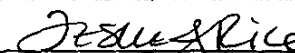


FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90545 001 *1,800.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 809791			
1. Entity Name SAFECO INSURANCE COMPANY OF AMERICA			
Principal Place of Business SAFECO PLAZA SEATTLE, WA 98185		Mailing Address REGULATORY COMPLIANCE SAFECO PLAZA SEATTLE, WA 98185 US	
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 91-0742148		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 4333 BROOKLYN AVE N.E. SEATTLE, WA 981059903 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition SAFECO PLAZA SEATTLE, WA 98185-0001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BAUER, STEPHEN C 601 UNION ST STE 2500 SEATTLE, WA 98101 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition PD MICHAEL E. LAROCCO SAFECO PLAZA SEATTLE, WA 98185-0001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAROCCO, MICHAEL E 4333 BROOKLYN AVE N.E. SEATTLE, WA 981059903 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition PD DALE E. LAUER SAFECO PLAZA SEATTLE, WA 98185-0001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAUER, DALE E 4333 BROOKLYN AVENUE NE SEATTLE, WA 981059903 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition SVSD CHRISTINE B. MEAD SAFECO PLAZA SEATTLE, WA 98185-0001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVSD MEAD, CHRISTINE B 4333 BROOKLYN AVE NE SEATTLE, WA 981014074 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition VT STEPHEN C. BAUER 601 UNION ST., SUITE 2500 SEATTLE, WA 98101-4074
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCAS KRAFT, DAVID W 4333 BROOKLYN AVE N.E. SEATTLE, WA 981059903 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition VC LESLIE J. RICE SAFECO PLAZA SEATTLE, WA 98185-0001
12. I 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-16-04 (800) 544-2614 Date Daytime Phone #	
LESLIE J. RICE, VICE PRESIDENT, CONTROLLER			