

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02475

**Entity Name:** SAFECO INSURANCE COMPANY OF ILLINOIS

**Current Principal Place of Business:**

27201 BELLA VISTA PARKWAY  
SUITE 130  
WARRENVILLE, IL 60555

**Current Mailing Address:**

175 BERKELEY ST  
BOSTON, MA 02116 US

**FEI Number:** 91-1115311

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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	PCEO	Title	CFOD
Name	SWEENEY, TIMOTHY M	Name	DILLON, MARGARET
Address	175 BERKELEY ST	Address	175 BERKELEY ST
City-State-Zip:	BOSTON MA 02116	City-State-Zip:	BOSTON MA 02116
Title	SEC	Title	ASEC
Name	LEGG, DEXTER R	Name	KELLEY, KRISTIN L
Address	175 BERKELEY ST	Address	175 BERKELEY ST
City-State-Zip:	BOSTON MA 02116	City-State-Zip:	BOSTON MA 02116

*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:** DEXTER R. LEGG

**SECRETARY**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date