

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90019 009 ***150.00

DOCUMENT # P01000119653

1. Entity Name

STATE AUTO FLORIDA INSURANCE COMPANY



Principal Place of Business

257 S. WESTMONTE DR., STE. 140
ALTAMONTE SPRINGS FL 32714-4263

Mailing Address

518 E. BROAD ST.
COLUMBUS OH 43215

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1753341

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDC ☐ Delete
NAME MOORE, ROBERT H
STREET ADDRESS 518 E. BROAD ST.
CITY-ST-ZIP COLUMBUS OH 43215

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVSD ☐ Delete
NAME LOWTHER, JOHN R
STREET ADDRESS 518 E. BROAD ST.
CITY-ST-ZIP COLUMBUS OH 43215

TITLE SD ☒ Change ☐ Addition
NAME LOWTHER, JOHN R.
STREET ADDRESS 518 E BROAD ST
CITY-ST-ZIP COLUMBUS OH 43215

TITLE STDO ☐ Delete
NAME JOHNSTON, STEVEN J
STREET ADDRESS 518 E. BROAD ST.
CITY-ST-ZIP COLUMBUS OH 43215

TITLE TD ☒ Change ☐ Addition
NAME JOHNSTON, STEVEN J.
STREET ADDRESS 518 E BROAD ST
CITY-ST-ZIP COLUMBUS OH 43215

TITLE D ☐ Delete
NAME HARRIS, URLIN G JR
STREET ADDRESS 7585 PERRY RD.
CITY-ST-ZIP DELAWARE OH 43085

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DODD, MICHAEL F
STREET ADDRESS 861 BRENTFORD DR.
CITY-ST-ZIP COLUMBUS OH 43220

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John R Lowther
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-04

Date

6144645000

Daytime Phone #

Attachment

#P01000119653

STATE AUTO FLORIDA INSURANCE COMPANY

NAMES ADDITIONAL OFFICERS

Mark A. Blackburn
SVP
518 E. Broad Street
Columbus, Ohio 43215

Attachment

NAMES ADDITIONAL DIRECTORS

PD1000119053

Mark A. Blackburn
518 E. Broad Street
Columbus, Ohio 43215

Paul J. Otte
201 S. Grant Avenue
Columbus Ohio 43215

James E. Kunk
41 S. High Street
Columbus, Ohio 43215

Dennis R. Blank
477 S. Front Street
Columbus, Ohio 43215

Marsha P. Ryan
One Riverside Plaza
Columbus, Ohio 43215

Ramon L. Humke
7624 William Penn Place
Indianapolis, Indiana 46256

Michael J. Fiorile
770 Twin Rivers Drive
Columbus, Ohio 43215