FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **07/10/1980**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **31-0933916** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LOWTHER, JOHN ROBERT		1.2 NAME	
STREET ADDRESS	2355 SHERWOOD RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS, OH 0		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MAGLEY, THEODORE ROBERT		2.2 NAME	
STREET ADDRESS	930 LONGVIEW CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	WORTHINGTON OH		2.4 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, URLIN GILBERT,JR		3.2 NAME	
STREET ADDRESS	2180 HOME RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAWARE, OH 0		3.4 CITY-ST-ZIP	
TITLE	CPD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, ROBERT LAWRENCE		4.2 NAME	
STREET ADDRESS	6445 MEADOWBROOK CIR		4.3 STREET ADDRESS	
CITY-ST-ZIP	WORTHINGTON OH		4.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, HAROLD RUSSELL		5.2 NAME	
STREET ADDRESS	8650 N SPRING COURT		5.3 STREET ADDRESS	
CITY-ST-ZIP	PICKERINGTON OH		5.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, RAYMOND F		6.2 NAME	
STREET ADDRESS	4475 BLUE CHURCH ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP	SUNBURY OH		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(k), 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: Harold R. Smith — Harold R. Smith — 2/27/96 — (614)464-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #