

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jan 24 1997 8:00am  
Secretary of State

DOCUMENT # P02475 (2)  
1. Corporation Name  
SAFECO INSURANCE COMPANY OF ILLINOIS

Principal Place of Business Mailing Address  
SAFECO PLAZA SAFECO PLAZA  
SEATTLE WA 98185 SEATTLE WA 98185

3. Date Incorporated or Qualified 06/21/1984 3a. Date of Last Report 03/06/1996  
4. FEI Number 91-1115311 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCLEAN, DAN DEAN	
STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE WA	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	CHAPMAN, DONALD S.	
STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE WA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	PIERSON, RODNEY A.	
STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE WA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BAUER, STEPHEN C	
STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE WA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DICKEY, BOH A.	
STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE WA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	EGAN, RAY	
STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE WA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Wayne T. Browne, SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SAFECO Plaza
5.3 STREET ADDRESS	Seattle, WA 98185
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ray M. Egan  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Ray M. Egan

1/15/97

800-544-2614

0528316

CR2E034 (9/96)