

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808487

Entity Name: STATE AUTO PROPERTY & CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**4601 WESTOWN PARKWAY
SUITE 300
WEST DES MOINES, IA 50266**Current Mailing Address:**518 E BROAD STREET
COLUMBUS, OH 43215 US**FEI Number: 57-6010814****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	DIRECTOR
Name	CZAPLA, JAMES M.
Address	175 BERKELEY STREET
City-State-Zip:	BOSTON MA 02116
Title	DIRECTOR
Name	ERBIG, ALISON BROOKE
Address	175 BERKELEY STREET
City-State-Zip:	BOSTON MA 02116
Title	DIRECTOR, CEO, PRESIDENT
Name	MIRZA, HAMID T
Address	175 BERKELEY STREET
City-State-Zip:	BOSTON MA 02116
Title	DIRECTOR
Name	SANGHERA, PAUL
Address	175 BERKELEY STREET
City-State-Zip:	BOSTON MA 02116

Title	DIRECTOR
Name	DOLAN, MATTHEW PAUL
Address	175 BERKELEY STREET
City-State-Zip:	BOSTON MA 02116
Title	DIRECTOR
Name	FALLON, MICHAEL JOSEPH
Address	175 BERKELEY STREET
City-State-Zip:	BOSTON MA 02116
Title	DIRECTOR
Name	MORAHAN, ELIZABETH JULIA
Address	175 BERKELEY STREET
City-State-Zip:	BOSTON MA 02116
Title	DIRECTOR, SECRETARY
Name	HART, DAMON P
Address	175 BERKELEY STREET
City-State-Zip:	BOSTON MA 02116

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

SIGNATURE: DAMON P HART**SECRETARY****05/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title EXECUTIVE VICE PRESIDENT, CFO
Name PEIRCE, CHRISTOPHER LOCKE
Address 175 BERKELEY STREET
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name PENA, EDWARD JOSE
Address 175 BERKELEY STREET
City-State-Zip: BOSTON MA 02116