

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 810269**

1. Entity Name

STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

Principal Place of Business

**518 E. BROAD ST.
COLUMBUS OH 43215-3901**

Mailing Address

**518 E. BROAD ST.
COLUMBUS OH 43215-3901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-4316080

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

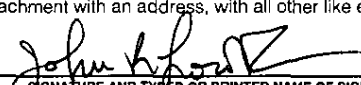
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
JOHNSTON, STEVEN J
9105 NEW DELAWARE RD
MT VERNON OH 43050** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BAILEY, ROBERT L
518 E BROAD ST
COLUMBUS, OH 00000** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
LOWTHER, JOHN R.
2355 SHERWOOD ROAD
BEXLEY OH** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BOWSHIER, TERRENCE L
4293 ORDERS RD
GROVE CITY OH** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MOONE, ROBERT H
518 E BROAD ST
COLUMBUS OH 43215** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Urlin G. Harris, Jr.
7585 Perry Road
Delaware, OH 43015** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Cynthia A. Powell
2204 Stratingham
Dublin, OH 43017** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**John R. Lowther, Secy**

Date

2/23/01

Daytime Phone #

800-444-9950**FILED**
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90336 015 ***150.00

630486

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)