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**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90128 048 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 846611**

1. Corporation Name

**AMERICAN STATE PREFERRED INSURANCE COMPANY**  
**STATES**

Principal Place of Business  
**500 NORTH MERIDIAN STREET**  
**INDIANAPOLIS IN 46204**

Mailing Address  
**REGULATORY COMPLIANCE**  
**SAFECO PLAZA**  
**SEATTLE WA 98185**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/29/1980**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 98185-0001 30

4. FEI Number

**35-1466792**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA**  
**THE CAPITOL BUILDING**  
**TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE  
NAME **EIGSTI, ROGER H**  
STREET ADDRESS **4333 BROOKLYN AVENUE N E**  
CITY-ST-ZIP **SEATTLE WA 98105**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE  
NAME **STODDARD, W RANDALL**  
STREET ADDRESS **4333 BROOKLYN AVENUE NE**  
CITY-ST-ZIP **SEATTLE WA 98105**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **VSD** ☐ DELETE  
NAME **PIERSON, RODNEY A**  
STREET ADDRESS **4333 BROOKLYN AVENUE N E**  
CITY-ST-ZIP **SEATTLE WA 98105**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **VT** ☐ DELETE  
NAME **BAUER, STEPHEN C**  
STREET ADDRESS **4333 BROOKLYN AVENUE NE**  
CITY-ST-ZIP **SEATTLE WA 98105**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **TWO UNION SQUARE, 25TH FLOOR**  
4.4 CITY-ST-ZIP **SEATTLE, WA 98101**

TITLE **D** ☐ DELETE  
NAME **DICKEY, BOH A**  
STREET ADDRESS **4333 BROOKLYN AVENUE N E**  
CITY-ST-ZIP **SEATTLE WA 98105**


5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **RUDDY, JAMES W**  
STREET ADDRESS **4333 BROOKLYN AVENUE N E**  
CITY-ST-ZIP **SEATTLE WA 98105**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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  
**RAY M. EGAN, ASSISTANT SECRETARY**

4-15-99

(800) 544-2614

Date

Daytime Phone #

CR2E034 (11/98)

444785 - 90128-  
48

# 846611

Mark A. Lawrence	Asst. V.P.
Jeanne Lind	Asst. V.P.
David Mandt	Asst. V.P.
Patty J. McCollum	Asst. V.P.
Tim Mikolajewski	Asst. V.P.
James A. Miles	Asst. V.P., Actuary
Kent S. Nelson	Asst. V.P.
Debra K. Whitman	Asst. V.P.
Larry L. Wible	Asst. V.P.
Gretchen M. Williams	Asst. V.P.
Michael S. Crider	Asst. Treasurer
Stephen D. Collier	Asst. Secy.
Ray M. Egan	Asst. Secy.
Kevin W. Grandstaff	Asst. Secy.
H. Paul Lowber	Asst. Secy.
Daniel B. Schaaf	Asst. Secy.
James G. Schmidt	Asst. Secy., Asst. Controller
George P. Yonker	Asst. Secy.
Bradford K. Young	Asst. Secy.
Bradley H. Rowe	Actuary
Jody Pucel	Corporate Counsel, Commercial Lines & Environmental
Boh A. Dickey *	
James W. Ruddy *	
Randall H. Talbot *	

\* = Denotes Director

American States Preferred Insurance Company is 100% owned by SAFECO Corporation. The actual location of American States Preferred Insurance Company is: 500 North Meridian Street, Indianapolis, Indiana 4602-1275. The mailing address is: Regulatory Compliance, SAFECO Plaza, Seattle, WA 98185-0001.

DATED: February 22, 1999

846611  
444785-90128-48

**AMERICAN STATES PREFERRED INSURANCE COMPANY**

Roger H. Eigsti	*	Chairman of the Board
W. Randall Stoddard	*	President
Wayne T. Browne		Sr. V.P.
Donald S. Chapman	*	Sr. V.P., Chief Operating Officer for SCI
David N. Hafling		Sr. V.P., Actuary
J. Karl Kreitzer		Sr. V.P.
Dale E. Lauer	*	Sr. V.P., Chief Operating Officer for ASBI
William T. Lebo		Sr. V.P.
Michael C. Peters		Sr. V.P., Chief Operating Officer for Surety
Rod A. Pierson	*	Sr. V.P., Secretary
Robert C. Taylor		Sr. V.P., Senior Associate General Counsel
William E. Thomas		Sr. V.P., Chief Operating Officer for PL
Ronald K. Young		Sr. V.P.
Stephen C. Bauer		V.P., Treasurer
Lance S. Cornell		V.P.
John A. Eckert		V.P.
William C. Gettler		V.P.
Ronald F. Goetsch		V.P.
John D. Harcourt		V.P.
Rose M. Hurley		V.P.
David W. Kraft		V.P., Controller, Asst. Secy.
Kirt D. Lenard, III		V.P.
Daniel T. Poledna		V.P.
James A. Schmidt		V.P.
Ronald L. Spaulding	*	V.P.
Susan D. Artman		Regional V.P.
James T. Bailey		Regional V.P.
Richard R. Berls		Regional V.P.
Lanny E. Blaine		Regional V.P.
Peter Dunn		Regional V.P.
Mike Englund		Regional V.P.
Charles T. Mullen		Regional V.P.
Bill Norman		Regional V.P.
James H. Perucca		Regional V.P.
John Reeves		Regional V.P.
Ronald W. Sepanski		Regional V.P.
James H. Swegle		Regional V.P.
J. Michael Vaught		Regional V.P.
Kenneth D. Berglund		Asst. V.P.
Leslie A. Casey		Asst. V.P.
Richard M. Chyba		Asst. V.P.
John M. Cook		Asst. V.P.
C. Gary Dean		Asst. V.P., Actuary
Anthony J. Dearing		Asst. V.P.
Spencer Donkin		Asst. V.P.
Daniel W. Guio		Asst. V.P.
Anthony L. Henn		Asst. V.P.