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Secretary of State

04-03-2006 90803 001 *1,350.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 815245			
1. Entity Name AMERICAN STATES INSURANCE COMPANY			
Principal Place of Business 500 NORTH MERIDIAN STREET INDIANAPOLIS INDIANA, 46204		Mailing Address COMPANY LICENSING T-18 SAFECO PLAZA SEATTLE, WA 98185-0001 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 35-0145400		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when renaming)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 SAFECO PLAZA SEATTLE, WA 981850001 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO,CB,D ROSPUT REYNOLDS, PAULA ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COPD LAROCCO, MICHAEL E SAFECO PLAZA SEATTLE, WA 981850001 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P,COO,D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPD LAUER, DALE SAFECO PLAZA SEATTLE, WA 981850001 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COPD MEAD, CHRISTINE B SAFECO PLAZA SEATTLE, WA 981850001 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP,CONTROLLER HORNE, CHARLES, JR. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS DALEY-WATSON, STEPHANIE G SAFECO PLAZA SEATTLE, WA 98185 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVP MCCOLLUM, PATTY SAFECO PLAZA SEATTLE, WA 981850001 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - 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: <u>Patty McCollum</u>		Patty McCollum, Asst Vice President March 29, 2006 tel 206- 545- 6331	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	