

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90803 001 *1,350.00

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DOCUMENT # 846611

1. Entity Name
AMERICAN STATES PREFERRED INSURANCE COMPANY



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

Mailing Address
**COMPANY LICENSING T-18
SAFECO PLAZA
SEATTLE, WA 98185 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

03292006 Chg-P CR2E034 (11/05)

4. FEI Number
35-1466792

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **\$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	CBPD MCGAVICK, MICHAEL S SAFECO PLAZA SEATTLE, WA 981850001 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO,CB,D ROSPUT REYNOLDS, PAULA ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COPD LAROCCO, MICHAEL E SAFECO PLAZA SEATTLE, WA 981850001 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P,COO,D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPD LAUER, DALE E SAFECO PLAZA SEATTLE, WA 981850001 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COPD MEAD, CHRISTINE B SAFECO PLAZA SEATTLE, WA 981850001 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP,CONTROLLER HORNE, CHARLES, JR. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS DALEY-WATSON, STEPHANIE G SAFECO PLAZA SEATTLE, WA 98185 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVP MCCOLLUM, PATTY SAFECO PLAZA SEATTLE, WA 981850001 ☐ 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 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: *Patty McCollum* **Patty McCollum, Asst Vice President March 29, 2006 tel 206- 545- 6331**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #