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Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
P.O. BOX 345, 518 EAST BROAD STREET  
COLUMBUS OH 43216

Mailing Address  
P.O. BOX 345, 518 EAST BROAD STREET  
COLUMBUS OH 43215-3901



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
07/10/1980

3a. Date of Last Report  
03/06/1996

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

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

(Signature required for each change of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SVD  
NAME LOWTHER, JOHN ROBERT  
STREET ADDRESS 2355 SHERWOOD RD  
CITY-ST-ZIP COLUMBUS, OH 0

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 2399 BEXLEY PARK ROAD  
1.4 CITY-ST-ZIP BEXLEY, OH

TITLE D  
NAME MAGLEY, THEODORE ROBERT  
STREET ADDRESS 930 LONGVIEW CT  
CITY-ST-ZIP WORTHINGTON OH

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VTD  
NAME HARRIS, URLIN GILBERT, JR  
STREET ADDRESS 2180 HOME RD  
CITY-ST-ZIP DELAWARE, OH 0

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE CPD  
NAME BAILEY, ROBERT LAWRENCE  
STREET ADDRESS 6445 MEADOWBROOK CIR  
CITY-ST-ZIP WORTHINGTON OH

4.1 TITLE CD  
4.2 NAME  
4.3 STREET ADDRESS 3770 white Road  
4.4 CITY-ST-ZIP Washington C.H., OH 43160

TITLE DV  
NAME SMITH, HAROLD RUSSELL  
STREET ADDRESS 8650 N SPRING COURT  
CITY-ST-ZIP PICKERINGTON OH

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE DV  
NAME EVANS, RAYMOND F  
STREET ADDRESS 4475 BLUE CHURCH ROAD  
CITY-ST-ZIP SUNBURY OH

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS 33 E KANAWHA AVE  
6.4 CITY-ST-ZIP COLUMBUS OH 43214

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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: *Raymond F. Evans* RAYMOND F. EVANS

2-19-97 614-464-5164

CR2E034 (9/96)