


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90107 044 \*\*\*150.00

**DOCUMENT # F0000006238**

1. Entity Name  
**COSTCO INSURANCE AGENCY, INC.**



Principal Place of Business      Mailing Address  
**999 LAKE DRIVE**                      **999 LAKE DRIVE**  
**ISSAQUAH, WA 98027**                  **ISSAQUAH, WA 98027**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                      Country                      Zip                      Country

**40004730**



01102007      Chg-P      CR2E034 (12/06)

4. FEI Number                      Applied For  
**91-1895843**                      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**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 title if applicable (NOT if 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENOLIEL, JOEL 999 LAKE DRIVE ISSAQUAH, WA 98027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LATHAM, PAUL W 999 LAKE DRIVE ISSAQUAH, WA 98027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAVP CALLANS, PATRICK J 999 LAKE DRIVE ISSAQUAH, WA 98027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP FRAGNOLI, DELLANIE P 999 LAKE DRIVE ISSAQUAH, WA 98027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD OLIN, RICHARD J 999 LAKE DRIVE ISSAQUAH, WA 98027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAPLAN, HAROLD E 999 LAKE DRIVE ISSAQUAH, WA 98027	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Assistant Secretary</i> Gail E. Tsuboi 999 Lake Drive Issaquah, WA 98027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>AVP</i> John Conlon 999 Lake Drive Issaquah, WA 98027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119, 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:** *Gail E. Tsuboi*      1/10/07      (425) 338-100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

ATTACHMENT  
40004730  
# F0000000 6238  
SCHEDULE A

**Costco Insurance Agency, Inc.**  
**Principal Officers and Directors**

Wednesday, January 17, 2007

**PRINCIPAL OFFICERS**

<u>Title</u>	<u>Name</u>	<u>Business Address</u>
President	Joel Benoliel	999 Lake Drive Issaquah WA 98027
Vice President	Paul William Latham	999 Lake Drive Issaquah WA 98027
Secretary/Assistant Vice President	Patrick Joseph Callans	999 Lake Drive Issaquah WA 98027
Assistant Vice President	Dellanie Pierce Fragnoli	999 Lake Drive Issaquah WA 98027
Assistant Vice President	John Scott Conlon	999 Lake Drive Issaquah WA 98027
Treasurer	Harold Elliot Kaplan	999 Lake Drive Issaquah WA 98027
Assistant Secretary	Richard James Olin	999 Lake Drive Issaquah WA 98027
Assistant Secretary	Gail Ellen Tsuboi	999 Lake Drive Issaquah WA 98027

**DIRECTORS**

<u>Title</u>	<u>Name</u>	<u>Business Address</u>
Director	Joel Benoliel	999 Lake Drive Issaquah WA 98027
Director	Paul William Latham	999 Lake Drive Issaquah WA 98027
Director	Richard James Olin	999 Lake Drive Issaquah WA 98027

**Sole Shareholder**

Costco Wholesale Corporation  
999 Lake Drive  
Issaquah, WA 98027

Stock Ownership: 100 %  
FEIN: 91-1223280