

1.) CORPORATION NAME:

SAFE AUTO INSURANCE COMPANY

DUE DATE: **7/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

SCC ID NO: **F1830159**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	750

RICHMOND, VA

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:	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:	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:	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:	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:	BRITT BEEMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4 EASTON OVAL		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43219		

NAME: CHARLES BRYAN 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: RALPH KAPAROS TITLE: DIRECTOR ADDRESS: 4 EASTON OVAL CITY/ST/ZIP/CO: COLUMBUS, OH 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
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	MARK LE MASTER, SECRETARY	7/29/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.		