

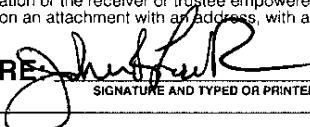


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90143 021 ***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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		02242005 Chg-P CR2E034 (10/03)	
4. FEI Number 31-1753341				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P.O. BOX 6200 323144-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC MOORE, ROBERT H 518 E. BROAD ST. COLUMBUS, OH 43215	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOWTHER, JOHN R 518 E. BROAD ST. COLUMBUS, OH 43215	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSTON, STEVEN J 518 E. BROAD ST. COLUMBUS, OH 43215	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, URLIN G JR 7585 PERRY RD. DELAWARE, OH 43085	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODD, MICHAEL F 861 BRENTFORD DR. COLUMBUS, OH 43220	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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			4-1-05 (614) 464-5000		
Date			Daytime Phone #		

ATTACHMENT

STATE AUTO FLORIDA INSURANCE COMPANY

20029230
#001000119653

NAMES ADDITIONAL OFFICERS

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

ATTACHMENT

20029230
#A01000119653

NAMES ADDITIONAL DIRECTORS

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

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

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

Marsha P. Ryan
1 Summit Square
Fort Wayne, IN 46801

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

Gerald L. Bepko
530 W. New York Street
Indianapolis, IN 46202-3225