


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90170 001 *1,800.00

DOCUMENT # **830525**

1. Entity Name
SAFECO INSURANCE COMPANY OF INDIANA



Principal Place of Business
~~670 ST CORPORATION CENTER~~
~~1005 MARKET STREET~~
~~PHILADELPHIA PA 19103-2217~~

Mailing Address
REGULATORY COMPLIANCE
SAFECO PLAZA
SEATTLE WA 98185



2. Principal Place of Business
500 NORTH MERIDIAN STREET
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
INDIANAPOLIS, IN

City & State

Zip
46204

Country
US

4. FEI Number **23-2640501**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
FLORIDA INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL 32304

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CBPD MCGAVICK, MICHAEL S 4333 BROOKLYN AVENUE, N.E. SEATTLE WA 98105-9903 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVD LEBO, WILLIAM T 4333 BROOKLYN AVENUE, N.E. SEATTLE WA 98105-9903 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSPD LAROCCO, MICHAEL E 4333 BROOKLYN AVENUE, N.E. SEATTLE WA 98105-9903 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSBD LAUER, DALE E 4333 BROOKLYN AVENUE NE SEATTLE WA 98105-9903 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVSD MEAD, CHRISTINE B 601 UNION ST. SUITE 2500 SEATTLE WA 98105-9903 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS EGAN, RAY M 4333 BROOKLYN AVENUE, N.E. SEATTLE WA 98105-9903 | <input checked="" 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 | PD MICHAEL E. LAROCCO 4333 BROOKLYN AVENUE NE SEATTLE, WA 98105-9903 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DALE E. LAUER 4333 BROOKLYN AVENUE NE SEATTLE, WA 98105-9903 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVSD CHRISTINE B. MEAD 4333 BROOKLYN AVE NE SEATTLE, WA 98105-9903 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT STEPHEN C. BAUER 601 UNION ST., SUITE 2500 SEATTLE, WA 98101-4074 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCAS DAVID W. KRAFT 4333 BROOKLYN AVE NE SEATTLE, WA 98105-9903 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Christine B. Mead February 27, 2003 (800) 544-2614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CHRISTINE B. MEAD, SECRETARY **CMP/LNC@SAFECO.COM**

THE PRESIDENT OF THE PROPERTY & CASUALTY INSURANCE COMPANIES REMAINS MICHAEL S. MCGAVICK.
 THE POSITION OF PRESIDENT, SAFECO PERSONAL INSURANCE (SPI) OR SAFECO BUSINESS INSURANCE (SBI)
 IS AN INTERNAL FUNCTIONAL DESIGNATION, AS LISTED ABOVE FOR : MICHAEL E. LAROCCO P SPI / D
 DALE E. LAUER P SBI / D

Attachment

H-830525

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SAFECO INSURANCE COMPANY OF INDIANA (formerly: SAFECO Insurance Company of Pennsylvania)

| | |
|----------------------|---|
| Michael S. McGavick | * Chairman of the Board, President |
| Michael E. LaRocco | * President, SPI |
| Dale E. Lauer | * President, SBI |
| Michael H. Hughes | Sr. V.P. |
| Christine B. Mead | * Sr. V.P., Secretary |
| Robert C. Taylor | Sr. V.P., Sr. Associate General Counsel |
| John Ammendola | V.P. |
| James M. Arciere | V.P. |
| Eleanor S. Barnard | V.P. |
| Stephen C. Bauer | V.P., Treasurer |
| John Blodnick | V.P. |
| Nancy Carlson | V.P. |
| William J. Carron | V.P. |
| Stephen D. Collier | V.P., Asst. Secy. |
| Terri J. Dalenta | V.P., Chief Actuary |
| Eric T. Drummond-Hay | V.P., Chief Actuary-SBI |
| John L. Elwell | V.P. |
| Randall R. Farless | V.P. |
| Kim Garland | V.P. |
| David W. Kraft | V.P., Controller, Asst. Secy. |
| Richard M. Levy | V.P., Asst. Secy. |
| Darcy S. MacLaren | V.P. |
| Tim Mikolajewski | V.P. |
| Laura M. Murphy | V.P., Associate General Counsel |
| Scott W. Owen | V.P. |
| Linda A. Shepherd | V.P., Chief Actuary-SPI |
| Caryn B. Siebert | V.P. |
| Ronald L. Spaulding | * V.P. |
| James H. Swegle | V.P. |
| Gregory Tacchetti | V.P. |
| Tom Troy | V.P. |
| Michael Anderson | Asst. V.P., Asst. Secy., Asst. Controller |
| Peggy Kreger | Asst. V.P. |
| David Mandt | Asst. V.P. |
| Patty J. McCollum | Asst. V.P. |
| William A. Norman | Asst. V.P. |
| James G. Schmidt | Asst. V.P., Asst. Secy. |
| Neal A. Fuller | Asst. Secy. |
| Mark Meyer | Asst. Secy. |
| Gary A. Shane | Asst. Secy., Asst. Controller |
| Susan Tracey | Asst. Secy. |
| Bradford K. Young | Asst. Secy. |

Attachment

#830525

55015546

SAFECO INSURANCE COMPANY OF INDIANA (formerly: SAFECO Insurance Company of Pennsylvania)

Roger F. Harbin *
James W. Ruddy *
Wayne H. Smith *
Randall H. Talbot *
* = Denotes Director

SAFECO Insurance Company of Indiana is 100% owned by SAFECO Corporation. The actual location of SAFECO Insurance Company of Indiana is: 500 North Meridian Street, Indianapolis, Indiana 4602-1275. The mailing address is: Regulatory Compliance, SAFECO Plaza, Seattle, WA 98185-0001 and the email address is cmplnc@safeco.com.

DATED: December 18, 2002