N	0	0	0	0	0	0
23. Michigan.....MI	N	0	0	0	0	0	0
24. Minnesota.....MN	N	0	0	0	0	0	0
25. Mississippi.....MS	N	0	0	0	0	0	0
26. Missouri.....MO	N	0	0	0	0	0	0
27. Montana.....MT	N	0	0	0	0	0	0
28. Nebraska.....NE	N	0	0	0	0	0	0
29. Nevada.....NV	N	0	0	0	0	0	0
30. New Hampshire.....NH	N	0	0	0	0	0	0
31. New Jersey.....NJ	N	0	0	0	0	0	0
32. New Mexico.....NM	N	0	0	0	0	0	0
33. New York.....NY	N	0	0	0	0	0	0
34. North Carolina.....NC	N	0	0	0	0	0	0
35. North Dakota.....ND	N	0	0	0	0	0	0
36. Ohio.....OH	L	42,700,381	48,618,518	24,524,655	27,925,168	26,371,151	20,833,398
37. Oklahoma.....OK	N	0	0	0	0	0	0
38. Oregon.....OR	N	0	0	0	0	0	0
39. Pennsylvania.....PA	N	0	0	0	0	0	0
40. Rhode Island.....RI	N	0	0	0	0	0	0
41. South Carolina.....SC	N	0	0	0	0	0	0
42. South Dakota.....SD	N	0	0	0	0	0	0
43. Tennessee.....TN	N	0	0	0	0	0	0
44. Texas.....TX	N	0	0	0	0	0	0
45. Utah.....UT	N	0	0	0	0	0	0
46. Vermont.....VT	N	0	0	0	0	0	0
47. Virginia.....VA	N	0	0	0	0	0	0
48. Washington.....WA	N	0	0	0	0	0	0
49. West Virginia.....WV	N	0	0	0	0	0	0
50. Wisconsin.....WI	N	0	0	0	0	0	0
51. Wyoming.....WY	N	0	0	0	0	0	0
52. American Samoa.....AS	N	0	0	0	0	0	0
53. Guam.....GU	N	0	0	0	0	0	0
54. Puerto Rico.....PR	N	0	0	0	0	0	0
55. US Virgin Islands.....VI	N	0	0	0	0	0	0
56. Northern Mariana Islands.....MP	N	0	0	0	0	0	0
57. Canada.....CAN	N	0	0	0	0	0	0
58. Aggregate Other Alien.....OT	XXX	0	0	0	0	0	0
59. Totals.....	(a).....1	42,700,381	48,618,518	24,524,655	27,925,168	26,371,151	20,833,398

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

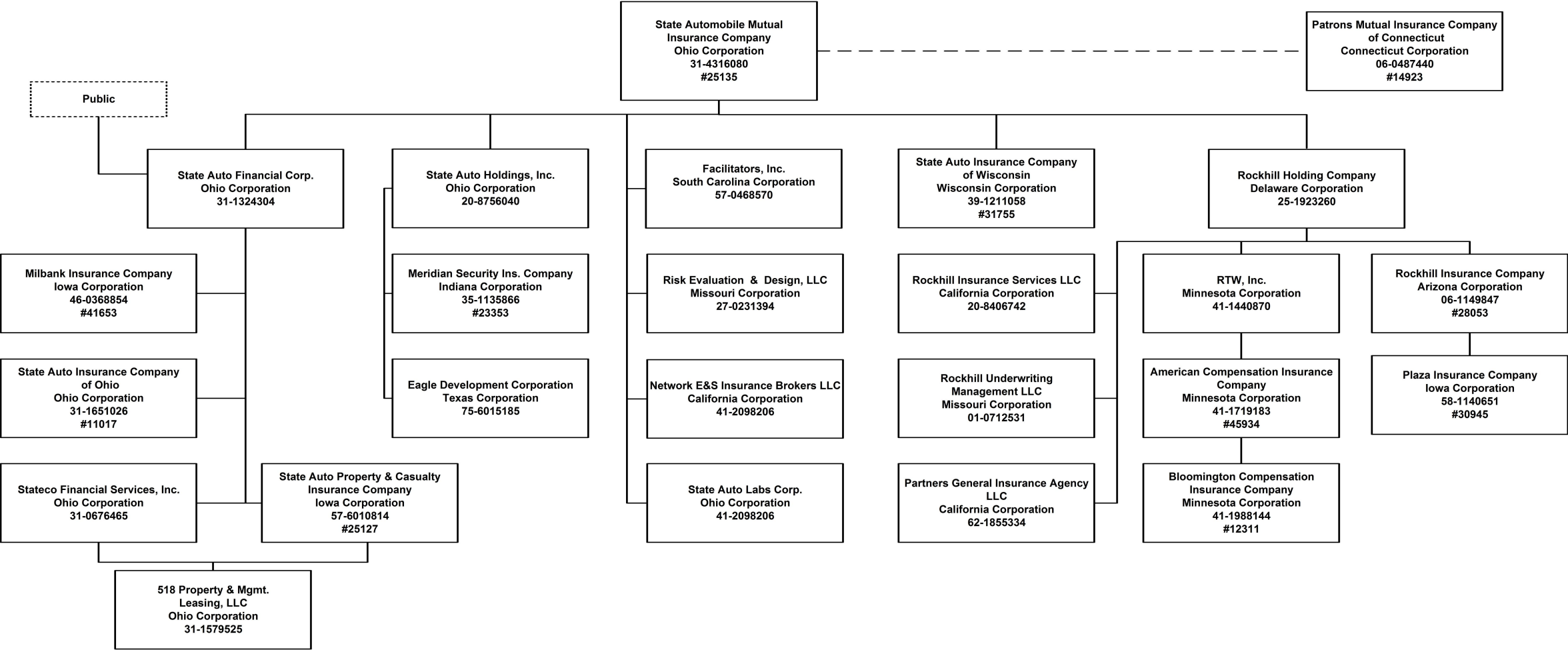
(L) - Licensed or Chartered - Licensed Insurance Carrier or Domicilled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;  
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state (other than their state of domicile see DSLI); (D) - DSLI - Domestic Surplus Lines Insurer  
(DSLI) - Reporting entities authorized to write Surplus Lines in the state of domicile; (N) - None of the above - Not allowed to write business in the state.  
(a) Insert the number of D and L responses except for Canada and Other Alien.

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

PART 1 – ORGANIZATIONAL CHART

**ORGANIZATIONAL STRUCTURE OF STATE AUTO HOLDING COMPANY SYSTEM**

Q11



**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)	*
<b>Members</b>															
0175	State Auto Group.....	45934...	41-1719183..	.....0	.....0		American Compensation Insurance Company...	MN.....	IA.....	RTW, Inc.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company..	.....N.....	0.....
0175	State Auto Group.....	12311...	41-1988144..	.....0	.....0		Bloomington Compensation Insurance Company	MN.....	IA.....	American Compensation Insurance Company.	Ownership.....	...100.000	State Automobile Mutual Insurance Company..	.....N.....	0.....
0175	State Auto Group.....	23353...	35-1135866..	.....0	.....0		Meridian Security Insurance Company.....	IN.....	IA.....	State Auto Holdings, Inc.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company..	.....N.....	0.....
0175	State Auto Group.....	41653...	46-0368854..	.....0	.....0		Milbank Insurance Company.....	IA.....	IA.....	State Auto Financial Corp.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company..	.....N.....	0.....
0175	State Auto Group.....	14923...	06-0487440..	.....0	.....0		Patrons Mutual Insurance Company of Connecticut	CT.....	IA.....	State Automobile Mutual Insurance Company.	Board.....	.....0.000	State Automobile Mutual Insurance Company..	.....N.....	0.....
0175	State Auto Group.....	30945...	58-1140651..	.....0	.....0		Plaza Insurance Company.....	IA.....	IA.....	Rockhill Insurance Company.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company..	.....N.....	0.....
0175	State Auto Group.....	28053...	06-1149847..	.....0	.....0		Rockhill Insurance Company.....	AZ.....	IA.....	Rockhill Holding Company.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company..	.....N.....	0.....
0175	State Auto Group.....	11017...	31-1651026..	.....0	.....0		State Auto Insurance Company of Ohio.....	OH.....	RE.....	State Auto Financial Corp.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company..	.....N.....	0.....
0175	State Auto Group.....	31755...	39-1211058..	.....0	.....0		State Auto Insurance Company of Wisconsin...	WI.....	IA.....	State Automobile Mutual Insurance Company.	Ownership.....	...100.000	State Automobile Mutual Insurance Company..	.....N.....	0.....
0175	State Auto Group.....	25127...	57-6010814..	.....0	.....0		State Auto Property & Casualty Insurance Company	IA.....	IA.....	State Auto Financial Corp.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company..	.....N.....	0.....
0175	State Auto Group.....	25135...	31-4316080..	.....0	.....0		State Automobile Mutual Insurance Company...	OH.....	UIP.....	Members.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company..	.....N.....	0.....
0.....	State Auto Group.....	0.....	31-1579525..	.....0	.....0		518 Property Management & 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.....	75-6015185..	.....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.....	57-0468570..	.....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.....	41-2098206..	.....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.....	62-1855334..	.....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.....	27-0231394..	.....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.....	25-1923260..	.....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.....	20-8406742..	.....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.....	01-0712531..	.....0	.....0		Rockhill Underwriting Management LLC.....	MO.....	NIA.....	Rockhill Holding Company.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company..	.....N.....	0.....

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**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)	*
0.....	State Auto Group.....	0.....	41-1440870..	.....0	.....915781	.....	RTW, Inc.....	MN.....	NIA.....	Rockhill Holding Company.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	.....N.....	0.....
0.....	State Auto Group.....	0.....	31-1324304..	.....0	.....874977	NASDAQ.....	State Auto Financial Corp.....	OH.....	UDP.....	State Automobile Mutual Insurance Company.	Ownership.....	....61.600	State Automobile Mutual Insurance Company.	.....Y.....	0.....
0.....	State Auto Group.....	0.....	20-8756040..	.....0	.....0	.....	State Auto Holdings, Inc.....	OH.....	NIA.....	State Automobile Mutual Insurance Company.	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	.....Y.....	0.....
0.....	State Auto Group.....	0.....	31-0676465..	.....0	.....0	.....	Stateco Financial Services, Inc.....	OH.....	NIA.....	State Auto Financial Corp.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	.....N.....	0.....
0.....	State Auto Group.....	0.....	41-2098206..	.....0	.....0	.....	State Auto Labs Corp.....	OH.....	NIA.....	State Automobile Mutual Insurance Company.	Ownership.....	...100.000	State Automobile Mutual Insurance Company.	.....N.....	0.....

STATE AUTO INSURANCE COMPANY OF OHIO  
PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire.....	861,677	98,519	11.433	8.175
2. Allied lines.....	1,136,829	286,911	25.238	22.907
3. Farmowners multiple peril.....	0	0	0.000	0.000
4. Homeowners multiple peril.....	16,295,364	8,120,861	49.835	31.313
5. Commercial multiple peril.....	0	0	0.000	0.000
6. Mortgage guaranty.....	0	0	0.000	0.000
8. Ocean marine.....	33,350	198	0.593	145.039
9. Inland marine.....	612,935	200,822	32.764	27.581
10. Financial guaranty.....	0	0	0.000	0.000
11.1. Medical professional liability - occurrence.....	0	0	0.000	0.000
11.2. Medical professional liability - claims-made.....	0	0	0.000	0.000
12. Earthquake.....	176,704	0	0.000	0.000
13. Group accident and health.....	0	0	0.000	0.000
14. Credit accident and health.....	0	0	0.000	0.000
15. Other accident and health.....	0	0	0.000	0.000
16. Workers' compensation.....	0	0	0.000	0.000
17.1 Other liability-occurrence.....	876,525	2,946,247	336.128	99.497
17.2 Other liability-claims made.....	0	0	0.000	0.000
17.3 Excess workers' compensation.....	0	0	0.000	0.000
18.1 Products liability-occurrence.....	0	0	0.000	0.000
18.2 Products liability-claims made.....	0	0	0.000	0.000
19.1, 19.2 Private passenger auto liability.....	13,899,602	10,388,146	74.737	85.090
19.3, 19.4 Commercial auto liability.....	0	0	0.000	0.000
21. Auto physical damage.....	11,936,832	5,919,602	49.591	59.682
22. Aircraft (all perils).....	0	0	0.000	0.000
23. Fidelity.....	0	0	0.000	0.000
24. Surety.....	0	0	0.000	0.000
26. Burglary and theft.....	0	0	0.000	0.000
27. Boiler and machinery.....	0	0	0.000	0.000
28. Credit.....	0	0	0.000	0.000
29. International.....	0	0	0.000	0.000
30. Warranty.....	0	0	0.000	0.000
31. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	0	0	0.000	0.000
35. Totals.....	45,829,818	27,961,305	61.011	54.743
DETAILS OF WRITE-INS				
3401. ....	0	0	0.000	0.000
3402. ....	0	0	0.000	0.000
3403. ....	0	0	0.000	0.000
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0.000	XXX
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0.000	0.000

PART 2 - DIRECT PREMIUMS WRITTEN

Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire.....	235,981	765,247	913,583
2. Allied lines.....	310,487	1,012,587	1,209,949
3. Farmowners multiple peril.....	0	0	0
4. Homeowners multiple peril.....	5,125,608	14,803,861	17,927,926
5. Commercial multiple peril.....	0	0	0
6. Mortgage guaranty.....	0	0	0
8. Ocean marine.....	134	(1,766)	77,390
9. Inland marine.....	195,539	561,487	643,295
10. Financial guaranty.....	0	0	0
11.1 Medical professional liability - occurrence.....	0	0	0
11.2 Medical professional liability - claims made.....	0	0	0
12. Earthquake.....	52,518	159,966	188,369
13. Group accident and health.....	0	0	0
14. Credit accident and health.....	0	0	0
15. Other accident and health.....	0	0	0
16. Workers' compensation.....	0	0	0
17.1 Other liability-occurrence.....	254,039	794,143	957,690
17.2 Other liability-claims made.....	0	0	0
17.3 Excess workers' compensation.....	0	0	0
18.1 Products liability-occurrence.....	0	0	0
18.2 Products liability-claims made.....	0	0	0
19.1 19.2 Private passenger auto liability.....	4,369,804	13,172,269	14,528,675
19.3 19.4 Commercial auto liability.....	0	0	0
21. Auto physical damage.....	3,842,932	11,432,588	12,171,641
22. Aircraft (all perils).....	0	0	0
23. Fidelity.....	0	0	0
24. Surety.....	0	0	0
26. Burglary and theft.....	0	0	0
27. Boiler and machinery.....	0	0	0
28. Credit.....	0	0	0
29. International.....	0	0	0
30. Warranty.....	0	0	0
31. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	0	0	0
35. Totals.....	14,387,042	42,700,381	48,618,518
DETAILS OF WRITE-INS			
3401. ....	0	0	0
3402. ....	0	0	0
3403. ....	0	0	0
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0

**PART 3 (000 omitted)**

**LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE**

	1	2	3	4	5	6	7	8	9	10	11	12	13		
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2017 Loss and LAE Payments on Claims Reported as of Prior Year-End	2017 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2017 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency (Cols. 11 + 12)		
1. 2014 + 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. Subtotals 2015 + Prior.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0		
4. 2016.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0		
5. Subtotals 2016 + Prior.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0		
6. 2017.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....XXX.....	.....0	.....0	.....0	.....XXX.....	.....XXX.....	.....XXX.....		
7. Totals.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0		
8. Prior Year- End's Surplus As Regards Policyholders	.....17,070											Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7	
												1. ....0.000 %	2. ....0.000 %	3. ....0.000 %	
															Col. 13, Line 7 Line 8
															4. ....0.000 %

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Statement for September 30, 2017 of the

STATE AUTO INSURANCE COMPANY OF OHIO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanation:

1.

The data for this supplement is not required to be filed.
2.

The data for this supplement is not required to be filed.
3.

The data for this supplement is not required to be filed.
4.

The data for this supplement is not required to be filed.

Bar Code:



NONE

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	16,868,895	16,150,958
2. Cost of bonds and stocks acquired.....	585,253	4,083,062
3. Accrual of discount.....	4,753	90,634
4. Unrealized valuation increase (decrease).....	14,015	17,576
5. Total gain (loss) on disposals.....	0	468
6. Deduct consideration for bonds and stocks disposed of.....	500,000	3,411,837
7. Deduct amortization of premium.....	57,564	61,966
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other-than-temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	16,915,352	16,868,895
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11).....	16,915,352	16,868,895

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	16,931,632	.....0	.....0	.....(16,281)	.....16,856,170	.....16,931,632	.....16,915,351	.....16,868,894
2. NAIC 2 (a).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. NAIC 3 (a).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. NAIC 4 (a).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. NAIC 5 (a).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. NAIC 6 (a).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. Total Bonds.....	16,931,632	.....0	.....0	.....(16,281)	.....16,856,170	.....16,931,632	.....16,915,351	.....16,868,894
PREFERRED STOCK								
8. NAIC 1.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
9. NAIC 2.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10. NAIC 3.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
11. NAIC 4.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
12. NAIC 5.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
13. NAIC 6.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
14. Total Preferred Stock.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
15. Total Bonds and Preferred Stock.....	16,931,632	.....0	.....0	.....(16,281)	.....16,856,170	.....16,931,632	.....16,915,351	.....16,868,894

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:  
NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

Sch. DA - Pt. 1  
NONE

Sch. DA - Verification  
NONE

Sch. DB - Pt. A - Verification  
NONE

Sch. DB - Pt. B - Verification  
NONE

Sch. DB - Pt. C - Sn. 1  
NONE

Sch. DB - Pt. C - Sn. 2  
NONE

Sch. DB - Verification  
NONE

Sch. E - Verification  
NONE

Sch. A - Pt. 2  
NONE

Sch. A - Pt. 3  
NONE

Sch. B - Pt. 2  
NONE

Sch. B - Pt. 3  
NONE

Sch. BA - Pt. 2  
NONE

Sch. BA - Pt. 3  
NONE

Sch. D - Pt. 3  
NONE

Sch. D - Pt. 4  
NONE

Sch. DB - Pt. A - Sn. 1  
NONE

Sch. DB - Pt. B - Sn. 1  
NONE

Sch. DB - Pt. D - Sn. 1  
NONE

Sch. DB - Pt. D - Sn. 2  
NONE



**Sch. DL - Pt. 1**  
**NONE**

**Sch. DL - Pt. 2**  
**NONE**

Statement for September 30, 2017 of the

STATE AUTO INSURANCE COMPANY OF OHIO

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
JPMorgan - Trust..... Columbus, OH 43215.....		.....0.000	.....0	.....0	.....49,982	.....152,778	.....148,112	XXX
0199999. Total Open Depositories.....	XXX	XXX	.....0	.....0	.....49,982	.....152,778	.....148,112	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	.....0	.....0	.....49,982	.....152,778	.....148,112	XXX
0599999. Total Cash.....	XXX	XXX	.....0	.....0	.....49,982	.....152,778	.....148,112	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year

NONE