State Auto Financial CORP Form 3 May 08, 2007 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

Person * Sta		3. Issuer Name State Auto F		-	• •	
(Last) (First) (Middle)		4. Relationship Person(s) to Iss	1 0		. If Amendment, Date Original Filed(Month/Day/Year)	
45 SHAGBARK DRIVE (Street) NEW CANAAN, CT 06840		(Check a X_ Director Officer (give title below)	all applicable) 10% C Other) (specify belo	Dwner F w) P	 Individual or Joint/Group iling(Check Applicable Line) X_ Form filed by One Reporting erson Form filed by More than One Reporting Person 	
(City) (State) (Zip)	Table I - N	on-Derivati	ve Securitie	es Bene	eficially Owned	
1.Title of Security (Instr. 4)	2. Amount of Beneficially ((Instr. 4)	Dwned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natur Ownersi (Instr. 5	•	
Common Shares without par value	0		D	Â		
Reminder: Report on a separate line for each construction owned directly or indirectly.	class of securities beneficia	ally SE	C 1473 (7-02))		
	ed in this form are not unless the form displa	ays a				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)						

1. Title of Derivative Security (Instr. 4)		piration Date		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
Markert Thomas Edward 45 SHAGBARK DRIVE NEW CANAAN, CT 06840	ÂX	Â	Â	Â
Signatures				

By:/s/Thomas E. Markert by James A. Yano, attorney in fact, per POA attached	05/08/2007
**Signature of Reporting Person	Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.