PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

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ANNUAL STATEMENT

For the Year Ended December 31, 2019

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	Zachary James Skidmore *(Name)*	614-917-5995 *(Area Code) (Telephone Number) (Extension)*
	corporateaccounting@stateauto.com *(E-Mail Address)*	317-715-4519 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Michael Edward LaRocco	President	2. Melissa Ann Centers	Secretary
3. Matthew Robert Pollak	Treasurer	4.	

OTHER

Jason Earl Berkey	Senior Vice President	Steven Eugene English	Senior Vice President
Kim Burton Garland	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	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	Melissa Ann Centers	Matthew Robert Pollak
President	Secretary	Treasurer

Subscribed and sworn to before me
This 21st day of February 2020

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)

NAIC Group Code.....175 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		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	617,807	695,568	0	318,493	381,001	544,390	158,439	560	8,698	10,838	98,981	14,883
2.1 Allied lines	820,537	923,605	0	419,533	282,184	171,522	40,164	7,636	(4,891)	2,894	131,250	14,129
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	12,375,711	13,895,032	0	6,442,467	5,463,467	6,009,598	2,223,632	220,053	189,912	111,166	2,174,833	240,734
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	0	0	0	0	0	724	(128)	0	(2)	0	0	0
9. Inland marine	441,052	508,637	0	232,919	153,038	204,804	54,553	307	2,260	2,195	78,476	7,670
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	126,425	145,406	0	66,453	0	0	0	0	0	0	22,538	2,228
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable A&H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence	621,830	712,774	0	310,195	1,200,000	869,899	1,509,140	33,461	(217,779)	217,373	99,199	10,232
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	10,355,056	11,649,079	0	3,705,112	7,753,370	4,065,162	5,225,953	585,722	283,068	561,851	1,327,213	168,313
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	7,785,741	8,581,010	0	2,838,197	4,841,537	4,585,702	6,941	15,239	3,175	41,268	1,005,183	133,414
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
29. International	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)	33,144,159	37,111,111	0	14,333,369	20,074,597	16,451,801	9,218,695	862,978	264,440	947,583	4,937,673	591,602
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 $.....115,575.

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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code.....175 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		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	617,807	695,568	0	318,493	381,001	544,390	158,439	560	8,698	10,838	98,981	14,883
2.1 Allied lines	820,537	923,605	0	419,533	282,184	171,522	40,164	7,636	(4,891)	2,894	131,250	14,129
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	12,375,711	13,895,032	0	6,442,467	5,463,467	6,009,598	2,223,632	220,053	189,912	111,166	2,174,833	240,734
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	0	0	0	0	0	724	(128)	0	(2)	0	0	0
9. Inland marine	441,052	508,637	0	232,919	153,038	204,804	54,553	307	2,260	2,195	78,476	7,670
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	126,425	145,406	0	66,453	0	0	0	0	0	0	22,538	2,228
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable A&H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable A&H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable A&H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other A&H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other liability-occurrence	621,830	712,774	0	310,195	1,200,000	869,899	1,509,140	33,461	(217,779)	217,373	99,199	10,232
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	10,355,056	11,649,079	0	3,705,112	7,753,370	4,065,162	5,225,953	585,722	283,068	561,851	1,327,213	168,313
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	7,785,741	8,581,010	0	2,838,197	4,841,537	4,585,702	6,941	15,239	3,175	41,268	1,005,183	133,414
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
29. International	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)	33,144,159	37,111,111	0	14,333,369	20,074,597	16,451,801	9,218,695	862,978	264,440	947,583	4,937,673	591,602
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 $.....115,575.

(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	2	3	4	5	Reinsurance On			9	10	11	12	13	14	15
					6	7	8							
ID Number	NAIC Company Code	Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	Paid Losses and Loss Adjustment Expenses	Known Case Losses and LAE	Cols. 6 + 7	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held by or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust
Pools and Associations - Mandatory Pools, Associations or Other Similar Facilities														
AA-9991222.	0.....	Ohio Fair Plan.....	OH.....	88	0	0	0	0	0	0	0	0	0	0
1099999.		Pools and Associations - Mandatory Pools, Associations or Other Similar Facilities.....		88	0	0	0	0	0	0	0	0	0	0
1299999.		Total Pools and Associations.....		88	0	0	0	0	0	0	0	0	0	0
9999999.		Totals.....		88	0	0	0	0	0	0	0	0	0	0

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

NONE

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable on									16	Reinsurance Payable		19	20
						7	8	9	10	11	12	13	14	15		17	18		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Col. 7 through 14 Totals	Amount in Dispute Included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable from Reinsurers (Cols. 15 - [17 + 18])	Funds Held by Company Under Reinsurance Treaties
Authorized Affiliates-U.S. Intercompany Pooling																			
31-4316080.	25135...	State Automobile Mutual Insurance Co	OH		32,953	4,184	336	7,455	129	1,801	1,900	14,332	0	30,137	0	7,590	0	22,547	0
0199999.		Total Authorized Affiliates - U.S. Intercompany Pooling			32,953	4,184	336	7,455	129	1,801	1,900	14,332	0	30,137	0	7,590	0	22,547	0
0899999.		Total Authorized Affiliates			32,953	4,184	336	7,455	129	1,801	1,900	14,332	0	30,137	0	7,590	0	22,547	0
Authorized Other U.S. Unaffiliated Insurers																			
06-1182357.	22730...	Allied World Ins Co	NH		1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
36-2661954.	10103...	American Agricultural Ins Co	IN		6	0	0	0	0	0	0	0	0	0	0	0	0	0	0
51-0434766.	20370...	Axis Reins Co	NY		1	0	0	(4)	0	0	0	0	0	(4)	0	0	0	(4)	0
42-0234980.	21415...	Employers Mut Cas Co	IA		4	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22-2005057.	26921...	Everest Reins Co	DE		11	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-2673100.	22039...	General Reins Corp	DE		2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
36-3347420.	23876...	Mapfre Ins Co	NJ		10	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-4924125.	10227...	Munich Reins Amer Inc	DE		22	0	0	(4)	0	0	0	0	0	(4)	0	0	0	(4)	0
47-0698507.	23680...	Odyssey Reins Co	CT		9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-3031176.	38636...	Partner Reins Co Of The Us	NY		3	0	0	(4)	0	0	0	0	0	(4)	0	0	0	(4)	0
23-1641984.	10219...	QBE Reins Corp	PA		8	0	0	(1)	0	0	0	0	0	(1)	0	0	0	(1)	0
43-0727872.	15105...	Safety Natl Cas Corp	MO		0	0	0	(2)	0	0	0	0	0	(2)	0	0	0	(2)	0
75-1444207.	30058...	Scor Reins Co	NY		2	0	0	(4)	0	0	0	0	0	(4)	0	0	0	(4)	0
13-2918573.	42439...	Toa Re Ins Co Of Amer	DE		1	0	0	(4)	0	0	0	0	0	(4)	0	0	0	(4)	0
13-5616275.	19453...	Transatlantic Reins Co	NY		24	0	0	(4)	0	0	0	0	0	(4)	0	0	0	(4)	0
0999999.		Total Authorized Other U.S. Unaffiliated Insurers			104	0	0	(27)	0	0	0	0	0	(27)	0	0	0	(27)	0
Authorized Pools-Mandatory Pools, Associations or Other Similar Facilities																			
AA-9991503.	0	Ohio Mine Subsidence Fund	OH		2	0	0	0	0	0	0	1	0	1	0	1	0	0	0
1099999.		Total Authorized Pools - Mandatory Pools, Associations or Similar Facilities			2	0	0	0	0	0	0	1	0	1	0	1	0	0	0
Authorized Other Non-U.S. Insurers																			
AA-3194168.	0	Aspen Bermuda Ltd	BMU		3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-1120337.	0	Aspen Ins Uk Ltd	GBR		1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-3194139.	0	Axis Specialty Ltd	BMU		10	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-3190871.	0	Lancashire Ins Co Ltd	BMU		1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-1127183.	0	Lloyd's Syndicate Number 1183	GBR		4	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable on									16	Reinsurance Payable		19	20
						7	8	9	10	11	12	13	14	15		17	18		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Col. 7 through 14 Totals	Amount in Dispute Included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable from Reinsurers (Cols. 15 - [17 + 18])	Funds Held by Company Under Reinsurance Treaties
AA-1120085.	0.....	Lloyd's Syndicate Number 1274	GBR..		.3	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-1120171.	0.....	Lloyd's Syndicate Number 1856	GBR..		.9	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-1128010.	0.....	Lloyd's Syndicate Number 2010	GBR..		.7	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-1126005.	0.....	Lloyd's Syndicate Number 2014	GBR..		.3	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-1128623.	0.....	Lloyd's Syndicate Number 2623	GBR..		.1	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-1128791.	0.....	Lloyd's Syndicate Number 2791	GBR..		.2	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-1128987.	0.....	Lloyd's Syndicate Number 2987	GBR..		.7	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-1126382.	0.....	Lloyd's Syndicate Number 382	GBR..		.2	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-1120116.	0.....	Lloyd's Syndicate Number 4020	GBR..		.3	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-1126435.	0.....	Lloyd's Syndicate Number 435	GBR..		.2	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-1126006.	0.....	Lloyd's Syndicate Number 4472	GBR..		.6	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-1120067.	0.....	Lloyd's Syndicate Number 9840	GBR..		.4	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-1840000.	0.....	Mapfre Re Compania De Reasegur	ESP..		.1	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-3190829.	0.....	Markel Bermuda Ltd	BMU..		.1	.0	.0	(2)	.0	.0	.0	.0	.0	(2)	.0	.0	.0	(2)	.0
AA-3190870.	0.....	Validus Reins Ltd	BMU..		.26	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1299999.	Total Authorized Other Non-U.S. Insurers				.96	.0	.0	(2)	.0	.0	.0	.0	.0	(2)	.0	.0	.0	(2)	.0
1499999.	Total Authorized Excluding Protected Cells				.33,155	.4,184	.336	.7,426	.129	.1,801	.1,900	.14,333	.0	.30,109	.0	.7,591	.0	.22,518	.0
Unauthorized Other Non-U.S. Insurers																			
AA-3194128.	0.....	Allied World Assurance Co Ltd	BMU..		.5	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-3190932.	0.....	Argo Re	BMU..		.11	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-1340028.	0.....	DEVK Rueckversicherungs	DEU..		.2	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-3190060.	0.....	Hanover Re (Bermuda) Ltd	BMU..		.13	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-1460019.	0.....	MS Amlin Ag	CHE..		.4	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-3190686.	0.....	Partner Reins Co Ltd	BMU..		.1	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.2
AA-1340004.	0.....	R V Versicherung Ag	DEU..		.14	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-1320158.	0.....	Scor SE	FRA..		.10	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
AA-5324100.	0.....	Taiping Reins Co Ltd	HKG..		.5	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2699999.	Total Unauthorized Other Non-U.S. Insurers				.65	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.2
2899999.	Total Unauthorized Excluding Protected Cells				.65	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.2
Certified Other Non-U.S. Insurers																			

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable on									16	Reinsurance Payable		19	20
						7	8	9	10	11	12	13	14	15		17	18		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Col. 7 through 14 Totals	Amount in Dispute Included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable from Reinsurers (Cols. 15 - [17 + 18])	Funds Held by Company Under Reinsurance Treaties
AA-1340125.	0.....	Hannover Rueck Se.....	DEU..	.....	3	0	0	.....(4)	0	0	0	0	0	.....(4)	0	0	0	.....(4)	0
AA-1460023.	0.....	RenaissanceRe Europe AG.....	CHE..	.....	0	0	0	.....(4)	0	0	0	0	0	.....(4)	0	0	0	.....(4)	0
AA-3190757.	0.....	XI Re Ltd.....	BMU..	.....	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4099999.	Total Certified Other Non-U.S. Insurers.....				15	0	0	.....(8)	0	0	0	0	0	.....(8)	0	0	0	.....(8)	0
4299999.	Total Certified Excluding Protected Cells.....				15	0	0	.....(8)	0	0	0	0	0	.....(8)	0	0	0	.....(8)	0
4399999.	Total Authorized, Unauthorized and Certified Excluding Protected Cells.....				33,235	4,184	336	7,418	129	1,801	1,900	14,333	0	30,101	0	7,591	0	22,510	2
9999999.	Totals (Sum of 4399999 and 4499999).....				33,235	4,184	336	7,418	129	1,801	1,900	14,333	0	30,101	0	7,591	0	22,510	2

SCHEDULE F - PART 3 (Continued)

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

(Credit Risk)

		Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
ID Number from Col. 1	Name of Reinsurer from Col. 3	Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15 - 27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17 + 18 + 20; Not in Excess of Col. 29)	Stressed Net Recoverable (Cols. 29 - 30)	Total Collateral (Cols. 21 + 22 + 24; Not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 - 32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
Authorized Affiliates-U.S. Intercompany Pooling																	
31-4316080.	State Automobile Mutual Insurance Co	0	0	0	0	7,590	22,547	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999.	Total Authorized Affiliates - U.S. Intercompany Pooling	0	0	XXX	0	7,590	22,547	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0899999.	Total Authorized Affiliates	0	0	XXX	0	7,590	22,547	0	0	0	0	0	0	0	XXX	0	0
Authorized Other U.S. Unaffiliated Insurers																	
06-1182357.	Allied World Ins Co	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0
36-2661954.	American Agricultural Ins Co	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0
51-0434766.	Axis Reins Co	0	0	0	0	(4)	0	0	0	0	0	0	0	0	2	0	0
42-0234980.	Employers Mut Cas Co	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0
22-2005057.	Everest Reins Co	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0
13-2673100.	General Reins Corp	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
36-3347420.	Mapfre Ins Co	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0
13-4924125.	Munich Reins Amer Inc	0	0	0	0	(4)	0	0	0	0	0	0	0	0	2	0	0
47-0698507.	Odyssey Reins Co	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0
13-3031176.	Partner Reins Co Of The Us	0	0	0	0	(4)	0	0	0	0	0	0	0	0	2	0	0
23-1641984.	QBE Reins Corp	0	0	0	0	(1)	0	0	0	0	0	0	0	0	3	0	0
43-0727872.	Safety Natl Cas Corp	0	0	0	0	(2)	0	0	0	0	0	0	0	0	2	0	0
75-1444207.	Scor Reins Co	0	0	0	0	(4)	0	0	0	0	0	0	0	0	2	0	0
13-2918573.	Toa Re Ins Co Of Amer	0	0	0	0	(4)	0	0	0	0	0	0	0	0	3	0	0
13-5616275.	Transatlantic Reins Co	0	0	0	0	(4)	0	0	0	0	0	0	0	0	2	0	0
0999999.	Total Authorized Other U.S. Unaffiliated Insurers	0	0	XXX	0	(27)	0	0	0	0	0	0	0	0	XXX	0	0
Authorized Pools-Mandatory Pools																	
AA-9991503.	Ohio Mine Subsidence Fund	0	0	0	0	1	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1099999.	Total Authorized Pools - Mandatory Pools	0	0	XXX	0	1	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Authorized Other Non-U.S. Insurers																	
AA-3194168.	Aspen Bermuda Ltd	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0
AA-1120337.	Aspen Ins Uk Ltd	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0
AA-3194139.	Axis Specialty Ltd	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0
AA-3190871.	Lancashire Ins Co Ltd	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0
AA-1127183.	Lloyd's Syndicate Number 1183	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0

SCHEDULE F - PART 3 (Continued)

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

(Credit Risk)

		Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
ID Number from Col. 1	Name of Reinsurer from Col. 3	Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15 - 27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17 + 18 + 20; Not in Excess of Col. 29)	Stressed Net Recoverable (Cols. 29 - 30)	Total Collateral (Cols. 21 + 22 + 24; Not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 - 32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
AA-1120085.	Lloyd's Syndicate Number 1274	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0
AA-1120171.	Lloyd's Syndicate Number 1856	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0
AA-1128010.	Lloyd's Syndicate Number 2010	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0
AA-1126005.	Lloyd's Syndicate Number 2014	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0
AA-1128623.	Lloyd's Syndicate Number 2623	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0
AA-1128791.	Lloyd's Syndicate Number 2791	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0
AA-1128987.	Lloyd's Syndicate Number 2987	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0
AA-1126382.	Lloyd's Syndicate Number 382	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0
AA-1120116.	Lloyd's Syndicate Number 4020	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0
AA-1126435.	Lloyd's Syndicate Number 435	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0
AA-1126006.	Lloyd's Syndicate Number 4472	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0
AA-1120067.	Lloyd's Syndicate Number 9840	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0
AA-1840000.	Mapfre Re Compania De Reasegur	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0
AA-3190829.	Markel Bermuda Ltd	0	0	0	0	(2)	0	0	0	0	0	0	0	0	3	0	0
AA-3190870.	Validus Reins Ltd	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0
1299999.	Total Authorized Other Non-U.S. Insurers	0	0	XXX	0	(2)	0	0	0	0	0	0	0	0	XXX	0	0
1499999.	Total Authorized Excluding Protected Cells	0	0	XXX	0	7,562	22,547	0	0	0	0	0	0	0	XXX	0	0
Unauthorized Other Non-U.S. Insurers																	
AA-3194128.	Allied World Assurance Co Ltd	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0
AA-3190932.	Argo Re	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0
AA-1340028.	DEVK Rueckversicherungs	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0
AA-3190060.	Hanover Re (Bermuda) Ltd	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0
AA-1460019.	MS Amlin Ag	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0
AA-3190686.	Partner Reins Co Ltd	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0
AA-1340004.	R V Versicherung Ag	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0
AA-1320158.	Scor SE	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0
AA-5324100.	Taiping Reins Co Ltd	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0
2699999.	Total Unauthorized Other Non-U.S. Insurers	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
2899999.	Total Unauthorized Excluding Protected Cells	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0

SCHEDULE F - PART 3 (Continued)

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

(Credit Risk)

		Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
ID Number from Col. 1	Name of Reinsurer from Col. 3	Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15 - 27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17 + 18 + 20; Not in Excess of Col. 29)	Stressed Net Recoverable (Cols. 29 - 30)	Total Collateral (Cols. 21 + 22 + 24; Not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 - 32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
Certified Other Non-U.S. Insurers																	
AA-1340125.	Hannover Rueck Se	0	0	0	0	(4)	0	0	0	0	0	0	0	0	2	0	0
AA-1460023.	RenaissanceRe Europe AG	0	0	0	0	(4)	0	0	0	0	0	0	0	0	2	0	0
AA-3190757.	XI Re Ltd	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0
4099999.	Total Certified Other Non-U.S. Insurers	0	0	XXX	0	(8)	0	0	0	0	0	0	0	0	XXX	0	0
4299999.	Total Certified Excluding Protected Cells	0	0	XXX	0	(8)	0	0	0	0	0	0	0	0	XXX	0	0
4399999.	Total Authorized, Unauthorized & Certified Excl Prot Cells.	0	0	XXX	0	7,554	22,547	0	0	0	0	0	0	0	XXX	0	0
9999999.	Totals (Sum of 4399999 and 4499999)	0	0	XXX	0	7,554	22,547	0	0	0	0	0	0	0	XXX	0	0

SCHEDULE F - PART 3 (Continued)

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

(Aging of Ceded Reinsurance)

		Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44	45	46	47	48	49	50	51	52	53
		37	Overdue					43										
			38	39	40	41	42											
ID Number from Col. 1	Name of Reinsurer from Col. 3	Current	1 - 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue (Cols. 38 + 39 + 40 +41)	Total Due Cols. 37 + 42 (In Total Should Equal Cols. 7 + 8)	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	Amounts Received Prior 90 Days	Percentage Overdue (Col. 42 / Col. 43)	Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47 / [Cols. 46 + 48])	Percentage More Than 120 Days Overdue (Col. 41 / Col. 43)	Is the Amount in Col. 50 Less than 20%? (Yes or No)	Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
Authorized Affiliates-U.S. Intercompany Pooling																		
31-4316080.	State Automobile Mutual Insurance Co	4,520	0	0	0	0	0	4,520	0	0	4,520	0	0	0.0	0.0	0.0	YES	0
0199999.	Total Authorized Affiliates - U.S. Intercompany Pooling	4,520	0	0	0	0	0	4,520	0	0	4,520	0	0	0.0	0.0	0.0	XXX	0
0899999.	Total Authorized Affiliates	4,520	0	0	0	0	0	4,520	0	0	4,520	0	0	0.0	0.0	0.0	XXX	0
Authorized Other U.S. Unaffiliated Insurers																		
06-1182357.	Allied World Ins Co	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
36-2661954.	American Agricultural Ins Co	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
51-0434766.	Axis Reins Co	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
42-0234980.	Employers Mut Cas Co	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
22-2005057.	Everest Reins Co	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
13-2673100.	General Reins Corp	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
36-3347420.	Mapfre Ins Co	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
13-4924125.	Munich Reins Amer Inc	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
47-0698507.	Odyssey Reins Co	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
13-3031176.	Partner Reins Co Of The Us	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
23-1641984.	QBE Reins Corp	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
43-0727872.	Safety Natl Cas Corp	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
75-1444207.	Scor Reins Co	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
13-2918573.	Toa Re Ins Co Of Amer	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
13-5616275.	Transatlantic Reins Co	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
0999999.	Total Authorized Other U.S. Unaffiliated Insurers	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
Authorized Pools-Mandatory Pools																		
AA-9991503.	Ohio Mine Subsidence Fund	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
1099999.	Total Authorized Pools - Mandatory Pools	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
Authorized Other Non-U.S. Insurers																		
AA-3194168.	Aspen Bermuda Ltd	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1120337.	Aspen Ins Uk Ltd	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-3194139.	Axis Specialty Ltd	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-3190871.	Lancashire Ins Co Ltd	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1127183.	Lloyd's Syndicate Number 1183	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0

SCHEDULE F - PART 3 (Continued)

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

(Aging of Ceded Reinsurance)

		Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44	45	46	47	48	49	50	51	52	53
		37	Overdue					43										
			38	39	40	41	42											
ID Number from Col. 1	Name of Reinsurer from Col. 3	Current	1 - 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue (Cols. 38 + 39 + 40 +41)	Total Due Cols. 37 + 42 (In Total Should Equal Cols. 7 + 8)	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	Amounts Received Prior 90 Days	Percentage Overdue (Col. 42 / Col. 43)	Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47 / [Cols. 46 + 48])	Percentage More Than 120 Days Overdue (Col. 41 / Col. 43)	Is the Amount in Col. 50 Less than 20%? (Yes or No)	Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
AA-1120085.	Lloyd's Syndicate Number 1274	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1120171.	Lloyd's Syndicate Number 1856	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1128010.	Lloyd's Syndicate Number 2010	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1126005.	Lloyd's Syndicate Number 2014	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1128623.	Lloyd's Syndicate Number 2623	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1128791.	Lloyd's Syndicate Number 2791	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1128987.	Lloyd's Syndicate Number 2987	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1126382.	Lloyd's Syndicate Number 382	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1120116.	Lloyd's Syndicate Number 4020	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1126435.	Lloyd's Syndicate Number 435	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1126006.	Lloyd's Syndicate Number 4472	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1120067.	Lloyd's Syndicate Number 9840	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1840000.	Mapfre Re Compania De Reasegur	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-3190829.	Markel Bermuda Ltd	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-3190870.	Validus Reins Ltd	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
1299999.	Total Authorized Other Non-U.S. Insurers	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
1499999.	Total Authorized Excluding Protected Cells	4,520	0	0	0	0	0	4,520	0	0	4,520	0	0	0.0	0.0	0.0	XXX	0
Unauthorized Other Non-U.S. Insurers																		
AA-3194128.	Allied World Assurance Co Ltd	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-3190932.	Argo Re	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1340028.	DEVK Rueckversicherungs	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-3190060.	Hanover Re (Bermuda) Ltd	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1460019.	MS Amlin Ag	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-3190686.	Partner Reins Co Ltd	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1340004.	R V Versicherung Ag	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1320158.	Scor SE	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-5324100.	Taiping Reins Co Ltd	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
2699999.	Total Unauthorized Other Non-U.S. Insurers	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
2899999.	Total Unauthorized Excluding Protected Cells	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0

SCHEDULE F - PART 3 (Continued)

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

(Aging of Ceded Reinsurance)

		Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44	45	46	47	48	49	50	51	52	53
		37	Overdue					43										
			38	39	40	41	42											
ID Number from Col. 1	Name of Reinsurer from Col. 3	Current	1 - 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue (Cols. 38 + 39 + 40 +41)	Total Due Cols. 37 + 42 (In Total Should Equal Cols. 7 + 8)	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	Amounts Received Prior 90 Days	Percentage Overdue (Col. 42 / Col. 43)	Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47 / [Cols. 46 + 48])	Percentage More Than 120 Days Overdue (Col. 41 / Col. 43)	Is the Amount in Col. 50 Less than 20%? (Yes or No)	Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
Certified Other Non-U.S. Insurers																		
AA-1340125.	Hannover Rueck Se	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-1460023.	RenaissanceRe Europe AG	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
AA-3190757.	XI Re Ltd	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	YES	0
4099999.	Total Certified Other Non-U.S. Insurers	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX.	0
4299999.	Total Certified Excluding Protected Cells	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX.	0
4399999.	Total Authorized, Unauthorized & Certified Excl Prot Cells.	4,520	0	0	0	0	0	4,520	0	0	4,520	0	0	0.0	0.0	0.0	XXX.	0
9999999.	Totals (Sum of 4399999 and 4499999)	4,520	0	0	0	0	0	4,520	0	0	4,520	0	0	0.0	0.0	0.0	XXX.	0

SCHEDULE F - PART 3 (Continued)

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

(Provision for Reinsurance for Certified Reinsurer)

		Provision for Certified Reinsurance															
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0			69
														66	67	68	
ID Number from Col. 1	Name of Reinsurer from Col. 3	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, Not to Exceed 100%)	20% of Recoverable on Paid Losses & LAE over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24 Not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67	Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col. 68; Not to Exceed Col. 63)
Authorized Affiliates-U.S. Intercompany Pooling																	
31-4316080.	State Automobile Mutual Insurance Co	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999.	Total Authorized Affiliates - U.S. Intercompany Pooling				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0899999.	Total Authorized Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Authorized Other U.S. Unaffiliated Insurers																	
06-1182357.	Allied World Ins Co	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36-2661954.	American Agricultural Ins Co	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
51-0434766.	Axis Reins Co	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42-0234980.	Employers Mut Cas Co	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
22-2005057.	Everest Reins Co	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-2673100.	General Reins Corp	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36-3347420.	Mapfre Ins Co	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-4924125.	Munich Reins Amer Inc	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47-0698507.	Odyssey Reins Co	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-3031176.	Partner Reins Co Of The Us	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
23-1641984.	QBE Reins Corp	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43-0727872.	Safety Natl Cas Corp	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
75-1444207.	Scor Reins Co	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-2918573.	Toa Re Ins Co Of Amer	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-5616275.	Transatlantic Reins Co	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0999999.	Total Authorized Other U.S. Unaffiliated Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Authorized Pools-Mandatory Pools																	
AA-9991503.	Ohio Mine Subsidence Fund	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1099999.	Total Authorized Pools - Mandatory Pools				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Authorized Other Non-U.S. Insurers																	
AA-3194168.	Aspen Bermuda Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120337.	Aspen Ins Uk Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194139.	Axis Specialty Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190871.	Lancashire Ins Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127183.	Lloyd's Syndicate Number 1183	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE F - PART 3 (Continued)

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

(Provision for Reinsurance for Certified Reinsurer)

		Provision for Certified Reinsurance															
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0			69
														66	67	68	
ID Number from Col. 1	Name of Reinsurer from Col. 3	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, Not to Exceed 100%)	20% of Recoverable on Paid Losses & LAE over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24 Not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67	Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col. 68; Not to Exceed Col. 63)
AA-1120085.	Lloyd's Syndicate Number 1274	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120171.	Lloyd's Syndicate Number 1856	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128010.	Lloyd's Syndicate Number 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126005.	Lloyd's Syndicate Number 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128623.	Lloyd's Syndicate Number 2623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128791.	Lloyd's Syndicate Number 2791	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128987.	Lloyd's Syndicate Number 2987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126382.	Lloyd's Syndicate Number 382	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120116.	Lloyd's Syndicate Number 4020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126435.	Lloyd's Syndicate Number 435	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126006.	Lloyd's Syndicate Number 4472	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120067.	Lloyd's Syndicate Number 9840	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1840000.	Mapfre Re Compania De Reasegur	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190829.	Markel Bermuda Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190870.	Validus Reins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1299999.	Total Authorized Other Non-U.S. Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999.	Total Authorized Excluding Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Unauthorized Other Non-U.S. Insurers																	
AA-3194128.	Allied World Assurance Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190932.	Argo Re	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340028.	DEVK Rueckversicherungs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190060.	Hanover Re (Bermuda) Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1460019.	MS Amlin Ag	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190686.	Partner Reins Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340004.	R V Versicherung Ag	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1320158.	Scor SE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-5324100.	Taiping Reins Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2699999.	Total Unauthorized Other Non-U.S. Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999.	Total Unauthorized Excluding Protected Cells				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE F - PART 3 (Continued)

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

(Provision for Reinsurance for Certified Reinsurer)

		Provision for Certified Reinsurance															
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0			69
														66	67	68	
ID Number from Col. 1	Name of Reinsurer from Col. 3	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, Not to Exceed 100%)	20% of Recoverable on Paid Losses & LAE over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24 Not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67	Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col. 68; Not to Exceed Col. 63)
Certified Other Non-U.S. Insurers																	
AA-1340125.	Hannover Rueck Se	2	07/01/2015	10.0	0	(4)	(0)	0.0	0.0	0	0	0	0	0	0	0	0
AA-1460023.	RenaissanceRe Europe AG	3	01/01/2016	20.0	0	(4)	(1)	0.0	0.0	0	0	0	0	0	0	0	0
AA-3190757.	XI Re Ltd	3	01/01/2019	20.0	0	0	0	0.0	0.0	0	0	0	0	0	0	0	0
4099999.	Total Certified Other Non-U.S. Insurers				0	(8)	(1)	XXX	XXX	0	0	0	0	0	0	0	0
4299999.	Total Certified Excluding Protected Cells				0	(8)	(1)	XXX	XXX	0	0	0	0	0	0	0	0
4399999.	Total Authorized, Unauthorized & Certified Excl Prot Cells				0	(8)	(1)	XXX	XXX	0	0	0	0	0	0	0	0
9999999.	Totals (Sum of 4399999 and 4499999)				0	(8)	(1)	XXX	XXX	0	0	0	0	0	0	0	0

Sch. F - Pt. 3
NONE

Sch. F - Pt. 4 Issuing or Confirming Banks for Letters of Credit from Scfpt3
NONE

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

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 Schedule F, Part 3, Column 15, due from any one reinsurer (based on the total recoverables, Schedule F, Part 3, 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 YES or NO
6. State Automobile Mutual Insurance Co	30,137	32,953	YES
7. Ohio Mine Subsidence Fund	1	3	NO
8.	0	0	
9.	0	0	
10	0	0	

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

SCHEDULE F - PART 6

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)	17,851,511	0	17,851,511
2.	Premiums and considerations (Line 15)	0	0	0
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	4,520,504	(4,520,504)	0
4.	Funds held by or deposited with reinsured companies (Line 16.2)	0	0	0
5.	Other assets	3,361,607	0	3,361,607
6.	Net amount recoverable from reinsurers	0	9,856,602	9,856,602
7.	Protected cell assets (Line 27)	0	0	0
8.	Totals (Line 28)	25,733,622	5,336,098	31,069,720
	LIABILITIES (Page 3)			
9.	Losses and loss adjustment expenses (Lines 1 through 3)	0	(36,734)	(36,734)
10.	Taxes, expenses, and other obligations (Lines 4 through 8)	26,977	(1,391,671)	(1,364,694)
11.	Unearned premiums (Line 9)	0	14,333,369	14,333,369
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)	7,590,284	(7,589,554)	730
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	9,130	22,989	32,119
19.	Total liabilities excluding protected cell business (Line 26)	7,628,691	5,336,099	12,964,790
20.	Protected cell liabilities (Line 27)	0	0	0
21.	Surplus as regards policyholders (Line 37)	18,104,931	XXX	18,104,931
22.	Totals (Line 38)	25,733,622	5,336,099	31,069,721

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

Sch. P - Pt. 1A
NONE

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

Sch. P - Pt. 1G
NONE

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

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

Sch. P - Pt. 1I
NONE

Sch. P - Pt. 1J
NONE

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

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (continued)

SECTION 4

Years in Which Policies Were Issued	Net Earned Premiums Reported At Year End ($000 Omitted)									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0
3. 2011	XXX	0	0	0	0	0	0	0	0	0
4. 2012	XXX	XXX	0	0	0	0	0	0	0	0
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

NONE

SECTION 5

Years in Which Policies Were Issued	Net Reserve For Premium Adjustments And Accrued Retrospective Premiums At Year End ($000 Omitted)									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0
3. 2011	XXX	0	0	0	0	0	0	0	0	0
4. 2012	XXX	XXX	0	0	0	0	0	0	0	0
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

NONE

SECTION 6

Years in Which Policies Were Issued	Incurred Adjustable Commissions Reported At Year End ($000 Omitted)									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0
3. 2011	XXX	0	0	0	0	0	0	0	0	0
4. 2012	XXX	XXX	0	0	0	0	0	0	0	0
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

NONE

SECTION 7

Years in Which Policies Were Issued	Reserves For Commission Adjustments At Year End ($000 Omitted)									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2010	0	0	0	0	0	0	0	0	0	0
3. 2011	XXX	0	0	0	0	0	0	0	0	0
4. 2012	XXX	XXX	0	0	0	0	0	0	0	0
5. 2013	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

NONE

SCHEDULE P INTERROGATORIES

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

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

If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions.

1.2 What is the total amount of the reserve for that provision (DDR reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? $.....0

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [ ] No [X]

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

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

1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior	0	0
1.602	2010	0	0
1.603	2011	0	0
1.604	2012	0	0
1.605	2013	0	0
1.606	2014	0	0
1.607	2015	0	0
1.608	2016	0	0
1.609	2017	0	0
1.610	2018	0	0
1.611	2019	0	0
1.612	Totals	0	0

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

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

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

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

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

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

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

5.1 Fidelity $.....0

5.2 Surety $.....0

6. Claim count information is reported per claim or per claimant. (Indicate which). PER CLAIMANT

If not the same in all years, explain in Interrogatory 7.

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

7.2 An extended statement may be attached.

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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															
175..	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
175..	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
175..	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
175..	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
175..	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
175..	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
175..	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
175..	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
175..	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
175..	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
175..	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.....	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	59.500	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 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
25135	31-4316080	State Automobile Mutual Insurance Company	53,381,989	0	0	0	0	0	*	0	53,381,989	(21,568,464)
25127	57-6010814	State Auto Property & Casualty Insurance Company	(10,000,000)	0	0	0	0	0	*	0	(10,000,000)	0
31755	39-1211058	State Auto Insurance Company of Wisconsin	0	0	0	0	0	0	*	0	0	0
11017	31-1651026	State Auto Insurance Company of Ohio	0	0	0	0	0	0	*	0	0	0
41653	46-0368854	Milbank Insurance Company	0	0	0	0	0	0	*	0	0	0
23353	35-1135866	Meridian Security Insurance Company	0	0	0	0	0	0	*	0	0	0
14923	06-0487440	Patrons Mutual Insurance Company of Connecticut	0	0	0	0	0	0	*	0	0	0
28053	06-1149847	Rockhill Insurance Company	(46,000,000)	0	0	0	0	0	*	0	(46,000,000)	19,668,908
30945	58-1140651	Plaza Insurance Company	(4,000,000)	0	0	0	0	0	*	0	(4,000,000)	1,863,429
45934	41-1719183	American Compensation Insurance Company	0	0	0	0	0	0	*	0	0	36,127
12311	41-1988144	Bloomington Compensation Insurance Company	0	0	0	0	0	0	*	0	0	0
0	25-1923260	Rockhill Holding Company	10,500,000	(9,300,000)	0	0	0	0		0	1,200,000	0
0	20-8406742	Rockhill Insurance Services, LLC	0	800,000	0	0	0	0		0	800,000	0
0	01-0712531	Rockhill Underwriting Management, LLC	(3,500,000)	0	0	0	0	0		0	(3,500,000)	0
0	31-1324304	State Auto Financial Corporation	5,018,011	0	0	0	0	0		0	5,018,011	0
0	31-0676465	Stateco Financial Services, Inc	(5,400,000)	0	0	0	0	0		0	(5,400,000)	0
0	41-1440870	RTW, Inc	0	8,500,000	0	0	0	0		0	8,500,000	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

Detailed Explanation

See Note 26 for detailed list of pooling percentages.

Annual Statement for the year 2019 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.

		Responses
	MARCH FILING	
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will the Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
	MAY FILING	
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	YES
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
11.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

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

	MARCH FILING	
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
28.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?	NO
	APRIL FILING	
29.	Will the Credit Insurance Experience Exhibit be filed with state of domicile and the NAIC by April 1?	NO
30.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
32.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
33.	Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO
35.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
36.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
37.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

Annual Statement for the year 2019 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: **BAR CODE:**

1.

2.

3.

4.

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9.

10.

11.

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

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

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

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

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

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

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

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

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21.

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

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

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

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

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

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

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

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

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

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

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

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

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.

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

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

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

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NONE

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NONE

2019 ALPHABETICAL INDEX -- PROPERTY & CASUALTY ANNUAL STATEMENT BLANK