

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # 836592

1. Entity Name
SAFeway INSURANCE COMPANY



Principal Place of Business
790 PASQUINELLI DR
WESTMONT, IL 60559 US

Mailing Address
790 PASQUINELLI DR.
WESTMONT, IL 60559 US



02182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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

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

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03/09/07-80019-007-150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Bordeman

2-23-07

Date

630-887-8300

Daytime Phone #