

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830525

FILED
Apr 29, 2010
Secretary of State

Entity Name: SAFECO INSURANCE COMPANY OF INDIANA

Current Principal Place of Business:

500 NORTH MERIDIAN ST
INDIANAPOLIS, IN 46204 US

New Principal Place of Business:

Current Mailing Address:

SAFECO PLAZA 1001 FOURTH AVE STE 2700
SEATTLE, WA 98154 US

New Mailing Address:

FEI Number: 23-2640501 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO
Name: GREGG, GARY R
Address: 175 BERKELEY ST
City-St-Zip: BOSTON, MA 02116 US

Title: EVPD
Name: GOODBY, SCOTT R
Address: 175 BERKELEY ST
City-St-Zip: BOSTON, MA 02116 US

Title: EVPD
Name: GILLES, JOSEPH
Address: 175 BERKELEY ST
City-St-Zip: BOSTON, MA 02116 US

Title: D
Name: DOYLE, JOHN D
Address: 175 BERKELEY ST
City-St-Zip: BOSTON, MA 02116 US

Title: SEC
Name: LEGG, DEXTER
Address: 175 BERKELEY ST
City-St-Zip: BOSTON, MA 02116 US

Title: ASEC
Name: CIOTTI, KRISTIN K
Address: 175 BERKELEY ST
City-St-Zip: BOSTON, MA 02116 US

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: KRISTIN K. CIOTTI

ASEC

04/29/2010

Electronic Signature of Signing Officer or Director

_____ Date