

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004825

FILED
Jan 03, 2011
Secretary of State

Entity Name: SAFETY FIRST INSURANCE COMPANY

Current Principal Place of Business:

111 S. WACKER DR.
CHICAGO, IL 606064410 US

New Principal Place of Business:

Current Mailing Address:

1832 SCHUETZ RD
ST. LOUIS, MO 631464235 US

New Mailing Address:

FEI Number: 43-1901552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324 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: C
Name: WILHELM, MARK A
Address: 1832 SCHUETZ RD.
City-St-Zip: ST LOUIS, MO 631464235 US

Title: DT
Name: CSIK, JOHN P
Address: 1832 SCHUETZ RD.
City-St-Zip: ST LOUIS, MO 631464235 US

Title: DS
Name: OTTO, JEFFREY W
Address: 1832 SCHUETZ RD.
City-St-Zip: ST LOUIS, MO 631464235 US

Title: D
Name: HERCULES, DUANE A
Address: 1832 SCHUETZ RD.
City-St-Zip: ST LOUIS, MO 631464235 US

Title: DP
Name: SCOTT, GERALD R
Address: 1832 SCHUETZ RD.
City-St-Zip: ST LOUIS, MO 631464235 US

Title: DVP
Name: LUEBBERT, STEPHEN F
Address: 1832 SCHUETZ RD.
City-St-Zip: ST LOUIS, MO 631464235 US

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: JEFFREY W. OTTO

S

01/03/2011

Electronic Signature of Signing Officer or Director

Date