


FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90545 001 *1,800.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 830525

1. Entity Name
SAFECO INSURANCE COMPANY OF INDIANA



Principal Place of Business
**500 NORTH MERIDIAN ST
 INDIANAPOLIS, IN 46204**

Mailing Address
**REGULATORY COMPLIANCE
 SAFECO PLAZA
 SEATTLE, WA 98185**

66408561



2. Principal Place of Business
 Suite, Apt. #, etc.

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

City & State

City & State

Zip Country

Zip Country

03092004 Chg-P CR2E034 (10/03)

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

**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

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, 2004 Fee will be \$550.00**

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 981059903**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**SAFECO PLAZA
 SEATTLE, WA 98185-0001**

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VT
**BAUER, STEPHEN C
 601 UNION ST STE 2500
 SEATTLE, WA 98101**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD
**MICHAEL E. LAROCCO
 SAFECO PLAZA
 SEATTLE, WA 98185-0001**

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD
**LAROCCO, MICHAEL E
 4333 BROOKLYN AVENUE, N.E.
 SEATTLE, WA 981059903**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD
**DALE E. LAUER
 SAFECO PLAZA
 SEATTLE, WA 98185-0001**

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD
**LAUER, DALE E
 4333 BROOKLYN AVENUE NE
 SEATTLE, WA 981059903**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

SVSD
**CHRISTINE B. MEAD
 SAFECO PLAZA
 SEATTLE, WA 98185-0001**

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

SVSD
**MEAD, CHRISTINE B
 4333 BROOKLYN AVE NE
 SEATTLE, WA 981059903**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VT
**STEPHEN C. BAUER
 601 UNION ST., SUITE 2500
 SEATTLE, WA 98101-4074**

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VCAS
**KRAFT, DAVID W
 4333 BROOKLYN AVENUE, N.E.
 SEATTLE, WA 981059903**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VC
**LESLIE J. RICE
 SAFECO PLAZA
 SEATTLE, WA 98185-0001**

Change 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: Leslie J. Rice
 LESLIE J. RICE, VICE PRESIDENT, CONTROLLER

3-16-04 (800) 544-2614
Date Daytime Phone #