

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 830525

1. Corporation Name

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~~

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

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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	EIGSTL, 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
N	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.

12/08/98 01006--006

City

\*\*\*750.00

\*\*\*750.00

State

FL

Zip Code

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

**SIGNATURE REQUIRED**

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  
Date

(206) 545-5000  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 DEC -1 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 98

CR2ED40 (9/98)