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 # 804981

1. Entity Name
FIRST NATIONAL INSURANCE COMPANY OF AMERICA

Principal Place of Business	Mailing Address
SAFECO PLAZA SEATTLE, WA 98185 US	COMPANY LICENSING T-18 SAFECO PLAZA SEATTLE, WA 98185-0001 US

$66008405

03292006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 91-0742144 ☐ Applied For ☐ Not Applicable

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CBPD MCGAVICK, MICHAEL S SAFECO PLAZA SEATTLE, WA 981850001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO,CB,D ROSPUT REYNOLDS, PAULA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COPD LAROCCO, MICHAEL E SAFECO PLAZA SEATTLE, WA 981850001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,COO,D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPD LAUER, DALE E SAFECO PLAZA SEATTLE, WA 981850001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COPD MEAD, CHRISTINE B SAFECO PLAZA SEATTLE, WA 981850001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP,CONTROLLER HORNE, CHARLES, JR.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS DALEY-WATSON, STEPHANIE G SAFECO PLAZA SEATTLE, WA 98185	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC RICE, LESLIE J SAFECO PLAZA SEATTLE, WA 981850001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVP PATTY MCCOLLUM	☒ 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 #