


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 836592 1. Entity Name SAFeway INSURANCE COMPANY	
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Principal Place of Business 790 PASQUINELLI DR WESTMONT, IL 60559 US	Mailing Address 790 PASQUINELLI DR. WESTMONT, IL 60559 US
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2497730	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAKE, FRANK 132 NW 76TH DR. STE. A GAINESVILLE, FL 32607

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRILLO, WILLIAM J 790 PASQUINELLI DR WESTMONT, IL 60559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BORDEMAN, ROBERT 790 PASQUINELLI DR WESTMONT, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARRILLO, WILLIAM GILES 790 PASQUENELLI DR WESTMONT, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONYNAS, DONNA 790 PASQUINELLI DR WESTMONT, IL 60559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MULLIGAN, MICHAEL 790 PASQUINELLI DRIVE WESTMONT, IL 60559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRUBAKER, AARON 790 PASQUINELLI DRIVE WESTMONT, IL 60559

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01/24/06-60022-013 150.00

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IN THIS SPACE**

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:  **Aaron T. Brubaker** 1-5-DL 630-850-3895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #