


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90350 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
**COMPANY LICENSING T-18
 SAFECO PLAZA
 SEATTLE, WA 98185**

66009900



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.,

3. Mailing Address
**COMPANY LICENSING
 SAFECO PLAZA**

04052007 Chg-P CR2E034 (12/06)

City & State
SEATTLE, WA

4. FEI Number
23-2640501

Applied For
 Not Applicable

Zip Country Zip Country
98185 USA

5. Certificate of Status Desired **\$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 am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	CECB ROSPUT REYNOLDS, PAULA SAFECO PLAZA SEATTLE, WA 981850001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, CEO, CB, D ROSPUT REYNOLDS, PAULA SAFECO PLAZA SEATTLE, WA 98185 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOD LAROCCO, MICHAEL E SAFECO PLAZA SEATTLE, WA. 98185 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, CFO, D KARI, ROSS SAFECO PLAZA SEATTLE, WA 98185 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP LAUER, DALE E SAFECO PLAZA SEATTLE, WA 98185 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, D HUGHES, MICHAEL SAFECO PLAZA SEATTLE, WA 98185 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC HORNE, CHARLES JR SAFECO PLAZA SEATTLE, WA 98185 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, D MYSLIWY, ALLIE SAFECO PLAZA SEATTLE, WA 98185 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DALEY-WATSON, STEPHANIE SAFECO PLAZA SEATTLE, WA 98185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP MCCOLLUM, PATTY SAFECO PLAZA SEATTLE, WA 98185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: Patty McCollum **Patty McCollum, Asst Vice President April 5, 2007 tel 206- 545- 6331**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #