

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90044 034 ***150.00

DOCUMENT # 830525

1. Entity Name

SAFECO INSURANCE COMPANY OF PENNSYLVANIA

Principal Place of Business

REGULATORY COMPLIANCE
 SAFECO PLAZA
 SEATTLE WA 98185

Mailing Address

REGULATORY COMPLIANCE
 SAFECO PLAZA
 SEATTLE WA 98185

A0035467



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O CT CORPORATION SYSTEM

Suite, Apt. #, etc.

1635 MARKET STREET

City & State

PHILADELPHIA, PA

Zip

19103-2217

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STODDARD, W. RANDALL	
STREET ADDRESS	4333 BROOKLYN AVENUE, N.E.	
CITY-ST-ZIP	SEATTLE WA 98105	
TITLE	EV	<input type="checkbox"/> Delete
NAME	LEBO, WILLIAM T	
STREET ADDRESS	4333 BROOKLYN AVENUE, N.E.	
CITY-ST-ZIP	SEATTLE WA 98105	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PIERSON, RODNEY A	
STREET ADDRESS	4333 BROOKLYN AVENUE, N.E.	
CITY-ST-ZIP	SEATTLE WA 98105	
TITLE	SRVD	<input type="checkbox"/> Delete
NAME	CHAPMAN, DONALD S	
STREET ADDRESS	4333 BROOKLYN AVENUE NE	
CITY-ST-ZIP	SEATTLE WA 98101	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BAUER, STEPHEN C	
STREET ADDRESS	4333 BROOKLYN AVENUE, N.E.	
CITY-ST-ZIP	SEATTLE WA 98105	
TITLE	AS	<input type="checkbox"/> Delete
NAME	EGAN, RAY M	
STREET ADDRESS	4333 BROOKLYN AVENUE, N.E.	
CITY-ST-ZIP	SEATTLE WA 98105	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL S. McGAVICK	
STREET ADDRESS	4333 BROOKLYN AVE NE	
CITY-ST-ZIP	SEATTLE, WA 98105-9903	
TITLE	EV/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	SEATTLE, WA 98105-9903	
TITLE	SV/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	SEATTLE, WA 98105-9903	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	SEATTLE, WA 98105-9903	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	601 UNION ST., SUITE 2500	
CITY-ST-ZIP	SEATTLE, WA 98101-4074	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	SEATTLE, WA 98105-9903	

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 23, 2001 **CMPLNC@SAFECO.COM**

RAY M. EGAN, ASST. SEC.

Daytime Phone #

CR25034 (10/00)

Attachment 1
01/13/05
A05354675

SAFECO INSURANCE COMPANY OF PENNSYLVANIA

(formerly: American Loyalty Insurance Company)

Michael S. McGavick	*	Chairman of the Board, President
William T. Lebo	*	Executive V.P.
Richard R. Berls		Sr. V.P.
Donald S. Chapman	*	Sr. V.P.
Peter E. Dunn		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.
Stephen C. Bauer		V.P., Treasurer
William J. Carron		V.P.
Stephen D. Collier		V.P., Asst. Secy.
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.
Tim Mikolajewski		V.P.
Ronald L. Spaulding	*	V.P.
James C. Stiegler		V.P.
Michael Anderson		Asst. V.P., Asst. Secy., Asst. Controller
Richard M. Chyba		Asst. V.P.
David Mandt		Asst. V.P.
Patty J. McCollum		Asst. V.P.
Camille Minogue		Asst. V.P.
Scott W. Owen		Asst. V.P.
James G. Schmidt		Asst. V.P., Asst. Secy.
Ray M. Egan		Asst. Secy.
Neal A. Fuller		Asst. Secy.
Susan Tracey		Asst. Secy.
Bradford K. Young		Asst. Secy.
Gary A. Shane		Asst. Controller
Roger F. Harbin	*	
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 and the email address is cmplnc@safeco.com.

DATED: February 14, 2001