



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90608 001 *1,350.00

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 COMPANY LICENSING T-18																								
State, Apt. #, etc.		State, Apt. #, etc.																								
City & State		City & State																								
Zip		Zip																								
Country		Country																								
4. FEI Number 23-2640501		Applied For Not Applied for																								
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																								
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		7. Name and Address of New Registered Agent 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, the undersigned, do hereby accept the obligations of registered agent.																										
SIGNATURE: _____																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 (11)																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included 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, the undersigned, am the corporate secretary or the treasurer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Part 904 of Block 1111 of the report as the individual with the address, with all other ties empowered.																										
SIGNATURE: 		ASSISTANT VICE PRESIDENT APRIL 13, 2005 (206) 545-5633																								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																										

WE ARE SEEKING A UNIFORM OFFICER ORDERING AMONG ALL OF OUR COMPANIES FOR EXAMPLE, MCGAVICK, LAROCCO, LAUER, MEAD, DALEY-WATSON.