

2011 NON PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810269

FILED
Mar 03, 2011
Secretary of State

Entity Name: STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

518 E. BROAD ST.
COLUMBUS, OH 432153901

New Principal Place of Business:

Current Mailing Address:

518 E. BROAD ST.
COLUMBUS, OH 432153901

New Mailing Address:

FEI Number: 31-4316080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VCFO
Name: ENGLISH, STEVEN E
Address: 518 E BROAD ST
City-St-Zip: COLUMBUS, OH 43215

Title: VS
Name: YANO, JAMES A
Address: 518 E BROAD ST
City-St-Zip: COLUMBUS, OH 43215

Title: VT
Name: POWELL, CYNTHIA A
Address: 518 E BROAD ST
City-St-Zip: COLUMBUS, OH 43215

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

Title: VP
Name: FITCH, CLYDE H JR
Address: 518 E BROAD ST
City-St-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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN BOWRON-WHITE

AVS

03/03/2011

Electronic Signature of Signing Officer or Director

Date