


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90170 001 \*1,800.00

DOCUMENT # **830525**

1. Entity Name  
**SAFECO INSURANCE COMPANY OF INDIANA**



Principal Place of Business  
~~670 ST CORPORATION SYSTEM~~  
~~1005 MARKET STREET~~  
~~PHILADELPHIA PA 19103-2217~~

Mailing Address  
**REGULATORY COMPLIANCE**  
**SAFECO PLAZA**  
**SEATTLE WA 98185**



2. Principal Place of Business  
**500 NORTH MERIDIAN STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**INDIANAPOLIS, IN**

City & State

Zip  
**46204**

Country  
**US**

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  
**FLORIDA INSURANCE COMMISSIONER**  
**THE CAPITAL**  
**TALLAHASSEE FL 32304**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CBPD</b> <b>MCGAVICK, MICHAEL S</b> <b>4333 BROOKLYN AVENUE, N.E.</b> <b>SEATTLE WA 98105-9903</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVD</b> <b>LEBO, WILLIAM T</b> <b>4333 BROOKLYN AVENUE, N.E.</b> <b>SEATTLE WA 98105-9903</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSPD</b> <b>LAROCCO, MICHAEL E</b> <b>4333 BROOKLYN AVENUE, N.E.</b> <b>SEATTLE WA 98105-9903</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSBD</b> <b>LAUER, DALE E</b> <b>4333 BROOKLYN AVENUE NE</b> <b>SEATTLE WA 98105-9903</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVSD</b> <b>MEAD, CHRISTINE B</b> <b>601 UNION ST. SUITE 2500</b> <b>SEATTLE WA 98105-9903</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>EGAN, RAY M</b> <b>4333 BROOKLYN AVENUE, N.E.</b> <b>SEATTLE WA 98105-9903</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MICHAEL E. LAROCCO</b> <b>4333 BROOKLYN AVENUE NE</b> <b>SEATTLE, WA 98105-9903</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DALE E. LAUER</b> <b>4333 BROOKLYN AVENUE NE</b> <b>SEATTLE, WA 98105-9903</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVSD</b> <b>CHRISTINE B. MEAD</b> <b>4333 BROOKLYN AVE NE</b> <b>SEATTLE, WA 98105-9903</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>STEPHEN C. BAUER</b> <b>601 UNION ST., SUITE 2500</b> <b>SEATTLE, WA 98101-4074</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCAS</b> <b>DAVID W. KRAFT</b> <b>4333 BROOKLYN AVE NE</b> <b>SEATTLE, WA 98105-9903</b>	<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: Christine B. Mead February 27, 2003 (800) 544-2614  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**CHRISTINE B. MEAD, SECRETARY** **CMP/LNC@SAFECO.COM**

THE PRESIDENT OF THE PROPERTY & CASUALTY INSURANCE COMPANIES REMAINS MICHAEL S. MCGAVICK.  
THE POSITION OF PRESIDENT, SAFECO PERSONAL INSURANCE (SPI) OR SAFECO BUSINESS INSURANCE (SBI)  
IS AN INTERNAL FUNCTIONAL DESIGNATION, AS LISTED ABOVE FOR : MICHAEL E. LAROCCO P SPI / D  
DALE E. LAUER P SBI / D

Attachment

H-830525

58015846

**SAFECO INSURANCE COMPANY OF INDIANA (formerly: SAFECO Insurance Company of Pennsylvania)**

Michael S. McGavick	* Chairman of the Board, President
Michael E. LaRocco	* President, SPI
Dale E. Lauer	* President, SBI
Michael H. Hughes	Sr. V.P.
Christine B. Mead	* Sr. V.P., Secretary
Robert C. Taylor	Sr. V.P., Sr. Associate General Counsel
John Ammendola	V.P.
James M. Arciere	V.P.
Eleanor S. Barnard	V.P.
Stephen C. Bauer	V.P., Treasurer
John Blodnick	V.P.
Nancy Carlson	V.P.
William J. Carron	V.P.
Stephen D. Collier	V.P., Asst. Secy.
Terri J. Dalenta	V.P., Chief Actuary
Eric T. Drummond-Hay	V.P., Chief Actuary-SBI
John L. Elwell	V.P.
Randall R. Farless	V.P.
Kim Garland	V.P.
David W. Kraft	V.P., Controller, Asst. Secy.
Richard M. Levy	V.P., Asst. Secy.
Darcy S. MacLaren	V.P.
Tim Mikolajewski	V.P.
Laura M. Murphy	V.P., Associate General Counsel
Scott W. Owen	V.P.
Linda A. Shepherd	V.P., Chief Actuary-SPI
Caryn B. Siebert	V.P.
Ronald L. Spaulding	* V.P.
James H. Swegle	V.P.
Gregory Tacchetti	V.P.
Tom Troy	V.P.
Michael Anderson	Asst. V.P., Asst. Secy., Asst. Controller
Peggy Kreger	Asst. V.P.
David Mandt	Asst. V.P.
Patty J. McCollum	Asst. V.P.
William A. Norman	Asst. V.P.
James G. Schmidt	Asst. V.P., Asst. Secy.
Neal A. Fuller	Asst. Secy.
Mark Meyer	Asst. Secy.
Gary A. Shane	Asst. Secy., Asst. Controller
Susan Tracey	Asst. Secy.
Bradford K. Young	Asst. Secy.

Attachment

#830525

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**SAFECO INSURANCE COMPANY OF INDIANA (formerly: SAFECO Insurance Company of Pennsylvania)**

Roger F. Harbin \*  
James W. Ruddy \*  
Wayne H. Smith \*  
Randall H. Talbot \*  
\* = Denotes Director

SAFECO Insurance Company of Indiana is 100% owned by SAFECO Corporation. The actual location of SAFECO Insurance Company of Indiana is: 500 North Meridian Street, Indianapolis, Indiana 4602-1275. The mailing address is: Regulatory Compliance, SAFECO Plaza, Seattle, WA 98185-0001 and the email address is [cmplnc@safeco.com](mailto:cmplnc@safeco.com).

DATED: December 18, 2002