# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 03, 2006 8:00 am**
**Secretary of State**
04-03-2006 90803 001 *1,350.00

66008402

DOCUMENT # 818856

1. Entity Name
AMERICAN ECONOMY INSURANCE COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 500 N. MERIDIAN STREET<br>INDIANAPOLIS INDIANA, 46204 | COMPANY LICENSING T-18<br>SAFECO PLAZA<br>SEATTLE, WA 98185 US |

03292006 Chg-P CR2E034 (11/05)

| 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 35-1044900 ☐ 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<br>P O BOX 6200 (32314-6200)<br>200 E. GAINES ST<br>TALLAHASSEE, FL 32399-0000 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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<br>MCGAVICK, MICHAEL S<br>SAFECO PLAZA<br>SEATTLE, WA 981850001 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CEO,CB,D<br>ROSPUT REYNOLDS, PAULA | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | COPD<br>LAROCCO, MICHAEL E<br>SAFECO PLAZA<br>SEATTLE, WA 981850001 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P,COO,D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | EVPD<br>LAUER, DALE E<br>SAFECO PLAZA<br>SEATTLE, WA 981850001 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | COPD<br>MEAD, CHRISTINE B<br>SAFECO PLAZA<br>SEATTLE, WA 981850001 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SVP,CONTROLLER<br>HORNE, CHARLES, JR. | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPS<br>DALEY-WATSON, STEPHANIE G<br>SAFECO PLAZA<br>SEATTLE, WA 98185 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ASVP<br>MCCOLLUM, PATTY<br>SAFECO PLAZA<br>SEATTLE, WA 98185 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AVP | ☒ 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, Asst Vice President March 29, 2006 tel 206- 545- 6331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #