2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90138 037 ***150.00

DOCUMENT # 836592

1. Entity Name
SAFEWAY INSURANCE COMPANY

Principal Place of Business	Mailing Address
790 PASQUINELLI DR WESTMONT, IL 60559 US	790 PASQUINELLI DR ~~60559LI DR~~ WESTMONT, IL 60559 US

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	790 Pasquinelli Dr. Suite, Apt. #, etc.
City & State	City & State: Westmont, IL
Zip / Country	Zip: 60559 / Country: USA

4. FEI Number: 36-2497730 ☐ 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
LAKE, FRANK ~~5600 NW 43RD STREET STE F-2~~ GAINESVILLE, FL ~~32606~~	Name: Frank Lake Street Address (P.O. Box Number is Not Acceptable): 132 NW 76th Drive, Suite A City: Gainesville FL Zip Code: 32607

Change of Address →

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, 2004 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	PD PARRILLO, WILLIAM 790 PASQUINELLI DR WESTMONT, IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Parrillo, William Joseph 790 Pasquinelli Drive Westmont, IL 60559	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BORDEMAN, ROBERT 790 PASQUINELLI DR WESTMONT, IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARRILLO, WILLIAM GILES 790 PASQUENELLI DR WESTMONT, IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HOLWELL, LAURA 790 PASQUINELLI DR WESTMONT, IL 60559	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JONYNAS, DONNA 790 PASQUINELLI DR WESTMONT, IL 60559	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MULLIGAN, MICHAEL 790 PASQUINELLI DRIVE WESTMONT, IL 60559	☐ 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 exemption stated in Section 119.07(3)(i), 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: _____ Robert M. Bordeman 4/27/04 630-850-3811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #