

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-03-2006 90803 001 *1,350.00

DOCUMENT # 804258

1. Entity Name
GENERAL INSURANCE COMPANY OF AMERICA



Principal Place of Business
**SAFECO PLAZA
SEATTLE, WA 98185-0001**

Mailing Address
**COMPANY LICENSING T-18
SAFECO PLAZA
SEATTLE, WA 98185-0001 US**

66008406



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292006

Chg-P

CR2E034 (11/05)

4. FEI Number

91-0231910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

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

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

(NOTE: Registered Agent signature required when relocating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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-STATE-ZIP
**CBPD
MCGAVICK, MICHAEL S
SAFECO PLAZA
SEATTLE, WA 981850001** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**COPD
LARUCCO, MICHAEL E
SAFECO PLAZA
SEATTLE, WA 98185** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**EVPD
LAUER, DALE E
SAFECO PLAZA
SEATTLE, WA 98185** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**COPD
MEAD, CHRISTINE B
SAFECO PLAZA
SEATTLE, WA 98185** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**SVSD
MEAD, CHRISTINE B
SAFECO PLAZA
SEATTLE, WA 981850001** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**AVP
MCCOLLUM, PATTY
SAFECO PLAZA
SEATTLE, WA 98185** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**CEO, CB, D
ROSPUT REYNOLDS, PAULA** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P, COO, D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**SVP, CONTROLLER
HORNE, CHARLES, JR.** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ 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: *Patty McCollum*

Patty McCollum, Asst Vice President March 29, 2006 tel 206-545-6331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #