

2025 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:**BRUBAKER, AARON T
790 PASQUINELLI DRIVE
WESTMONT, FL 60559 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:** AARON T BRUBAKER

02/06/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT & CEO
Name HIDALGO, CHRISTOPHER
Address 790 PASQUINELLI DR
City-State-Zip: WESTMONT IL 60559

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

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

Title SECRETARY, CFO
Name BRUBAKER, AARON T
Address 790 PASQUINELLI DRIVE
City-State-Zip: WESTMONT IL 60559

Title TREASURER
Name RISKY, ANTHONY
Address 790 PASQUINELLI 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**SECRETARY**

02/06/2025

Electronic Signature of Signing Officer/Director Detail

Date