

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 # 809791 1. Entity Name SAFECO INSURANCE COMPANY OF AMERICA					
Principal Place of Business SAFECO PLAZA SEATTLE, WA 98185			Mailing Address COMPANY LICENSING T-18 SAFECO PLAZA SEATTLE, WA 98185 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="font-size: 24px; font-weight: bold;">66008407</div>	
03292006 Chg-P CR2E034 (11/05)				4. FEI Number 91-0742148	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CBPD MCGAVICK, MICHAEL S <input type="checkbox"/> Delete SAFECO PLAZA SEATTLE, WA 981850001	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO, CB, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROSPUT REYNOLDS, PAULA		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COPD <input type="checkbox"/> Delete LAROCCHI, MICHAEL E SAFECO PLAZA SEATTLE, WA 98185	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, COO, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPO <input type="checkbox"/> Delete LAUER, DALE E SAFECO PLAZA SEATTLE, WA 98185	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COPD <input type="checkbox"/> Delete MEAD, CHRISTINE B SAFECO PLAZA SEATTLE, WA 98185	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP, CONTROLLER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HORNE, CHARLES, JR.		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS <input type="checkbox"/> Delete DALEY- WATSON, STEPHANIE G SAFECO PLAZA SEATTLE, WA 98185	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVP <input type="checkbox"/> Delete MCCOLLUM, PATTY SAFECO PLAZA SEATTLE, WA 98185	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 an attachment with an address, with all other like empowered.					
SIGNATURE:		Patty McCollum, Asst Vice President March 29, 2006 tel 206- 545- 6331			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	