

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

1

DOCUMENT # 830525

98 DEC -1 AM 9:01

1. Corporation Name

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SAFECO INSURANCE COMPANY OF PENNSYLVANIA

Principal Place of Business	Mailing Address
WILLIAM C. MCKENNA 55 WEST STREET KEENE NH 03431	55 WEST STREET KEENE NH 03431



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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable REGULATORY COMPLIANCE Suite, Apt. #, etc. SAFECO PLAZA City & State SEATTLE, WA Zip 98185 Country USA	3. New Mailing Office Address, If Applicable REGULATORY COMPLIANCE Suite, Apt. #, etc. SAFECO PLAZA City & State SEATTLE, WA Zip 98185 Country USA	4. Date Incorporated or Qualified To Do Business in Florida 07/20/1973	5. FEI Number 23-2640501 Applied For Not Applicable
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	KOERNER, PHILIP D	55 WEST STREET	KEENE NH 03431
CD	EIGSTI, ROGER H.	4333 BROOKLYN AVE. NE	SEATTLE, WA 98185
T	ROYER, DAVID L	55 WEST STREET	KEENE NH 03431
PD	STODDARD, W. RANDALL	4333 BROOKLYN AVE. NE	SEATTLE, WA 98185
S	MCKENNA, WILLIAM C	55 WEST STREET	KEENE NH 03431
VSD	PIERSON, RODNEY A.	4333 BROOKLYN AVE. NE	SEATTLE, WA 98185
VT	BAUER, STEPHEN C.	4333 BROOKLYN AVE. NE	SEATTLE, WA 98185
VD	CHAPMAN, DONALD S.	4333 BROOKLYN AVE. NE	SEATTLE, WA 98185
V	BROWNE, WAYNE T.	4333 BROOKLYN AVE. NE	SEATTLE, WA 98185

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

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
400002705434--1
Suite, Apt. #, Etc.
-12708798-01006-006
City
State
FL
Zip Code
***750.00 ***750.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN _____ Date _____

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for Information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: R. A. Pierson **SIGNATURE REQUIRED** RODNEY A. PIERSON 11-24-98 (206) 545-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (9/98)