

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836592

Entity Name: SAFEWAY INSURANCE COMPANY**Current Principal Place of Business:**790 PASQUINELLI DR
WESTMONT, IL 60559**Current Mailing Address:**790 PASQUINELLI DR.
WESTMONT, IL 60559 US**FEI Number:** 36-2497730**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAKE, FRANK
4500 NW 27TH AVE
BUILDING C2
GAINESVILLE, FL 32606 US*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

Officer/Director Detail :

Title	PD
Name	PARRILLO, WILLIAM J
Address	790 PASQUINELLI DR
City-State-Zip:	WESTMONT IL 60559

Title	STD
Name	BORDEMAN, ROBERT M
Address	790 PASQUINELLI DR
City-State-Zip:	WESTMONT IL

Title	V
Name	PARRILLO, WILLIAM G
Address	790 PASQUENELLI DR
City-State-Zip:	WESTMONT IL

Title	V
Name	JONYNAS, DONNA D
Address	790 PASQUINELLI DR
City-State-Zip:	WESTMONT IL 60559

Title	V
Name	BRUBAKER, AARON T
Address	790 PASQUINLLI DRIVE
City-State-Zip:	WESTMONT IL 60559

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: AARON T. BRUBAKER

VICE PRESIDENT

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date