2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2014
Secretary of State
CC1856324320

DOCUMENT# 808487

Entity Name: STATE AUTO PROPERTY & CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

1300 WOODLAND AVENUE
W. DES MOINES, IA 50265

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	PDC
Name	RESTREPO, JR, ROBERT P
Address	518 E. BROAD ST.
City-State-Zip:	COLUMBUS OH 43215

Title	VS
Name	YANO, JAMES A
Address	518 EAST BROAD STREET
City-State-Zip:	COLUMBUS OH 43215

Title	TREASURER, CHIEF ACCOUNTING OFFICER
Name	POLLAK, MATTHEW R.
Address	518 EAST BROAD STREET
City-State-Zip:	COLUMBUS OH 43215

Title	DIRECTOR
Name	MALLESCH, EILEEN A.
Address	1217 SANCTUARY PLACE
City-State-Zip:	GAHANNA OH 43230

Title	VCFO
Name	ENGLISH, STEVEN E
Address	518 EAST BROAD STREET
City-State-Zip:	COLUMBUS OH 43215

Title	D
Name	D'ANTONI, DAVID J
Address	15821 SAVONA WAY
City-State-Zip:	NAPLES FL 34110

Title	DIRECTOR
Name	BAKER, ROBERT E.
Address	100 GALLERIA PARKWAY, SUITE 1150
City-State-Zip:	ATLANTA GA 30339

Title	DIRECTOR
Name	MARKERT, THOMAS E.
Address	2200 OLD GERMANTOWN ROAD
City-State-Zip:	DELRAY BEACH FL 33445

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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: JAMES A. YANO SECRETARY 04/22/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MEUSE, DAVID R.
Address	191 W. NATIONWIDE BLVD., SUITE 600
City-State-Zip:	COLUMBUS OH 43215

Title	DIRECTOR
Name	TREVOR, ALEXANDER B.
Address	P.O. BOX 6
City-State-Zip:	SANIBEL FL 33957

Title	DIRECTOR
Name	ROBERTS, SHARON E.
Address	4600 INTERNATIONAL GATEWAY
City-State-Zip:	COLUMBUS OH 43219

Title	DIRECTOR
Name	WILLIAMS, PAUL S.
Address	1 S. WACKER DRIVE, SUITE 1750
City-State-Zip:	CHICAGO IL 60606