

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808487

Entity Name: STATE AUTO PROPERTY & CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**175 BERKELEY STREET
BOSTON, MA 02116**Current Mailing Address:**175 BERKELEY STREET
BOSTON, MA 02116 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:** NOT REQUIRED

04/28/2025

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 DOLAN, MATTHEW P.
Address 175 BERKELEY STREET
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name ERBIG, ALISON B.
Address 175 BERKELEY STREET
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name FALLON, MICHAEL J.
Address 175 BERKELEY STREET
City-State-Zip: BOSTON MA 02116

Title CEO, PRESIDENT, DIRECTOR
Name MIRZA, HAMID T
Address 175 BERKELEY STREET
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name MORAHAN, ELIZABETH J.
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 CHAIRMAN, SECRETARY, DIRECTOR
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: COLLEEN K. LYNCH**ASSISTANT SECRETARY**

04/28/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JOHNSON, MATTHEW E.
Address 175 BERKELEY STREET
City-State-Zip: BOSTON MA 02116

Title ASST. SECRETARY
Name LYNCH, COLLEEN K.
Address 175 BERKELEY STREET
City-State-Zip: BOSTON MA 02116