


FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90545 001 *1,800.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 830525					
1. Entity Name SAFECO INSURANCE COMPANY OF INDIANA					
Principal Place of Business 500 NORTH MERIDIAN ST INDIANAPOLIS, IN 46204			Mailing Address REGULATORY COMPLIANCE SAFECO PLAZA SEATTLE, WA 98185		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-2640501	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBPD MCGAVICK, MICHAEL S 4333 BROOKLYN AVENUE, N.E. SEATTLE, WA 981059903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BAUER, STEPHEN C 601 UNION ST STE 2500 SEATTLE, WA 98101 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAFECO PLAZA SEATTLE, WA 98185-0001		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAROCCO, MICHAEL E 4333 BROOKLYN AVENUE, N.E. SEATTLE, WA 981059903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHAEL E. LAROCCO SAFECO PLAZA SEATTLE, WA 98185-0001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAUER, DALE E 4333 BROOKLYN AVENUE NE SEATTLE, WA 981059903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALE E. LAUER SAFECO PLAZA SEATTLE, WA 98185-0001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVSD MEAD, CHRISTINE B 4333 BROOKLYN AVE NE SEATTLE, WA 981059903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVSD CHRISTINE B. MEAD SAFECO PLAZA SEATTLE, WA 98185-0001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCAS KRAFT, DAVID W 4333 BROOKLYN AVENUE, N.E. SEATTLE, WA 981059903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT STEPHEN C. BAUER 601 UNION ST., SUITE 2500 SEATTLE, WA 98101-4074 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC LESLIE J. RICE SAFECO PLAZA SEATTLE, WA 98185-0001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Leslie J. Rice</u>			3-16-04		(800) 544-2614
LESLIE J. RICE, VICE PRESIDENT, CONTROLLER			<small>Date</small>		<small>Daytime Phone #</small>

66408561



03092004 Chg-P CR2E034 (10/03)

4. FEI Number **23-2640501** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CBPD
MCGAVICK, MICHAEL S
4333 BROOKLYN AVENUE, N.E.
SEATTLE, WA 981059903 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SAFECO PLAZA
SEATTLE, WA 98185-0001 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VT
BAUER, STEPHEN C
601 UNION ST STE 2500
SEATTLE, WA 98101 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
MICHAEL E. LAROCCO
SAFECO PLAZA
SEATTLE, WA 98185-0001 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
LAROCCO, MICHAEL E
4333 BROOKLYN AVENUE, N.E.
SEATTLE, WA 981059903 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
DALE E. LAUER
SAFECO PLAZA
SEATTLE, WA 98185-0001 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
LAUER, DALE E
4333 BROOKLYN AVENUE NE
SEATTLE, WA 981059903 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SVSD
CHRISTINE B. MEAD
SAFECO PLAZA
SEATTLE, WA 98185-0001 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SVSD
MEAD, CHRISTINE B
4333 BROOKLYN AVE NE
SEATTLE, WA 981059903 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VT
STEPHEN C. BAUER
601 UNION ST., SUITE 2500
SEATTLE, WA 98101-4074 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VCAS
KRAFT, DAVID W
4333 BROOKLYN AVENUE, N.E.
SEATTLE, WA 981059903 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VC
LESLIE J. RICE
SAFECO PLAZA
SEATTLE, WA 98185-0001 Change Addition

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SIGNATURE: Leslie J. Rice 3-16-04 (800) 544-2614
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

LESLIE J. RICE, VICE PRESIDENT, CONTROLLER