

# 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 # 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**

66009833



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  
**91-0742148**

Applied For  
Not Applicable

Zip

Country

Zip

**98185**

Country

**USA**

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 #1, 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees, ☐

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**COCB  
ROSPUT REYNOLDS, PAULA  
SAFECO PLAZA  
SEATTLE, WA 981850001** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**PCOD  
LAROCCO, MICHAEL E  
SAFECO PLAZA  
SEATTLE, WA 98185** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**EVPO  
LAUER, DALE E  
SAFECO PLAZA  
SEATTLE, WA 98185** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**SVPC  
HORNE, CHARLES JR  
SAFECO PLAZA  
SEATTLE, WA 98185** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**VPS  
DALEY-WATSON, STEPHANIE G  
SAFECO PLAZA  
SEATTLE, WA 98185** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**AVP  
MCCOLLUM, PATTY  
SAFECO PLAZA  
SEATTLE, WA 98185** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**P, CEO, CB, D  
ROSPUT REYNOLDS, PAULA  
SAFECO PLAZA  
SEATTLE, WA 98185** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**EVP, CFO, D  
KARI, ROSS  
SAFECO PLAZA  
SEATTLE, WA 98185** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**EVP, D  
HUGHES, MICHAEL  
SAFECO PLAZA  
SEATTLE, WA 98185** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**EVP, D  
MYSLIWY, ALLIE  
SAFECO PLAZA  
SEATTLE, WA 98185** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ 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 April 5, 2007 tel 206- 545- 6331**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #