

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02475

**Entity Name:** SAFECO INSURANCE COMPANY OF ILLINOIS**Current Principal Place of Business:**27201 BELLA VISTA PARKWAY  
SUITE 130  
WARRENVILLE, IL 60555**Current Mailing Address:**175 BERKELEY ST  
BOSTON, MA 02116 US**FEI Number:** 91-1115311**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, DIRECTOR  
Name MACPHEE, JAMES M  
Address 175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

Title D  
Name HAASE, JULIE  
Address 175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name TOUHEY, MARK C.  
Address 175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

Title TREASURER  
Name YAHIA, LAURANCE H.S.  
Address 175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name BEHRHORST, MARC A  
Address 175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name ERBIG, ALISON B  
Address 175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name HYLKA, STEPHEN D.  
Address 175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name IVANOVSKIS, PAUL  
Address 175 BERKELEY STREET  
City-State-Zip: BOSTON MA 02116

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KRISTIN L. KELLEY**SECRETARY****04/11/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title               DIRECTOR  
Name               MCSWEENEY, SEAN B  
Address            175 BERKELEY STREET  
City-State-Zip:   BOSTON MA 02116

Title               DIRECTOR  
Name               SCHLOSBERG, ALAN  
Address            175 BERKELEY STREET  
City-State-Zip:   BOSTON MA 02116

Title               DIRECTOR  
Name               QUADE, JAMES B  
Address            175 BERKELEY STREET  
City-State-Zip:   BOSTON MA 02116

Title               SECRETARY  
Name               KELLEY, KRISTIN L.  
Address            175 BERKELEY ST  
City-State-Zip:   BOSTON MA 02116