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 # 818856

1. Entity Name
AMERICAN ECONOMY INSURANCE COMPANY

66009894

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

04052007 Chg-P CR2E034 (12/06)

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

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 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 _____ 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, 2007 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	COCB ROSPUT REYNOLDS, PAULA SAFECO PLAZA SEATTLE, WA 981850001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, CEO, CB, D ROSPUT REYNOLDS, PAULA SAFECO PLAZA SEATTLE, WA 98185	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCOD LAROCCO, MICHAEL E SAFECO PLAZA SEATTLE, WA 981850001	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP, CFO, D KARI, ROSS SAFECO PLAZA SEATTLE, WA 98185	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPD LAUER, DALE E SAFECO PLAZA SEATTLE, WA 981850001	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP, D HUGHES, MICHAEL SAFECO PLAZA SEATTLE, WA 98185	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPC HORNE, CHARLES JR SAFECO PLAZA SEATTLE, WA 981850001	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP, D MYSLIWY, ALLIE SAFECO PLAZA SEATTLE, WA 98185	☐ 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 98185	☐ 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: 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 #