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SECRETARY OF STATE
ATTRICATE OF CRIDA

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COVER LETTER

TO:	New Filing Sec Division of Cor								
SUBJ	ECT: State Aut	o Florida Insurance Co	mpany						
		Name of	corpora	tion - must i	nclude suffix	<u>-</u>			
Dear S	ir or Madam:								
"Certif	icate of Existenc	ion by Foreign Corp e," or "Certificate of in corporation to tran	Good S	Standing" an	d check are sul				
Please	return all corresp	ondence concerning	this ma	tter to the fo	ollowing:				
Leon M	. Neddo, Jr.								
			Name	of Person					
State A	uto Florida Insura	nce Company							
	· · · · · · · · · · · · · · · · · · ·		Firm/C	Company					
2955 N	. Meridian Street								
			A	ldress					
Indiana	polis, IN 46208						ESE SE	=	
		, (City/Stat	te and Zip co	ode		≥RE	JUN	
leon.nec	ido@stateauto.cor						SS	<u></u>	<u> </u>
		E-mail address: (to be us	ed for future	annual report	notificatio	m 計 二	0 -	FILED
For further information concerning this matter, please call:					PH ::	()			
Leon Ne	eddo	at	(317	931-7	399		35	80	
	Name of Perso			ea Code & I	Daytime Telepl	hone Numi	ber	_	
England	New Filing Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle . 32301			MAILING A New Filing S Division of C P.O. Box 632 Tallahassee, 1	ection Corporation 27	าร		
Enclose	ed is a check for	the following amoun	t:						
⊠ \$7	0.00 Filing Fee	\$78.75 Filing F Certificate of S	ee & tatus		Filing Fee & ed Copy	└┘Ceı	7.50 Filinatificate rtified C	of Stat	



June 13, 2011

LEON M NEDDO JR 2955 N MERIDIAN ST INDIANAPOLIS, IN 46208

SUBJECT: STATE AUTO FLORIDA INSURANCE COMPANY

Ref. Number: W11000032069

We have received your document for STATE AUTO FLORIDA INSURANCE COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6929.

Letter Number: 911A00014396

Justin M Shivers Regulatory Specialist II New Filing Section

www.sunbiz.org

Cushing, Diane

From:

Smith, Pam <Pam.Smith@StateAuto.com>

Sent:

Wednesday, January 25, 2012 3:46 PM

To: Cc: Cushing, Diane Neddo, Leon

Subject:

Application and Cancelled Check for State Auto Florida Ins. Co.

Attachments:

Ap and Cancelled Ck Sent 6-11.pdf

Importance:

High

Hi Diane, I'm attaching the application and cancelled check for State Auto Florida Insurance Company, NAIC#11502, which was formerly a Florida domiciled company but was redomesticated in December of 2005. Since that time we have been filing Annual Reports, but did not realize that your system was still showing the company as domestic.

Once this was discovered, Articles of Dissolution were filed in June of 2011, followed by the attached Application by Foreign Corporation for Authorization to Transact Business in Florida. However, all that seems to be showing in the system is the Articles of Dissolution. The check is showing as cashed.

Would you please take a look at this information and let me know what is needed to have State Auto Florida classified as a foreign company, and thus allowing us to e-file the Annual Report for them? Thank you for your help. Pam

Pam Smith

Legal Administrative Asst I State Auto Insurance Companies <u>www.stateauto.com</u> PO Box 1980, Indianapolis, IN 46206-1980 Phone: 317.931.7156 Fax: 317.931.6135

For 90 years, a company you like and trust.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	State Auto Florida Insurance Company							
	(Enter name of corporation; must include "INCORPOR "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	RATED,	," "COMPANY,	" "CORPORATION,"				
	(If name unavailable in Florida, enter alternate corporate	te name	adopted for the	ourpose of transacting bu	siness in	Florida)	
2.	Indiana	3.	31-1753341					
(State or country under the law of which it is incorporated)			(FEI number, if applicable)					
4.	December 18, 2001	5.	Perpetual					
	(Date of incorporation)		(Duration: Ye	ar corp. will cease to exis	st or "perp	etual'')	•	
6,	property and casualty insurance						_	
	(Date first transacted bu							
	(SEE SECTIONS 607.1501 &	X 007.1.	302, r.s., 10 dete	mme penaity naomity)				
7.	(Principal of	Ego odd	l-ano)		-			
	•	nce add	11 (55)					
	2955 N. Meridian Street, Indianapolis, IN 46208	lino odd	l-nng\				_	
	(Current mail	nng add	11088)		IVI 3S	===		
8.	Property and casualty insurance				E SE	ي	,	
ο.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)						_ 1 1	
9.	9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)							
	Name: C T Corporation System				FLORID	1: 08		
0	ffice Address: 1200 South Pine Island Road				D E	80		
	Plantation		. Florida	33324				
	(City)		, , , , , , , , , , , , , , , , , , , ,	(Zip code)				

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

(Registered agent's signature)
Gil S. Apells, Asst. Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Name	es and business addresses of officers and/or directors:			
A. DIRE	CTORS			
Chairman:	Robert P. Restrepo, Jr.			
Address:	518 E. Broad Street			
	Columbus, OH 43215			
Vice Chair	man:			
_				
Director:	Dennis R. Blank			
Address:	15078 Harbor Point West, Thornville, OH 43076			
•				
Director:	Alison Coolbrith			
•	350 Carlback, Walnut Creek, CA 94596			
-				
B. OFFI	CERS			
President:	Robert P. Restrepo, Jr.	17Y1 SEC	باسب هبید	
	518 E. Broad Street	書間	MUJ	TI
	Columbus, OH 43215	SSEI C	0.1	П
Vice Presid	dent:	귀선	돭	Ö
		GRID.	-: 0	
Audress			-co -	
Secretary:	James A. Yano			
Address: _	518 E. Broad Street, Columbus, OH 43215			
Treasurer:	Cynthia A. Powell		·	
	518 E. Broad Street, Columbus, OH 43215			
_	f necessary, you may attach an addendum to the application listing additional officers	and/or dire	antoro.	
12	recessary, you may attach an addendum to the application issting additional officers a	and/or dire	ctors.	
13. <u>>47.</u>	Signature of Director or Officer			
	er or director signing this document (and who is listed in number 12 above) affirms that and that he or she is aware that false information submitted in a document to the Departr			
_	ee felony as provided for in s.817.155, F.S.			
4 Sugan	Rowron-White, Assistant Secretary (See Addendum)			

(Typed or printed name and capacity of person signing application)

Addendum for Directors and Officers of State Auto Florida Insurance Company

Directors:

Michael J. Fiorile

34 South Third, Columbus, OH 43215

James E. Kunk

41 S. High Street, Columbus, OH 43215

Paul J. Otte

201 S. Grant Avenue, Columbus, OH 43215

Marsha P. Ryan

23 Pickett Place, New Albany, OH 43054

Kenan L. Schultheis

32 N. Weinbach, Evansville, IN 47711

Edwin J. Simcox 1600 One American Square, Indianapolis, IN 46282

Dwight E. Smith 2191 City Gate Drive, Columbus, OH 43219

Roger P. Sugarman 1800 Capitol Square, 65 East State Street, Columbus, OH 43215

Officers:

Douglas E. Allen 518 E. Broad Street, Columbus, OH 43215 Joel E. Brown 518 E. Broad Street, Columbus, OH 43215 David W. Dalton 518 E. Broad Street, Columbus, OH 43215 James E. Duemey 518 E. Broad Street, Columbus, OH 43215 Nancy D. Edwards 518 E. Broad Street, Columbus, OH 43215 Steven E. English 518 E. Broad Street, Columbus, OH 43215 Clyde H. Fitch, Jr. 518 E. Broad Street, Columbus, OH 43215 Steven R. Hazelbaker 518 E. Broad Street, Columbus, OH 43215 Ricky L. Holbein 100 State Auto Boulevard, Goodlettsville, TN 37070

Stephen P. Hunckler 518 E. Broad Street, Columbus, OH 43215 Cathy B. Miley 518 E. Broad Street, Columbus, OH 43215 Matthew S. Mrozek 518 E. Broad Street, Columbus, OH 43215 Paul E. Nordman 518 E. Broad Street, Columbus, OH 43215 John M. Petrucci 518 E. Broad Street, Columbus, OH 43215 Mary J. Reynolds 518 E. Broad Street, Columbus, OH 43215 Lyle D. Rhodebeck 518 E. Broad Street, Columbus, OH 43215 Lorraine M. Siegworth 518 E. Broad Street, Columbus, OH 43215 Susan Bowron-White 2955 N. Meridian Street, Indianapolis, IN 46208

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Charles P. White, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

STATE AUTO FLORIDA INSURANCE COMPANY

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 20, 2005, and was in existence or authorized to transact business in the State of Indiana on June 06, 2011.

I further certify this Domestic Insurance Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Sixth Day of June, 2011.

Charles P. White, Secretary of State

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