

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02475 (2)

1. Corporation Name

SAFECO INSURANCE COMPANY OF ILLINOIS



Principal Place of Business

SAFECO PLAZA
SEATTLE WA 98185

Mailing Address

SAFECO PLAZA
SEATTLE WA 98185

3. Date Incorporated or Qualified
06/21/1984

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

91-1115311

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCLEAN, DAN DEAN	
STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE WA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHAPMAN, DONALD S.	
STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE WA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	PIERSON, RODNEY A.	
STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE WA	
TITLE	TV	<input checked="" type="checkbox"/> DELETE
NAME	HUBBARD, RICHARD W.	
STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE WA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DICKEY, BOH A.	
STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE WA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	EGAN, RAY	
STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE WA	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Sr. Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VT Stephen C. Bauer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	SAFECO Plaza
4.4 CITY-ST-ZIP	Seattle, WA 98185
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

Date

(800) 544-2614

Daytime Phone #

CR2E034 (12/95)

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SAFECO INSURANCE COMPANY OF ILLINOIS

Dan D. McLean	President
Boh A. Dickey	Executive V.P.
Wayne T. Browne	Sr. V.P.
Donald S. Chapman	Sr. V.P.
Rod A. Pierson	Sr. V.P., Secretary
Philip A. Stephens	Sr. V.P.
W. Randall Stoddard	Sr. V.P.
William E. Thomas	Sr. V.P.
Stephen C. Bauer	V.P., Treasurer
Alvin W. Dorow	V.P.
David W. Kraft	* V.P., Controller, Asst. Secretary
John E. Reeves	* V.P.
James H. Swegle	V.P.
Hector Bouso	Asst. Secy.
Scott Byrne	* Asst. Secy.
Stephen D. Collier	Asst. Secy.
Ray M. Egan	Asst. Secy.
H. Paul Lowber	Asst. Secy.
Patty J. McCollum	Asst. Secy.
Thomas P. McLaughlin	Asst. Secy.
George P. Yonker	Asst. Secy.
Bradford K. Young	Asst. Secy.
Mike Koscielny	* Asst. Treas.

* Denotes Director