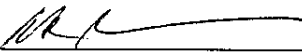


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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 790 PASQUINELLI DR WESTMONT, IL 60559 US			Mailing Address 790 PASQUINELLI DR 60559 IL DR WESTMONT, IL 60559 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 790 Pasquinelli Dr. Suite, Apt. #, etc.		 04272004 Chg-P CR2E034 (10/03)	
City & State		City & State Westmont, IL			
Zip		Zip 60559			
Country		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 LAKE, FRANK 5600 NW 43RD STREET STE F-2 GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Name Frank Lake Street Address (P.O. Box Number is Not Acceptable) 132 NW 76th Drive, Suite A City Gainesville FL Zip Code 32607		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing ☐ \$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		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/27/04		
			Daytime Phone # 630-850-3811		