

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90350 001 *1,350.00

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 - No P.O. Box #		3. Mailing Address COMPANY LICENSING		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">66009896</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 04052007 Chg-P CR2E034 (12/06) </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SAFECO PLAZA			
City & State		City & State SEATTLE, WA			
Zip	Country	Zip 98185	Country USA		
4. FEI Number 35-1466792				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/>		\$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	COCB ROSPUT REYNOLDS, PAULA SAFECO PLAZA SEATTLE, WA 981850001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, CEO, CB, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROSPUT REYNOLDS, PAULA SAFECO PLAZA SEATTLE, WA 98185		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOD LAROCCO, MICHAEL E SAFECO PLAZA SEATTLE, WA 981850001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, CFO, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KARI, ROSS SAFECO PLAZA SEATTLE, WA 98185		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EYPD LAUER, DALE E SAFECO PLAZA SEATTLE, WA 981850001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HUGHES, MICHAEL SAFECO PLAZA SEATTLE, WA 98185		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC HORNE, CHARLES JR SAFECO PLAZA SEATTLE, WA 981850001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MYSLIWY, ALLIE SAFECO PLAZA SEATTLE, WA 98185		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DALEY-WATSON, STEPHANIE G SAFECO PLAZA SEATTLE, WA 98185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP MCCOLLUM, PATTY SAFECO PLAZA SEATTLE, WA 981850001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, Asst Vice President April 5, 2007 tel 206- 545- 6331 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					