

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90803 001 *1,350.00

66008408



DOCUMENT # P02475 1. Entity Name SAFECO INSURANCE COMPANY OF ILLINOIS					
Principal Place of Business 2800 WEST HIGGINS RD SUITE 1100 HOFFMAN ESTATES, IL 60195			Mailing Address COMPANY LICENSING T-18 SAFECO PLAZA SEATTLE, WA 98185 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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 registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCGAVICK, MICHAEL S SAFECO PLAZA SEATTLE, WA 981850001 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO ROSPUT REYNOLDS, PAULA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COP LAROCCO, MICHAEL E SAFECO PLAZA SEATTLE, WA 981850001 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP LAUER, DALE E SAFECO PLAZA SEATTLE, WA 981850001 <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	COP MEAD, CHRISTINE B SAFECO PLAZA SEATTLE, WA 981850001 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP, CONTROLLER HORNE, CHARLES, JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS DALEY-WATSON, STEPHANIE G 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	DAVS KAJANOFF, PAUL SAFECO PLAZA SEATTLE, WA 98185 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVP PATTY MCCOLLUM <input checked="" 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: <i>Patty McCollum</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Patty McCollum, Asst Vice President March 29, 2006 tel 206- 545- 6331 <small>Date Daytime Phone #</small>		