


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90350 001 \*1,350.00

<b>DOCUMENT # 815245</b>	
1. Entity Name <b>AMERICAN STATES INSURANCE COMPANY</b>	

Principal Place of Business <b>500 NORTH MERIDIAN STREET INDIANAPOLIS INDIANA, 46204</b>	Mailing Address <b>COMPANY LICENSING T-18 SAFECO PLAZA SEATTLE, WA 98185-0001 US</b>
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**66009895**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>COMPANY LICENSING</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>SAFECO PLAZA</b>	
City & State		City & State <b>SEATTLE, WA</b>	
Zip	Country	Zip	Country
		<b>98185</b>	<b>USA</b>

04052007 Chg-P CR2E034 (12/06)

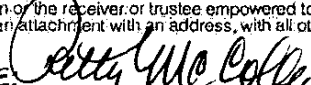
4. FEI Number <b>35-0145400</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

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 <b>FL</b> 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	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COCB ROSPUT REYNOLDS, PAULA SAFECO PLAZA SEATTLE, WA 981850001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, CEO, CB, D</b> <b>ROSPUT REYNOLDS, PAULA</b> <b>SAFECO PLAZA</b> <b>SEATTLE, WA 98185</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOD LAROCCO, MICHAEL E SAFECO PLAZA SEATTLE, WA 981850001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP, CFO, D</b> <b>KARI, ROSS</b> <b>SAFECO PLAZA</b> <b>SEATTLE, WA 98185</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD LAUER, DALE SAFECO PLAZA SEATTLE, WA 981850001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP, D</b> <b>HUGHES, MICHAEL</b> <b>SAFECO PLAZA</b> <b>SEATTLE, WA 98185</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC HORNE, CHARLES JR SAFECO PLAZA SEATTLE, WA 981850001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP, D</b> <b>MYSLIWY, ALLIE</b> <b>SAFECO PLAZA</b> <b>SEATTLE, WA 98185</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DALEY-WATSON, STEPHANIE G SAFECO PLAZA SEATTLE, WA 98185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP MCCOLLUM, PATTY SAFECO PLAZA SEATTLE, WA 981850001 <input type="checkbox"/> Delete	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 April 5, 2007 tel 206- 545- 6331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #