2007 FOR PROFIT CORPORATION

Apr 18, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-18-2007 90350 001 *1,350.00 DOCUMENT # P31954 1. Entity Name SAFECO NATIONAL INSURANCE COMPANY 1000003 Principal Place of Business Mailing Address COMPANY LICENSING T-18 1400 SOUTH HIGHWAY DRIVE SAFECO PLAZA FENTON, MO 63026 SEATTLE, WA 98185 2. Principal Place of Business - No. P.O. Box # Mailing Address **COMPANY LICENSING** Suite: Apt. #. etc. Suite. Apt: #. et 04052007 Chg-P CR2E034 (12/06) SAFECO PLAZA City & State Applied For City & State 4. FEI Number SEATTLE, WA 91-0885519 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA 98185 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 Zip Code FL 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_ Signature, typied or printed risma of registered agent and the if applicable. (NOTE: Registered Apart signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P, CEO, CB, D CECB X Change TOLE 🗀 Celete THLE ROSPUT REYNOLDS, PAULA ROSPUT REYNOLDS, PAULA NAME NAME STREET ADDRESS SAFECO PLAZA STREET ADDRESS SAFECO PLAZA SEATTLE, WA 981850001 CITY:ST-ZIP CITY-ST-ZIP SEATTLE, WA 98185 TITLE PCOD **D**∳elete TITLE EVP, CFO, D ☐ Changè **Addition** LAROCCO, MICHAEL E NAME KARI, ROSS HALIF STREET ADDRESS STREET ADDRESS SAFECO PLAZA SAFECO PLAZA CITY-ST-ZP SEATTLE, WA 981850001. City-S1-ZP SEATTLE, WA 98185 Doelete Change **K**Addition TITLE EVP, D BILE LAUER, DALE E NAME **HUGHES, MICHAEL** STREET ADDRESS SAFECO PLAZA STREET ADDRESS SAFECO PLAZA SEATTLE, WA 981850001 CITY-ST-ZIP CITY-ST-7/P SEATTLE, WA 98185 **∑X**Oelete EVP, D Addition TITLE ☐ Change TITLE MYSLIWY, ALLIE SAFECO PLAZA NAME HORNE, CHARLES JR NAME STREET ACCRESS SAFECO PLAZA STREET ADDRESS CITY-ST-ZIP SEATTLE, WA 981850001 CITY-S1-ZIP SEATTLE, WA 98185 Coltibba [] Change Change TITLE ☐ Dolete TITLE DALEY-WATSON, STEPHANIE G NAME NAME SAFECO PLAZA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEATTLE, WA 98185 CITY-ST-ZIP HILE Delete TATLE ☐ Change Addition MCCOLLUM, PATTY NAME NAME STREET ADDRESS SAFECO PLAZA STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP SEATTLE, WA 98185

12. I nereby certify that the information supplied with this filling 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 repeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 1.1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patty McCollum, Asst Vice President April 5, 2007 tel 206- 545- 6331

Date

FILED