FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **846458** **(8)**

1. Corporation Name
STATE AUTO LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
P.O. BOX 345, 518 EAST BROAD STREET COLUMBUS OH 43216	P.O. BOX 345, 518 EAST BROAD STREET COLUMBUS OH 43216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/10/1980**
3a. Date of Last Report: **03/16/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **31-0933916** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVD	11 TITLE	☐ Change ☐ Addition
NAME	LOWTHER, JOHN ROBERT	12 NAME	
STREET ADDRESS	2355 SHERWOOD RD	13 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS, OH 0	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MAGLEY, THEODORE ROBERT	22 NAME	
STREET ADDRESS	930 LONGVIEW CT	23 STREET ADDRESS	
CITY-ST-ZIP	WORTHINGTON OH	24 CITY ST ZIP	
TITLE	VTD	31 TITLE	☐ Change ☐ Addition
NAME	HARRIS, URLIN GILBERT,JR	32 NAME	
STREET ADDRESS	2180 HOME RD	33 STREET ADDRESS	
CITY-ST-ZIP	DELAWARE, OH 0	34 CITY ST ZIP	
TITLE	CPD	41 TITLE	☐ Change ☐ Addition
NAME	BAILEY, ROBERT LAWRENCE	42 NAME	
STREET ADDRESS	6445 MEADOWBROOK CIR	43 STREET ADDRESS	
CITY-ST-ZIP	WORTHINGTON OH	44 CITY ST ZIP	
TITLE	DV	51 TITLE	☐ Change ☐ Addition
NAME	SMITH, HAROLD RUSSELL	52 NAME	
STREET ADDRESS	8650 N SPRING COURT	53 STREET ADDRESS	
CITY ST ZIP	PICKERINGTON OH	54 CITY ST ZIP	
TITLE	DV	61 TITLE	☐ Change ☐ Addition
NAME	EVANS, RAYMOND F	62 NAME	
STREET ADDRESS	4475 BLUE CHURCH ROAD	63 STREET ADDRESS	
CITY ST ZIP	SUNBURY OH	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/19/95 (614) 464-5000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

John R. Lowther

0476268 FP