2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 808487

Entity Name: STATE AUTO PROPERTY & CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

112 S MAIN STREET
GREER, SC 29650

New Principal Place of Business:

Current Mailing Address:

518 E BROAD STREET
COLUMBUS, OH 43215 US

New Mailing Address:

FEI Number: 57-6010814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDC ( ) Delete
Name: RESTREPO, JR, ROBERT P
Address: 518 E BROAD ST
City-St-Zip: COLUMBUS, OH 43215

Title: VCFO ( ) Delete
Name: ENGLISH, STEVEN E
Address: 518 EAST BROAD STREET
City-St-Zip: COLUMBUS, OH 43215

Title: VS ( ) Delete
Name: YANO, JAMES A
Address: 518 EAST BROAD STREET
City-St-Zip: COLUMBUS, OH 43215

Title: D ( ) Delete
Name: D'ANTONI, DAVID J
Address: 15821 SAVONA WAY
City-St-Zip: NAPLES, FL 34110

Title: V ( ) Delete
Name: BLACKBURN, MARK A
Address: 518 EAST BROAD STREET
City-St-Zip: COLUMBUS, OH 43215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. YANO VS 04/30/2009

Electronic Signature of Signing Officer or Director — Date