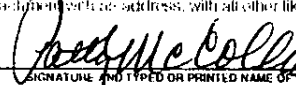


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90608 001 *1,350.00

DOCUMENT # 815245			
1. Entity Name: AMERICAN STATES INSURANCE COMPANY			
Principal Place of Business: 500 NORTH MERIDIAN STREET INDIANAPOLIS INDIANA, 46204		Mailing Address: REGULATORY COMPLIANCE SAFECO PLAZA SEATTLE, WA 98185-0001 US	
2. Principal Place of Business		3. Mailing Address COMPANY LICENSING T-18	
State, Apt. #, etc:		State, Apt. #, etc:	
City & State:		City & State:	
Zip	Country	Zip	Country
4. FEI Number 35-0145400		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 hereby withdrawing and accepting the obligations of a registered agent.			
SIGNATURE _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
DBI NAME SUBST ADDRESS CITY ST ZIP	CBPD MCGAVICK, MICHAEL S SAFECO PLAZA SEATTLE, WA 981850001 ☐ Delete	DBI NAME SUBST ADDRESS CITY ST ZIP	☐ Change ☐ Addition
DBI NAME SUBST ADDRESS CITY ST ZIP	PD LAROCCO, MICHAEL E SAFECO PLAZA SEATTLE, WA 981850001 ☐ Delete	DBI NAME SUBST ADDRESS CITY ST ZIP	CO-PRESIDENT / DIRECTOR ☒ Change ☐ Addition
DBI NAME SUBST ADDRESS CITY ST ZIP	PD LAUER, DALE SAFECO PLAZA SEATTLE, WA 981850001 ☐ Delete	DBI NAME SUBST ADDRESS CITY ST ZIP	EXECUTIVE VP / DIRECTOR ☒ Change ☐ Addition
DBI NAME SUBST ADDRESS CITY ST ZIP	SVSC MEAD, CHRISTINE B SAFECO PLAZA SEATTLE, WA 981850001 ☐ Delete	DBI NAME SUBST ADDRESS CITY ST ZIP	CO-PRESIDENT / DIRECTOR ☒ Change ☐ Addition
DBI NAME SUBST ADDRESS CITY ST ZIP	VT BAUER, STEPHEN C 601 UNION ST STE 2500 SEATTLE, WA 981014074 ☒ Delete	DBI NAME SUBST ADDRESS CITY ST ZIP	VICE PRESIDENT / SECRETARY DALEY-WATSON, STEPHANIE G SAFECO PLAZA SEATTLE, WA 98185-0001 ☒ Change ☒ Addition
DBI NAME SUBST ADDRESS CITY ST ZIP	VCAS RICE, LESLIE J SAFECO PLAZA SEATTLE, WA 981850001 ☒ Delete	DBI NAME SUBST ADDRESS CITY ST ZIP	ASSISTANT VICE PRESIDENT MCCOLLUM, PATTY SAFECO PLAZA SEATTLE, WA 98185-0001 ☒ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 person or persons empowered to execute this report as required by Chapter 637, Florida Statutes, and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		ASSISTANT VICE PRESIDENT APRIL 13, 2005 (206) 545-56331	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			