

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90053 015 ***150.00

DOCUMENT # 830525

1. Entity Name

SAFECO INSURANCE COMPANY OF PENNSYLVANIA

C0048386



DO NOT WRITE IN THIS SPACE

Principal Place of Business REGULATORY COMPLIANCE SAFECO PLAZA SEATTLE WA 98185	Mailing Address REGULATORY COMPLIANCE SAFECO PLAZA SEATTLE WA 98185-0001
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 23-2640501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

SIGNATURE _____ DATE _____

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD EIGSTI, ROGER 4333 BROOKLYN AVENUE, N.E. SEATTLE WA 98105 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STODDARD, W. RANDALL 4333 BROOKLYN AVENUE, N.E. SEATTLE WA 98105 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PIERSON, RODNEY A 4333 BROOKLYN AVENUE, N.E. SEATTLE WA 98105 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BAUER, STEPHEN C TWO UNION SQ. -25TH FLR SEATTLE WA 98101 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKEY, BOH A 4333 BROOKLYN AVENUE, N.E. SEATTLE WA 98105 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDDY, JAMES W 4333 BROOKLYN AVENUE, N.E. SEATTLE WA 98105 <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D W. RANDALL STODDARD 4333 BROOKLYN AVENUE NE SEATTLE, WA 98105-9903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXEC V WILLIAM T. LEBO 4333 BROOKLYN AVENUE NE SEATTLE, WA 98105-9903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR V/S/D RODNEY A. PIERSON 4333 BROOKLYN AVENUE NE SEATTLE, WA 98105-9903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR V/D DONALD S. CHAPMAN 4333 BROOKLYN AVENUE NE SEATTLE, WA 98105-9903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T STEPHEN C. BAUER 601 UNION STREET, SUITE 2500 SEATTLE, WA 98101-4074 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. S RAY M. EGAN 4333 BROOKLYN AVENUE NE SEATTLE, WA 98105-9903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ray M. Egan March 23, 2000 (800) 544-2614
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RAY M. EGAN, ASST. SEC. Date Daytime Phone #
 CMPLNC@SAFECO.COM

CR2E034 (9/99)

SAFECO INSURANCE COMPANY OF PENNSYLVANIA
(formerly: American Loyalty Insurance Company)

Attach
0048386
890525

W. Randall Stoddard	* President
William T. Lebo	Executive V.P.
Richard R. Berls	Sr. V.P.
Donald S. Chapman	* Sr. V.P.
J. Karl Kreitzer	Sr. V.P.
Dale E. Lauer	* Sr. V.P.
Rod A. Pierson	* Sr. V.P., Secretary
James A. Schmidt	Sr. V.P.
Robert C. Taylor	Sr. V.P., Sr. Associate General Counsel
William E. Thomas	Sr. V.P.
Ronald K. Young	Sr. V.P.
Stephen C. Bauer	V.P., Treasurer
John L. Elwell	V.P.
David W. Kraft	V.P., Controller, Asst. Secy.
H. Paul Lowber	V.P., Asst. Secy.
Darcy S. MacLaren	V.P.
Ronald L. Spaulding	* V.P.
James C. Stiegler	V.P.
Richard M. Chyba	Asst. V.P.
David Mandt	Asst. V.P.
Patty J. McCollum	Asst. V.P.
Tim Mikolajewski	Asst. V.P.
Scott W. Owen	Asst. V.P.
James G. Schmidt	Asst. V.P., Asst. Secy., Asst. Controller
Stephen D. Collier	Asst. Secy.
Ray M. Egan	Asst. Secy.
Daniel B. Schaaf	Asst. Secy., Asst. Controller
Susan Tracey	Asst. Secy.
George P. Yonker	Asst. Secy.
Bradford K. Young	Asst. Secy.
Boh A. Dickey	*
James W. Ruddy	*

* = Denotes Director

SAFECO Insurance Company of Pennsylvania is 100% owned by SAFECO Corporation. The actual location of SAFECO Insurance Company of Pennsylvania is: c/o CT Corporation System, 1635 Market Street, Philadelphia PA 19103-2217. The mailing address is: Regulatory Compliance, SAFECO Plaza, Seattle, WA 98185-0001.

DATED: February 11, 2000