



ANNUAL STATEMENT

For the Year Ended December 31, 2017

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

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

Country of Domicile US

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)

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.	

Jason Earl Berkey #	Senior Vice President	Steven Eugene English	Senior Vice President
Kim Burton Garland	Senior Vice President	John Michael Petrucci	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		

OTHER

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.

(Signature)
Michael Edward LaRocco
1. (Printed Name)
President
(Title)

(Signature)
Melissa Ann Centers
2. (Printed Name)
Secretary
(Title)

(Signature)
Matthew Robert Pollak
3. (Printed Name)
Treasurer
(Title)

Subscribed and sworn to before me

This 22nd day of February 2018

a. Is this an original filing?

Yes [X] No []

b. If no 1. State the amendment number

2. Date filed

3. Number of pages attached

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



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

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

BUSINESS IN GRAND TOTAL DURING THE YEAR

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 (deducting salvage)	Direct Losses Paid	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 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	1,001,013	1,118,709	0	508,967	.81,737	.55,946	.7,314	.291	.(259)	.2,152	.168,038	.23,929
2.1 Allied lines.....	1,317,593	1,475,288	0	666,086	.287,796	.333,927	.113,176	.11,866	.13,554	.6,425	.220,865	.20,872
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.....	18,999,526	21,164,992	0	9,747,930	.8,594,394	.8,563,508	.3,915,541	.809,031	.793,442	.152,094	.3,494,049	.358,423
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.....	(2,202)	.33,417	0	0	.2,030	.(1,067)	.1,410	0	.(299)	.143	.(481)	.(37)
9. Inland marine.....	743,044	801,178	0	387,992	.208,468	.223,512	.38,729	.905	.1,091	.571	.137,797	.12,519
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.....	209,337	229,765	0	107,000	0	0	0	0	0	0	38,870	.3,527
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-cancellable 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.....	1,034,027	1,139,748	0	519,090	.580,244	.1,574,254	.3,860,497	.27,621	.258,204	.955,501	.173,729	.16,380
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.....	17,113,480	.18,148,238	0	6,217,191	.13,578,896	.10,479,967	.12,659,114	.828,158	.653,963	.621,234	.2,358,328	.271,093
19.3 Commercial auto no-fault (personal injury protection).....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage.....	14,711,363	.15,615,744	0	5,266,441	.7,838,773	.7,484,572	.(118,999)	.107,828	.106,322	.5,578	.2,048,839	.233,042
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).....	55,127,181	.59,727,080	0	23,420,698	.31,172,337	.28,714,619	.20,476,783	.1,785,701	.1,826,018	.1,743,697	.8,640,034	.939,748

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 \$...236,092.

(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)



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

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

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		Dividends Paid or Credited to Policyholders on Direct Business	Direct Premiums Written	Direct Premiums Earned	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	2											
1. Fire.....	1,001,013	1,118,709	0	508,967	81,737	.55,946	7,314	.291	(259)	2,152	168,038	23,929	
2.1 Allied lines.....	1,317,593	1,475,288	0	666,086	287,796	333,927	113,176	11,866	13,554	6,425	220,865	20,872	
2.2 Multiple peril crop.....	0	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	0
2.4 Private crop.....	0	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	0
3. Farmowners multiple peril.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril.....	18,999,526	21,164,992	0	9,747,930	8,594,394	8,563,508	3,915,541	.809,031	793,442	.152,094	3,494,049	358,423	
5.1 Commercial multiple peril (non-liability portion).....	0	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	0
6. Mortgage guaranty.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine.....	(2,202)	.33,417	0	0	0	2,030	(1,067)	1,410	0	(299)	.143	(481)	(37)
9. Inland marine.....	743,044	801,178	0	387,992	208,468	223,512	38,729	.905	1,091	.571	137,797	12,519	
10. Financial guaranty.....	0	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	0
12. Earthquake.....	209,337	229,765	0	107,000	0	0	0	0	0	0	0	38,870	3,527
13. Group accident and health (b).....	0	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	0
15.1 Collectively renewable A&H (b).....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable A & H (b).....	0	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	0
15.4 Non-renewable for stated reasons only (b).....	0	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	0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	0	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	0
15.8 Federal employees health benefits plan premium.....	0	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	0
17.1 Other liability-occurrence.....	1,034,027	1,139,748	0	519,090	.580,244	1,574,254	3,860,497	27,621	258,204	.955,501	173,729	16,380	
17.2 Other liability-claims-made.....	0	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	0
18. Products liability.....	0	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	0
19.2 Other private passenger auto liability.....	17,113,480	18,148,238	0	6,217,191	13,578,896	10,479,967	12,659,114	.828,158	.653,963	.621,234	2,358,328	271,093	
19.3 Commercial auto no-fault (personal injury protection).....	0	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	0
21.1 Private passenger auto physical damage.....	14,711,363	15,615,744	0	5,266,441	7,838,773	.7,484,572	(118,999)	107,828	106,322	.5,578	2,048,839	233,042	
21.2 Commercial auto physical damage.....	0	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	0
23. Fidelity.....	0	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	0
26. Burglary and theft.....	0	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	0
28. Credit.....	0	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	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	55,127,181	59,727,080	0	23,420,698	31,172,337	28,714,619	20,476,783	1,785,701	1,826,018	1,743,697	8,640,034	939,748	

DETAILS OF WRITE-INS

3401.	0	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	0
3403.	0	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	0
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$....236,092.

(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	10	11	12	13	14	15
					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.....		130	0	0	0	0	0	0	0	0	0	0
1099999.		Pools and Associations - Mandatory Pools.....		130	0	0	0	0	0	0	0	0	0	0
1299999.		Total Pools and Associations.....		130	0	0	0	0	0	0	0	0	0	0
9999999.		Totals.....		130	0	0	0	0	0	0	0	0	0	0

Annual Statement for the year 2017 of the **STATE AUTO INSURANCE COMPANY OF OHIO**
SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

1 ID Number	2 NAIC Company Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
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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 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			
Authorized Affiliates-U.S. Intercompany Pooling																			
31-4316080.	25135...	State Automobile Mutual Insurance Co.....	OH.....			54,748	.....6,659	.....397	.....14,694	.....839	.....5,128	.....2,481	.....23,418	.....1,058	.....54,674	.....12,363	.....0	.....42,311	.....0
0199999.	Total Authorized Affiliates - U.S. Intercompany Pooling.....					54,748	.....6,659	.....397	.....14,694	.....839	.....5,128	.....2,481	.....23,418	.....1,058	.....54,674	.....12,363	.....0	.....42,311	.....0
0899999.	Total Authorized Affiliates.....					54,748	.....6,659	.....397	.....14,694	.....839	.....5,128	.....2,481	.....23,418	.....1,058	.....54,674	.....12,363	.....0	.....42,311	.....0
Authorized Other U.S. Unaffiliated Insurers																			
0999998.	Total Authorized Other U.S. Unaffiliated Insurers (Under \$100,000).....					190	.....0	.....0	.....(85)	.....0	.....632	.....0	.....0	.....0	.....547	.....(142)	.....0	.....689	.....2
0999999.	Total Authorized Other U.S. Unaffiliated Insurers.....					190	.....0	.....0	.....(85)	.....0	.....632	.....0	.....0	.....0	.....547	.....(142)	.....0	.....689	.....2
Authorized Pools-Mandatory Pools																			
AA-9991503	00000...	Ohio Mine Subsidence Fund.....	OH.....			4	.....0	.....0	.....0	.....0	.....0	.....0	.....3	.....0	.....3	.....1	.....0	.....2	.....0
1099999.	Total Authorized Pools - Mandatory Pools.....					4	.....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).....					168	.....0	.....0	.....(24)	.....0	.....0	.....0	.....0	.....0	.....(24)	.....(52)	.....0	.....28	.....0
1299999.	Total Authorized Other Non-U.S. Insurers.....					168	.....0	.....0	.....(24)	.....0	.....0	.....0	.....0	.....0	.....(24)	.....(52)	.....0	.....28	.....0
1399999.	Total Authorized.....					55,110	.....6,659	.....397	.....14,585	.....839	.....5,760	.....2,481	.....23,421	.....1,058	.....55,200	.....12,170	.....0	.....43,030	.....2
Unauthorized Other Non-U.S. Insurers																			
2599998.	Total Unauthorized Other Non-U.S. Insurers (Under \$100,000).....					134	.....0	.....0	.....(9)	.....0	.....0	.....0	.....0	.....0	.....(9)	.....(18)	.....0	.....9	.....0
2599999.	Total Unauthorized Other Non-U.S. Insurers.....					134	.....0	.....0	.....(9)	.....0	.....0	.....0	.....0	.....0	.....(9)	.....(18)	.....0	.....9	.....0
2699999.	Total Unauthorized.....					134	.....0	.....0	.....(9)	.....0	.....0	.....0	.....0	.....0	.....(9)	.....(18)	.....0	.....9	.....0
Certified Other Non-U.S. Insurers																			
3899998.	Total Certified Other Non-U.S. Insurers (Under \$100,000).....					13	.....0	.....0	.....(18)	.....0	.....158	.....0	.....0	.....0	.....140	.....(33)	.....0	.....173	.....0
3899999.	Total Certified Other Non-U.S. Insurers.....					13	.....0	.....0	.....(18)	.....0	.....158	.....0	.....0	.....0	.....140	.....(33)	.....0	.....173	.....0
3999999.	Total Certified.....					13	.....0	.....0	.....(18)	.....0	.....158	.....0	.....0	.....0	.....140	.....(33)	.....0	.....173	.....0
4099999.	Total Authorized, Unauthorized and Certified.....					55,257	.....6,659	.....397	.....14,558	.....839	.....5,918	.....2,481	.....23,421	.....1,058	.....55,331	.....12,119	.....0	.....43,212	.....2
9999999.	Totals.....					55,257	.....6,659	.....397	.....14,558	.....839	.....5,918	.....2,481	.....23,421	.....1,058	.....55,331	.....12,119	.....0	.....43,212	.....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 Mutual Insurance Co.....	.....54,674	.....54,748	Yes [X] No []
(2) Ohio Mine Subsidence Fund.....	.....3	.....4	Yes [] No [X]
(3).....	.....0	.....0	Yes [] No []
(4).....	.....0	.....0	Yes [] No []
(5).....	.....0	.....0	Yes [] No []

SCHEDULE F - PART 4

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						11 Total Due Cols. 5 + 10	12 Percentage Overdue Col. 10 / Col. 11	13 Percentage More Than 120 Days Overdue Col. 9 / Col. 11
				5 Current	6 1 to 29 Days	7 30 to 90 Days	8 91 to 120 Days	9 Over 120 Days	10 Total Overdue Cols. 6 + 7 + 8 + 9			
Authorized Affiliates-U.S. Intercompany Pooling												
31-4316080..	25135.....	State Automobile Mutual Insurance Co.	OH.....	7,056	0	0	0	0	0	7,056	0.0	0.0
0199999..		Total Authorized - Affiliates - U.S. Intercompany Pooling		7,056	0	0	0	0	0	7,056	0.0	0.0
0899999..		Total Authorized - Affiliates		7,056	0	0	0	0	0	7,056	0.0	0.0
1399999..		Total Authorized		7,056	0	0	0	0	0	7,056	0.0	0.0
4099999..		Total Authorized, Unauthorized and Certified		7,056	0	0	0	0	0	7,056	0.0	0.0
9999999..		Totals		7,056	0	0	0	0	0	7,056	0.0	0.0

SCHEDULE F - PART 5

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domi- ciliary Juris- diction	5 Special Code	6 Reinsurance Recoverable all Items Schedule F, Part 3, Col. 15	7 Funds Held By Company Under Reinsurance Treaties	8 Letters of Credit	9 Issuing or Confirming Bank Reference Number (a)	10 Ceded Balances Payable	11 Miscellaneous Balances Payable	12 Trust Funds and Other Allowed Offset Items	13 Total Collateral and Offsets Allowed (Cols. 7+8+10 + 11 + 12 but not in Excess of Col. 6)	14 Provision for Unauthorized Reinsurance (Col. 6 minus Col. 13)	15 Recoverable Paid Losses & LAE Expenses Over 90 Days Past Due not in Dispute	16 20% of Amount in Dispute Included in Col. 15	17 20% of Amount in Dispute Included in Col. 6	18 Provision for Overdue Reinsurance (Col. 16 plus Col. 17)	19 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	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
AA-3190932.	00000....	Argo Re.....	BMU.	.....	(4)	.....0	0	.....0	.....(5)	.....0	.....0	.....(5)	.....1	.....0	.....0	.....0	.....0
AA-9240020.	00000....	China Reins Grp Corp.....	CHN.	.....	0	.....0	0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
AA-3190060.	00000....	Hanover Re (bermuda) Ltd.....	BMU.	.....	0	.....0	0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
AA-3190829.	00000....	Markel Bermuda Ltd.....	BMU.	.....	(2)	.....0	0	.....0	.....(10)	.....0	.....10	.....(2)	.....0	.....0	.....0	.....0	.....0
AA-1460019.	00000....	MS Amlin AG.....	CHE..	.....	(3)	.....0	0	.....0	.....(3)	.....0	.....0	.....(3)	.....0	.....0	.....0	.....0	.....0
AA-3194200.	00000....	Ms Frontier Reins Ltd.....	BMU.	.....	0	.....0	0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
AA-1340004.	00000....	R V Versicherung Ag.....	DEU..	.....	0	.....0	0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
AA-1320031.	00000....	Scor Global P & C.....	FRA..	.....	0	.....0	0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
AA-5324100.	00000....	Taiping Reins Co Ltd.....	HKG.	.....	0	.....0	0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
AA-3190757.	00000....	Xi Re Ltd.....	BMU.	.....	0	.....0	0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
1299999.	Total Other Non-U.S. Insurers.....			.....(9)	.....0	.....0	....XXX	.....(18)	.....0	.....10	.....(10)	.....1	.....0	.....0	.....0	.....0	.....0
1399999.	Total Affiliates and Others.....			.....(9)	.....0	.....0	....XXX	.....(18)	.....0	.....10	.....(10)	.....1	.....0	.....0	.....0	.....0	.....0
9999999.	Totals.....			.....(9)	.....0	.....0	....XXX	.....(18)	.....0	.....10	.....(10)	.....1	.....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 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Certified Reinsurer Rating (1 through 6)	6 Effective Date of Certified Reinsurer Rating	7 Percent Collateral Required for Full Credit (0% - 100%)	8 Net Amount Recoverable from Reinsurers (Sch F Part 3 Col. 18)	9 Catastrophe Recoverables Qualifying for Collateral Deferral	10 Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 8 - Col. 9)	11 Dollar Amount of Collateral Required (Col. 10 x Col. 7)	Collateral Provided						18 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements (Col. 17 / Col. 10)	19 Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 18/Col. 7, not to exceed 100%)	20 Amount of Credit Allowed for Net Recoverables (Col 9 + (Col. 10 x Col. 19))	21 Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col 8 - Col. 20)
											12	13	14	15	16	17				

Other Non-U.S. Insurers

AA-1340125	00000.....	Hannover Ruck SE.....	DEU.....2	07/01/2015.	.....0.1	.....88	.....0	.....88	.....9	.....0	.....0	.....0	.....0	.....0	.....9	.....0.1	.....1.0	.....88	.....0	
AA-1460023	00000.....	Tokio Millennium Re AG.....	CHE.....3	01/01/2016.	.....0.2	.....85	.....0	.....85	.....17	.....0	.....0	.....0	.....17	.....0001	.....0	.....17	.....0.2	.....1.0	.....85	.....0
1299999.	Total Other Non-U.S. Insurers.....					.....173	.....0	.....173	.....26	.....9	.....0	.....0	.....17	.....XXX.....	.....0	.....26	.....XXX.....	.....XXX.....	.....173	.....0
1399999.	Total Affiliates and Others.....					.....173	.....0	.....173	.....26	.....9	.....0	.....0	.....17	.....XXX.....	.....0	.....26	.....XXX.....	.....XXX.....	.....173	.....0
9999999.	Totals.....					.....173	.....0	.....173	.....26	.....9	.....0	.....0	.....17	.....XXX.....	.....0	.....26	.....XXX.....	.....XXX.....	.....173	.....0

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
0001.....	1.....	026004307.....	Mizuho Bank, Ltd.....	.....17

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

Sch. F - Pt. 7
NONE

Sch. F - Pt. 8
NONE

Annual Statement for the year 2017 of the **STATE AUTO INSURANCE COMPANY OF OHIO**
SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	17,137,721	0	17,137,721
2. Premiums and considerations (Line 15).....	0	0	0
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....	7,056,315	(7,056,315)	0
4. Funds held by or deposited with reinsured companies (Line 16.2).....	0	0	0
5. Other assets.....	5,431,506	0	5,431,506
6. Net amount recoverable from reinsurers.....	0	44,038,161	44,038,161
7. Protected cell assets (Line 27).....	0	0	0
8. Totals (Line 28).....	29,625,542	36,981,846	66,607,388
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....	0	23,797,652	23,797,652
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	87,297	1,887,018	1,974,315
11. Unearned premiums (Line 9).....	0	23,418,130	23,418,130
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).....	12,119,580	(12,118,654)	926
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.....	8,690	0	8,690
19. Total liabilities excluding protected cell business (Line 26).....	12,217,867	36,981,846	49,199,713
20. Protected cell liabilities (Line 27).....	0	0	0
21. Surplus as regards policyholders (Line 37).....	17,407,675	XXX	17,407,675
22. Totals (Line 38).....	29,625,542	36,981,846	66,607,388

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. 2008.....	.....0	.....13	.....(13)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2009.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2010.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2011.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2012.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. 2013.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
8. 2014.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
9. 2015.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10. 2016.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
11. 2017.....	.....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. 2008.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2009.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2010.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2011.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2012.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. 2013.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
8. 2014.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
9. 2015.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10. 2016....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
11. 2017....	.....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
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	....XXX.....	.....0	.....0
2. 2008.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....0.00	.....0.0	.....0.0
3. 2009.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....0.00	.....0.0	.....0.0
4. 2010.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....0.00	.....0.0	.....0.0
5. 2011.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....0.00	.....0.0	.....0.0
6. 2012.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....0.00	.....0.0	.....0.0
7. 2013.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....0.00	.....0.0	.....0.0
8. 2014.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....0.00	.....0.0	.....0.0
9. 2015.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....0.00	.....0.0	.....0.0
10. 2016....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....0.00	.....0.0	.....0.0
11. 2017....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....0.00	.....0.0	.....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. 2008.....	.....0	.....1	....(1)	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX.....
3. 2009.....	.....0	.....0	....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX.....
4. 2010.....	.....0	.....0	....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX.....
5. 2011.....	.....0	.....0	....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX.....
6. 2012.....	.....0	.....0	....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX.....
7. 2013.....	.....0	.....0	....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX.....
8. 2014.....	.....0	.....0	....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX.....
9. 2015.....	.....0	.....0	....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX.....
10. 2016.....	.....0	.....0	....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX.....
11. 2017.....	.....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	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. 2008....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2009....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2010....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2011....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2012....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. 2013....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
8. 2014....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
9. 2015....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10. 2016....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
11. 2017....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
12. Totals...	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior..	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	....XXX.....	.....0	.....0
2. 2008..	.....0	.....0	....0	.....0	.....0	....0	.....0	.....0	.....0.00	.....0	.....0
3. 2009..	.....0	.....0	....0	.....0	.....0	....0	.....0	.....0	.....0.00	.....0	.....0
4. 2010..	.....0	.....0	....0	.....0	.....0	....0	.....0	.....0	.....0.00	.....0	.....0
5. 2011..	.....0	.....0	....0	.....0	.....0	....0	.....0	.....0	.....0.00	.....0	.....0
6. 2012..	.....0	.....0	....0	.....0	.....0	....0	.....0	.....0	.....0.00	.....0	.....0
7. 2013..	.....0	.....0	....0	.....0	.....0	....0	.....0	.....0	.....0.00	.....0	.....0
8. 2014..	.....0	.....0	....0	.....0	.....0	....0	.....0	.....0	.....0.00	.....0	.....0
9. 2015..	.....0	.....0	....0	.....0	.....0	....0	.....0	.....0	.....0.00	.....0	.....0
10. 2016..	.....0	.....0	....0	.....0	.....0	....0	.....0	.....0	.....0.00	.....0	.....0
11. 2017..	.....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

Annual Statement for the year 2017 of the **STATE AUTO INSURANCE COMPANY OF OHIO**
**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. 2016.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....XXX.....
3. 2017.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....XXX.....
4. Totals....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2016....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2017....	.....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
	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. 2016....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....0.00	.....0	.....0
3. 2017....	.....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. 2016.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2017.....	.....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. 2016....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2017....	.....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. 2016.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....0	.....0	.....0.00	.....0	.....0
3. 2017.....	.....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

Annual Statement for the year 2017 of the **STATE AUTO INSURANCE COMPANY OF OHIO**
SCHEDULE P INTERROGATORIES

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

1.1 Does the company issue Medical Professional Liability Claims-Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes No

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

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

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

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 2008.....	0	0
1.603 2009.....	0	0
1.604 2010.....	0	0
1.605 2011.....	0	0
1.606 2012.....	0	0
1.607 2013.....	0	0
1.608 2014.....	0	0
1.609 2015.....	0	0
1.610 2016.....	0	0
1.611 2017.....	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 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 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

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) \$.....0
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

7.2 An extended statement may be attached.

Annual Statement for the year 2017 of the **STATE AUTO INSURANCE COMPANY OF OHIO**
SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
Members															
0175	State Auto Group	45934...	41-1719183...	.....0	.....0		American Compensation Insurance Company.....	MN.....	IA.....	RTW, Inc.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company...	....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 Corporation.....	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 Corporation.....	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 Corporation.....	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....
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 Corporation.....	OH.....	UDP.....	State Automobile Mutual Insurance Company.....	Ownership.....	....61.200	State Automobile Mutual Insurance Company...	....Y	0....
0.....	State Auto Group	0.....	82-2704976...	.....0	.....0		State Auto Labs Corp.....	OH.....	NIA.....	State Automobile Mutual Insurance Company.....	Ownership.....	...100.000	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 Corporation.....	Ownership.....	...100.000	State Automobile Mutual Insurance Company...	....N	0....

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
25135.....	31-4316080.....	State Automobile Mutual Insurance Company.....	10,382,748	0	0	0	0	16,661,897	*	0	27,044,645	(17,341,600)
25127.....	57-6010814.....	State Auto Property & Casualty Insurance Company.....	(15,000,000)	0	0	0	0	0	*	0	(15,000,000)	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.....	0	0	0	0	0	(17,164,073)	*	0	(17,164,073)	15,663,013
30945.....	58-1140651.....	Plaza Insurance Company.....	0	0	0	0	0	497,247	*	0	497,247	1,633,662
45934.....	41-1719183.....	American Compensation Insurance Company.....	0	0	0	0	0	4,929	*	0	4,929	44,925
12311.....	41-1988144.....	Bloomington Compensation Insurance Company.....	0	0	0	0	0	0	*	0	0	0
0.....	62-1855334.....	Partners General Insurance Agency, LLC.....	(1,500,000)	0	0	0	0	0	0	0	(1,500,000)	0
0.....	25-1923260.....	Rockhill Holding Company.....	4,000,000	0	0	0	0	0	0	0	4,000,000	0
0.....	01-0712531.....	Rockhill Underwriting Management, LLC.....	(2,500,000)	0	0	0	0	0	0	0	(2,500,000)	0
0.....	31-1324304.....	State Auto Financial Corporation.....	7,317,252	0	0	0	0	0	0	0	7,317,252	0
0.....	31-0676465.....	Stateco Financial Services, Inc.....	(2,700,000)	0	0	0	0	0	0	0	(2,700,000)	0
86	9999999.....	Control Totals.....	0	0	0	0	0	0	XXX	0	0	0

Detailed Explanation

See Note 26 for detailed list of pooling percentages.

Annual Statement for the year 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 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.

EXPLANATION:

1.
2.
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12. The data for this supplement is not required to be filed.

BAR CODE:



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.



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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.



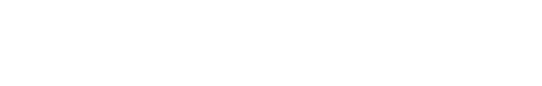
31. The data for this supplement is not required to be filed.



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.

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