



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90350 001 *1,350.00

DOCUMENT # 804981 1. Entity Name FIRST NATIONAL INSURANCE COMPANY OF AMERICA					
Principal Place of Business SAFECO PLAZA SEATTLE, WA 98185 US			Mailing Address COMPANY LICENSING T-18 SAFECO PLAZA SEATTLE, WA 98185-0001 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address COMPANY LICENSING			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SAFECO PLAZA		04052007 Chg-P CR2E034 (12/06)	
City & State		City & State SEATTLE, WA		4. FEI Number 91-0742144	
Zip:		Country:		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip:		Country:		6. Name and Address of Current Registered Agent	
Zip:		Country:		7. Name and Address of New Registered Agent	
Zip:		Country:		Name	
Zip:		Country:		Street Address (P.O. Box Number is Not Acceptable)	
Zip:		Country:		City	
Zip:		Country:		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 reappointing) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 1:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COCB ROSPUT REYNOLDS, PAULA SAFECO PLAZA SEATTLE, WA 981850001	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, CEO, CB, D ROSPUT REYNOLDS, PAULA SAFECO PLAZA SEATTLE, WA 98185	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOD LAROCCO, MICHAEL E SAFECO PLAZA SEATTLE, WA 981850001	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, CFO, D KARI, ROSS SAFECO PLAZA SEATTLE, WA 98185	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD LAUER, DALE E SAFECO PLAZA SEATTLE, WA 981850001	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, D HUGHES, MICHAEL SAFECO PLAZA SEATTLE, WA 98185	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC HORNE, CHARLES JR SAFECO PLAZA SEATTLE, WA 981850001	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, D MYSLIWY, ALLIE SAFECO PLAZA SEATTLE, WA 98185	<input type="checkbox"/> Change <input checked="" 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	AVP MCCOLLUM, PATTY SAFECO PLAZA SEATTLE, WA 981850001	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input 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 any attachment with an address, with all other like empowered.					
SIGNATURE:  Patty McCollum, Asst Vice President April 5, 2007 tel 206- 545- 6331					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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