

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003182

FILED
Apr 27, 2007
Secretary of State

Entity Name: SAFEWAY PROPERTY INSURANCE COMPANY

Current Principal Place of Business:

132 N.W. 76TH DRIVE
SUITE A
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

132 N.W. 76TH DRIVE
SUITE A
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 47-0706955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BORDEMAN, ROBERT M
Address: 811 WEST HICKORY
City-St-Zip: HINSDALE, IL 60521

Title: VCD () Delete
Name: PARRILLO, WILLIAM J
Address: 40 BAYBROOK LANE
City-St-Zip: OAKBROOK, IL 60521

Title: VD () Delete
Name: PARRILLO, WILLIAM G
Address: 735 S. ADAMS
City-St-Zip: HINSDALE, IL 60521

Title: D () Delete
Name: FRAZIER, THEODORE J
Address: 2945 O REILLY DRIVE
City-St-Zip: LINCOLN, NE

Title: VSD () Delete
Name: WILSON, ROBERT J
Address: 5408 SW 131ST LANE
City-St-Zip: MICANOPY, FL 32667

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: O'BOYLE, ROBERT J
Address: 1437 SW 90TH STREET
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT J. WILSON

VSD

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date