

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836592

FILED
Jan 06, 2011
Secretary of State

Entity Name: SAFEWAY INSURANCE COMPANY

Current Principal Place of Business:

790 PASQUINELLI DR
WESTMONT, IL 60559 US

New Principal Place of Business:

Current Mailing Address:

790 PASQUINELLI DR.
WESTMONT, IL 60559 US

New Mailing Address:

FEI Number: 36-2497730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAKE, FRANK
132 NW 76TH DR.
STE. A
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: PARRILLO, WILLIAM J
Address: 790 PASQUINELLI DR
City-St-Zip: WESTMONT, IL 60559

Title: STD
Name: BORDEMAN, ROBERT M
Address: 790 PASQUINELLI DR
City-St-Zip: WESTMONT, IL

Title: V
Name: PARRILLO, WILLIAM G
Address: 790 PASQUENELLI DR
City-St-Zip: WESTMONT, IL

Title: V
Name: JONYNAS, DONNA D
Address: 790 PASQUINELLI DR
City-St-Zip: WESTMONT, IL 60559 US

Title: V
Name: MULLIGAN, MICHAEL T
Address: 790 PASQUINELLI DRIVE
City-St-Zip: WESTMONT, IL 60559

Title: V
Name: BRUBAKER, AARON T
Address: 790 PASQUINELLI DRIVE
City-St-Zip: WESTMONT, IL 60559

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AARON T BRUBAKER

V

01/06/2011

Electronic Signature of Signing Officer or Director

Date