## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

SAFECO INSURANCE COMPANY OF ILLINOIS

**FILED** Mar 02 1998 8:00am Secretary of State



SAFEO PAZA SAFTLE WA 89185  22. Principal Place of Business 23. Data incorporated or Qualified OS/2 (1984  24. Fit invade OS/2 (1984  25. Principal Place of Business Suita, Apl 4, etc. 26. Suita Regulatory Compliance Suita, Apl 4, etc. 27. SAFEO PAZA City & State City & State City & State 28. Country City & State Ci									
SEATTLE WA 98185  SEATTLE WA 98185  2. Principal Place of Business 2. Amining Address 2. Principal Place of Business 3. Dele Incorporated or Qualified 06/21/1984 4. FEI Number 9:1-115311	Principal Place of Business Mailing Address							TOTA BIDIK DIDIK DIDIK	Albit Blatt innt
2. Principal Place of Business   2a. Mailing Address   2a. Mailing				SAFECO PLAZA					
Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For	SEATTLE WA	30103	SEATTLE WA 90103	SEATTLE WA 96165			DO NOT WRITE IN THIS SPACE		
22. Maring Address   22. Maring Address   23. Maring Address   24. FEI Number   34. FEI N							3. Date Incorporated or Qualified		
SUIG. Apt. 4, etc.    SUIG. Apt. 4, etc.   Suid. Apt. 4, etc.							06/21/1984		
Suite. Apt #, etc.  27 SAPECO Plaza  28 27 SAPECO Plaza  City & State  28 27 SAPECO Plaza  City & State  29 20 20 20 20 20 20 20 20 20 20 20 20 20	2. Principal Pl	lace of Business	2a. Mailing Address						Applied For
City & State			26 Regulatory Compliance				91-1115311		Not Applicable
City & State    City & State   City & City & State   City & City & State   City & Cit	_ ` `	#, etc.	<del></del>				5. Certificate of Status Desired	1	<b>+</b>
Zip Country Zip Country 8. This corporation was or has paid the current year intangible Personal Property Tax due June 30. 128 198								<del> </del>	
Zip									
Personal Property Tax due June 30.				Country					
FLORIDA INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301  42  Street Address (P.O. Box Number is Not Acceptable)  53  54  City  FL  55  55  56  57  City  FL  55  The purpose of changing life registered agent or both in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing life registered agent and tentile with, and accept the obligations of. Section 607 0505, Florida Statutes.  56  57  58  58  59  59  50  50  50  50  50  50  50  50		— <u> </u>	<b>⊢</b>	<del></del>			·		
THE CAPTROL BUILDING TALLAHASSEE FL 32301    State   City   FL   State   State				901					
THE CAPTOL BUILDING TALLAHASSEE FL 32301  82 Stroet Address (P.O. Box Number is Not Acceptable)  83   Stroet Address (P.O. Box Number is Not Acceptable)  84   City	FLO	ORIDA INSURANCE COMMISSIO	NER	8	1 Nam	Ð			
TALLAHASSEE FL 32301    1				A	Stree	t Addres	trass (P.O. Box Number is Not Acceptable)		
STATE   Part				Ľ			ss (F.O. DOX Humbol is NOC Acceptable)		
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 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, 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 and accept the obligations of, Section 607.6506. Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. NADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  POFFICERS AND DIRECTORS IN 12.  TITLE  PW. Randall Stoddard SAFECO PLAZA  SAFECO PLAZA  SEATTLE WA  1.2 INTEL  SVP DELETE  2.1 INTEL  SVS DELETE  2.1 INTEL  SVS DELETE  2.1 INTEL  SAFECO PLAZA  SAFECO				8	3				
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 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, 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 and accept the obligations of, Section 607.6506. Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. NADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  POFFICERS AND DIRECTORS IN 12.  TITLE  PW. Randall Stoddard SAFECO PLAZA  SAFECO PLAZA  SEATTLE WA  1.2 INTEL  SVP DELETE  2.1 INTEL  SVS DELETE  2.1 INTEL  SVS DELETE  2.1 INTEL  SAFECO PLAZA  SAFECO				8	4 City			95 7	in Code
office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and line if applicable.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  P								FL	<u> </u>
SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   12. MARE   MCLEAN, DAN DEAN   1.2 MARE   W. Randall Stoddard   SAFECO PLAZA   1.3 STREET ADDRESS   SAFECO PLAZA   1.3 STREET ADDRESS   SAFECO PLAZA   1.4 STREET ADDRESS   SAFECO PLAZA   2.2 MARE   SAFECO PLAZA   2.3 STREET ADDRESS   SAFECO PLAZA   3.3 STREET	11. Pursuant t	s, the about thorized t	ve-name by the co	d corpor rporation	ration submits this statement for the purp n's board of directors. I hereby accept th	oose of changing he appointment	g its registered as registered		
Signature, lyped or privided agent and life if applicable   (NOTE Registand Agent separature resupres where restabling)   DATE									
TITLE									
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; 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.