

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 27 1997 8:00am
Secretary of State

DOCUMENT # 809791 (7)

1. Corporation Name
SAFECO INSURANCE COMPANY OF AMERICA

Principal Place of Business
SAFECO PLAZA
SEATTLE WASHINGTON 98185

Mailing Address
SAFECO PLAZA
SEATTLE WASHINGTON 98185



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

05/06/1954

3a. Date of Last Report

02/28/1996

4. FEI Number

91-0742148

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE AS ☐ DELETE

NAME EGAN, RAY M
STREET ADDRESS SAFECO PLAZA
CITY-ST-ZIP SEATTLE WA

TITLE PD ☐ DELETE

NAME MCLEAN, DAN D
STREET ADDRESS SAFECO PLAZA
CITY-ST-ZIP SEATTLE WA

TITLE CBD ☐ DELETE

NAME EIGSTI, ROGER H
STREET ADDRESS SAFECO PLAZA
CITY-ST-ZIP SEATTLE WA

TITLE VD ☐ DELETE

NAME CHAPMAN, DONALD
STREET ADDRESS SAFECO PLAZA
CITY-ST-ZIP SEATTLE, WA 00000

TITLE VT ☐ DELETE

NAME BAUER, STEPHEN C.
STREET ADDRESS SAFECO PLAZA
CITY-ST-ZIP SEATTLE WA

TITLE VSD ☐ DELETE

NAME PIERSON, RODNEY A
STREET ADDRESS SAFECO PLAZA
CITY-ST-ZIP SEATTLE WA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ray M. Egan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ray M. Egan

1/14/97

800-544-2614

0528320

CR2E034 (9/96)