

State Auto Financial CORP  
 Form 3  
 November 08, 2006

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 0.5

**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)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â JOHNSON NOREEN W		(Month/Day/Year)	State Auto Financial CORP [STFC]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
10 BELSHAZZAR STREET		11/03/2006		
(Street)			(Check all applicable)	
COMMERCIAL POINT,Â OHÂ 43116			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below) (specify below)	
			Vice President	
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Shares without par value	11,596.94	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Title	Amount or Number of		
	Expiration Date				

Edgar Filing: State Auto Financial CORP - Form 3

				Shares		(I) (Instr. 5)	
Non-Qualified Stock Option	02/12/1999	02/12/2008	Common Shares	3,000	\$ 17	D	Â
Non-Qualified Stock Option	05/27/2000	05/26/2009	Common Shares	3,000	\$ 11.875	D	Â
Non-Qualified Stock Option	05/25/2001	05/24/2010	Common Shares	3,600	\$ 10.375	D	Â
Incentive Stock Option	05/25/2001	05/24/2010	Common Shares	3,600	\$ 10.375	D	Â
Non-Qualified Stock Option	05/24/2002	05/23/2011	Common Shares	4,400	\$ 16.47	D	Â
Non-Qualified Stock Option	05/23/2003	05/22/2012	Common Shares	5,000	\$ 16	D	Â
Non-Qualified Stock Option	05/22/2004	05/21/2013	Common Shares	7,500	\$ 18.74	D	Â
Non-Qualified Stock Option	05/27/2005	05/26/2014	Common Shares	7,500	\$ 30.86	D	Â
Non-Qualified Stock Option	05/10/2006	05/09/2015	Common Shares	7,500	\$ 26.45	D	Â
Non-Qualified Stock Option	05/17/2007	05/16/2016	Common Shares	6,300	\$ 33.5	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
JOHNSON NOREEN W 10 BELSHAZZAR STREET COMMERCIAL POINT, OH 43116	Â	Â	Â Vice President	Â

## Signatures

/s/ Noreen W. Johnson by John R. Lowther, attorney in fact pursuant to a POA filed with the Commission on 11-07-06

11/08/2006

\*\*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.