Edgar Filing: Siegworth Lorraine M - Form 4

Siegworth Lo	orraine M									
Form 4										
December 20										
FORM	$ 4 _{\text{UNITEDS}}$	TATES SECUE	TTIFS A	ND FY(THAT	NCF	COMMISSION	т	PPROVAL	
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287	
Check thi			,	210120				Expires:	January 31	
if no long subject to	if no longer white the STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O						NERSHIP OF	Estimated average		
Section 16. SEC				CURITIES						
Form 4 or					burden hours per response					
Form 5 obligation	· ·	uant to Section 1				•				
may conti) of the Public U	•	•	- ·			n		
See Instru	ction	30(h) of the In	vestment	Compan	y Act	of 19	40			
1(b).										
(Print or Type R	(esponses)									
× 51	1									
1. Name and Address of Reporting Person _ 2. Issuer Name and Ticker or Trading					g	5. Relationship of Reporting Person(s) to				
Siegworth L					Issuer					
		State A	uto Financ	cial COR	P [S]	[FC]	(Chec	ck all applicable	a)	
(Last)	(First) (M	liddle) 3. Date of	3. Date of Earliest Transaction				(Chee	en un applicaen	-)	
	Day/Year)Director			10% Owner						
518 E. BRO	AD STREET	12/16/2	011				X Officer (give below)	e title Oth below)	er (specify	
							V	ice President		
(Street) 4. If An			Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
		Filed(Mor	nth/Day/Year))			Applicable Line)			
	G OH 42215						_X_ Form filed by Form filed by N	One Reporting Po More than One Ro		
COLUMBU	S, OH 43215						Person			
(City)	(State) (Zip) Tabl	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Date		3.	4. Securi			5. Amount of	6. Ownership	-	
Security	(Month/Day/Year)	Execution Date, if	TransactionAcquired (A) or				Form: Direct	Indirect		
(Instr. 3)		any	Code	1 ()			Beneficially	(D) or	Beneficial	
		(Month/Day/Year)	(Instr. 8)	(Instr. 3,	4 and	5)	Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
					(A)		Reported			
					or		Transaction(s) (Instr. 3 and 4)			
			Code V	Amount	(D)	Price	(IIISU: 5 and 4)			
Common										
Shares	12/16/2011		A <u>(1)</u>	5 <u>(1)</u>	А	\$0	4,066.662	D		
without par value										

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Rela	tionships	
	Director	10% Owner	Officer	Other
Siegworth Lorraine M 518 E. BROAD STREET COLUMBUS, OH 43215			Vice President	
Signatures				

Lorraine M. Siegworth by James A. Yano, attorney in fact pursuant to POA filed with 12/20/2011 Commission 5/7/07. Date

**Signature of Reporting Person

Explanation of Responses:

If the form is filed by more than one reporting person, see Instruction 4(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).

(1) Transaction reflects an annual stock bonus award made to the reporting person and to all full time employees of the Issuer.

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.