

1.) CORPORATION NAME:

**SAFE AUTO INSURANCE COMPANY**

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1830159**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	750

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4 EASTON OVAL

CITY/ST/ZIP: COLUMBUS, OH 43219

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JON DIAMOND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	4 EASTON OVAL		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43219		
NAME:	ARI DESHE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	4 EASTON OVAL		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43219		
NAME:	MARK LE MASTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4 EASTON OVAL		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43219		
NAME:	GREG SUTTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO,TREA		
ADDRESS:	4 EASTON OVAL		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43219		
NAME:	CHARLES BRYAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4 EASTON OVAL		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43219		
NAME:	Ronald Davies	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	4 Easton Oval		
CITY/ST/ZIP/CO:	Columbus, OH 43219		

NAME: Britt Beemer TITLE: DIRECTOR ADDRESS: 4 Easton Oval CITY/ST/ZIP/CO: Columbus, OH 43219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Oded Gur-Arie TITLE: DIRECTOR ADDRESS: 4 Easton Oval CITY/ST/ZIP/CO: Columbus, VA 43219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: James Schultz TITLE: DIRECTOR ADDRESS: 4 Easton Oval CITY/ST/ZIP/CO: Columbus, OH 43219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ralph Kaparos TITLE: DIRECTOR ADDRESS: 4 Easton Oval CITY/ST/ZIP/CO: Columbus, OH 43219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ MARK LE MASTER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARK LE MASTER, SECRETARY PRINTED NAME AND CORPORATE TITLE	7/12/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		