

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90803 001 *1,350.00

66008410



DOCUMENT # P31954
 1. Entity Name
SAFECO NATIONAL INSURANCE COMPANY



Principal Place of Business
**1400 SOUTH HIGHWAY DRIVE
 FENTON, MO 63026**

Mailing Address
**COMPANY LICENSING T-18
 SAFECO PLAZA
 SEATTLE, WA 98185 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03292006 Chg-P CR2E034 (11/05)

4. FEI Number
91-0885519 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)
 Signature, typed or printed name of registered agent and title if applicable DATE

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CBPD MCGAVICK, MICHAEL S SAFECO PLAZA SEATTLE, WA 981850001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO, CB, D ROSPUT REYNOLDS, PAULA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COPD LAROCCO, MICHAEL E SAFECO PLAZA SEATTLE, WA 981850001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, COO, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPD LAUER, DALE E SAFECO PLAZA SEATTLE, WA 981850001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COPD MEAD, CHRISTINE B SAFECO PLAZA SEATTLE, WA 981850001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP, CONTROLLER HORNE, CHARLES, JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS DALEY-WATSON, STEPHANIE G SAFECO PLAZA SEATTLE, WA 98185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVP MCCOLLUM, PATTY SAFECO PLAZA SEATTLE, WA 98185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patty McCollum **Patty McCollum, Asst Vice President March 29, 2006 tel 206- 545- 6331**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Safeco Insurance

66008410

SAFECO PROPERTY & CASUALTY INSURANCE COMPANIES

Mailing Address:
Company Licensing T-18
Safeco Plaza
Seattle, WA 98185-0001

Email: roybeh@safeco.com
Phone: (206) 675-3609
Fax: (206) 545-6277

March 31, 2006
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Safeco Florida 2006 Uniform Business Reports due 5-1-06
Property & Casualty Companies:

1. American Economy Insurance Company	818856
2. American States Insurance Company	815245
3. American States Preferred Insurance Company	846611
4. First National Insurance Company of America	804981
5. General Insurance Company of America	804258
6. Safeco Insurance Company of America	809791
7. Safeco Insurance Company of Illinois	P02475
8. Safeco Insurance Company of Indiana	830525
9. Safeco National Insurance Company	P31954

Enclosed are our completed Florida 2006 Uniform Business Reports with signatures and check. We appreciate your continued acceptance of our multi-company submission with a \$1,350.00 check (@ \$150.00) for the 9 property & casualty companies.

Please use the enclosed copy of this letter and postage paid envelope to acknowledge receipt. Should you have any additional questions, please contact me using the email or telephone number listed below.

Sincerely,

Safeco Insurance Companies

Roy Behling

Roy Behling
Company Licensing