2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004825

Entity Name: SAFETY FIRST INSURANCE COMPANY

FILED Jan 08, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
115 SOUTH LASALLE ST CHICAGO, IL 60603				115 SOUTH LASALLE ST CHICAGO, IL 606034410 US		
Current Mailing Address:				New Mailing Address:		
2043 WOODLAND PARKWAY ST.LOUIS, MO 63146			2043 WOODLAND PARKWAY ST.LOUIS, MO 631464410 US			
FEI Number:	43-1901552	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable () Certific	ate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324 US 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 Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () E SCHOENINGER, 2043 WOODLAN ST LOUIS, MO 6	D PKWY		Title: Name: Address: City-St-Zip:	DP (X) Change SCHOENINGER, TERRA 2043 WOODLAND PKW ST LOUIS, MO 6314642	Y
Title: Name: Address: City-St-Zip:	DT () E CSIK, JOHN P 2043 WOODLAN ST LOUIS, MO 6			Title: Name: Address: City-St-Zip:	DT (X) Change CSIK, JOHN P 2043 WOODLAND PKW ST LOUIS, MO 6314642	
Title: Name: Address: City-St-Zip:	DS () E OTTO, JEFFREY 2043 WOODLAN ST LOUIS, MO 6	D PKWY		Title: Name: Address: City-St-Zip:	DS (X) Change OTTO, JEFFREY W 2043 WOODLAND PKW ST LOUIS, MO 631464:	
Title: Name: Address: City-St-Zip:	D () E WILHELM, MARK 2043 WOODLAN ST LOUIS, MO 6	D PKWY		Title: Name: Address: City-St-Zip:	D (X) Change WILHELM, MARK A 2043 WOODLAND PKW ST LOUIS, MO 631464:	
Title: Name: Address: City-St-Zip:	D ()E SCOTT, GERALE 2043 WOODLAN ST LOUIS, MO 6	D PKWY		Title: Name: Address: City-St-Zip:	D (X) Change SCOTT, GERALD R 2043 WOODLAND PKW ST LOUIS, MO 6314642	
Title: Name: Address: City-St-Zip:	D ()E PRESSON, STUA 2043 WOODLAN ST LOUIS, MO 6	D PKWY		Title: Name: Address: City-St-Zip:	D (X) Change PRESSON, STUART M 2043 WOODLAND PKW ST LOUIS, MO 6314642	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEFFREY W. OTTO S 01/08/2007