2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2011
Secretary of State

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Entity Name: SAFEWAY PROPERTY INSURANCE COMPANY

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

132 N.W. 76TH DRIVE
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

OFFICERS AND DIRECTORS:

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

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

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

Title: OT
Name: KIMMELL, JOSHUA N
Address: 1016 NW 87TH WAY
City-St-Zip: GAINESVILLE, FL 32606

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

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

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: ROBERT J. WILSON VSD 04/22/2011

Electronic Signature of Signing Officer or Director Date