### Edgar Filing: POWELL CYNTHIA A - Form 4

POWELL CY Form 4	NTHIA A											
December 20	, 2004											
FORM	4										PPROVAL	
	UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									3235-0287	
Check this if no longe subject to Section 16 Form 4 or	er <b>STATEN</b> 5.										Expires:January 31 2005Estimated averageburden hours per response0.5	
Form 5 obligation may conti <i>See</i> Instru- 1(b).	s Section 17(	(a) of the		ility H	oldi	ng Com	pany	Act of	ge Act of 1934, f 1935 or Sectio 40	n		
(Print or Type R	esponses)											
POWELL CYNTHIA A Symbol			Symbol	uer Name <b>and</b> Ticker or Trading l E AUTO FINANCIAL CORP					5. Relationship of Reporting Person(s) to Issuer			
	[STFC]	AUIC	) FL	NANCIA	AL C	ORP	(Check all applicable)					
(Last) 518 E. BRO	(Last) (First) (Middle) 3. Date of (Month/Date)   18 E. BROAD STREET 12/16/20			-					Director 10% Owner X Officer (give title Other (specify below) below) Vice President			
					ndment, Date Original hth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
COLUMBU	S, OH 43215								Form filed by N Person			
(City)	(State)	(Zip)	Table	e I - Noi	n-De	rivative S	ecurit	ties Acc	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year)	Transaction Date 2A. Deemed Ionth/Day/Year) Execution Dat any (Month/Day/Y			Date, if TransactionAcquired (A) or Code Disposed of (D)					5. Ownership Form: Direct D) or Indirect (I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common				Code	V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Shares without par value	12/16/2004			G	V	5	А	\$0	7,396.292 <u>(1)</u>	D		

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)	4. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Unde Secur	unt of rlying	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		Relat						
	Director	10% Owner	Officer	Other				
POWELL CYNTHIA A 518 E. BROAD STREET COLUMBUS, OH 43215			Vice President					
Signatures								
Cynthia A. Powell by John R. Lowther, attorney in fact, per POA filed with Commission								

owell by John R. Lowther, attorney in fact, per POA filed with Commission 12/20/2004 3/8/00 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).

Includes the following acquisitions: 209.392 shares acquired in November 2004 through the State Auto Financial Corporation Employee Stock Purchase Plan; 7.95 shares acquired in June 2004 and 9.482 shares acquired in September 2004 under the dividend reinvestment

(1) feature of the STFC Employee Stock Purchase Plan; and 0.27 shares acquired in June 2004 and 0.322 shares acquired in September 2004 under the STFC Dividend Reinvestment Plan.

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.