

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810269

Entity Name: STATE AUTOMOBILE MUTUAL INSURANCE COMPANY**Current Principal Place of Business:**518 E. BROAD ST.
COLUMBUS, OH 43215-3901**Current Mailing Address:**518 E. BROAD ST.
COLUMBUS, OH 43215-3901**FEI Number: 31-4316080****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US*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**Officer/Director Detail :**Title VCFO
Name ENGLISH, STEVEN E
Address 518 E BROAD ST
City-State-Zip: COLUMBUS OH 43215Title VS
Name YANO, JAMES A
Address 518 E BROAD ST
City-State-Zip: COLUMBUS OH 43215Title VT
Name POWELL, CYNTHIA A
Address 518 E BROAD ST
City-State-Zip: COLUMBUS OH 43215Title PDC
Name RESTREPO, ROBERT P JR
Address 518 E BROAD ST
City-State-Zip: COLUMBUS OH 43215Title VP
Name FITCH, CLYDE H JR
Address 518 E BROAD ST
City-State-Zip: COLUMBUS OH 43215

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES A. YANO**SECRETARY****04/15/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date