

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90265 001 \*1,350.00

**DOCUMENT # 830525**  
 1. Entity Name  
**SAFECO INSURANCE COMPANY OF PENNSYLVANIA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**C/O CT CORPORATION SYSTEM**  
**1635 MARKET STREET**  
**PHILADELPHIA PA 19103-2217**

Mailing Address  
**REGULATORY COMPLIANCE**  
**SAFECO PLAZA**  
**SEATTLE WA 98185**

2. Principal Place of Business  
 State, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 State, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **23-2640501**  
 Approved 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature required for principal place of business agent and State Approver (NOTE: Registered Agent signature required when re-stating)

9. This corporation is of good to satisfy its intangible tax filing requirement and wishes to do so   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election of Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGAVICK, MICHAEL S	
STREET ADDRESS	4333 BROOKLYN AVENUE, N.E.	
CITY-STATE-ZIP	SEATTLE WA 98105-9903	
TITLE	EVD	<input checked="" type="checkbox"/> Delete
NAME	LEBO, WILLIAM T	
STREET ADDRESS	4333 BROOKLYN AVENUE, N.E.	
CITY-STATE-ZIP	SEATTLE WA 98105-9903	
TITLE	SVSD	<input checked="" type="checkbox"/> Delete
NAME	PIERSON, RODNEY A	
STREET ADDRESS	4333 BROOKLYN AVENUE, N.E.	
CITY-STATE-ZIP	SEATTLE WA 98105-9903	
TITLE	SRVD	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, DONALD S	
STREET ADDRESS	4333 BROOKLYN AVENUE NE	
CITY-STATE-ZIP	SEATTLE WA 98105-9903	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	BAUER, STEPHEN C	
STREET ADDRESS	601 UNION ST. SUITE 2500	
CITY-STATE-ZIP	SEATTLE WA 98101-4074	
TITLE	AS	<input type="checkbox"/> Delete
NAME	EGAN, RAY M	
STREET ADDRESS	4333 BROOKLYN AVENUE, N.E.	
CITY-STATE-ZIP	SEATTLE WA 98105-9903	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (N1)

TITLE	COB/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	P SPI/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL E. LaROCCO	
STREET ADDRESS	4333 BROOKLYN AVE NE	
CITY-STATE-ZIP	SEATTLE, WA 98105-9903	
TITLE	P SBI/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALE E. LAUER	
STREET ADDRESS	4333 BROOKLYN AVE NE	
CITY-STATE-ZIP	SEATTLE, WA 98105-9903	
TITLE	EVID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM T. LEBO	
STREET ADDRESS	4333 BROOKLYN AVE NE	
CITY-STATE-ZIP	SEATTLE, WA 98105-9903	
TITLE	SV/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTINE B. MEAD	
STREET ADDRESS	4333 BROOKLYN AVE NE	
CITY-STATE-ZIP	SEATTLE, WA 98105-9903	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 19.07(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 27, 2002 (800) 544-2614  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RAY M. EGAN, ASST. SEC<sup>Y</sup> CMLPNC@SAFECO.COM  
Declare Phone #

THE PRESIDENT OF THE PROPERTY & CASUALTY INSURANCE COMPANIES REMAINS MICHAEL S. MCGAVICK.  
 THE POSITION OF PRESIDENT, SAFECO PERSONAL INSURANCE (SPI) OR SAFECO BUSINESS INSURANCE (SBI)  
 IS AN INTERNAL FUNCTIONAL DESIGNATION ONLY. AS LISTED ABOVE FOR : MICHAEL E. LaROCCO P SPI / D  
 DALE E. LAUER P SBI / D

CR2E034 (9/01)

Attachment  
Document #

830525

**SAFECO INSURANCE COMPANY OF PENNSYLVANIA (formerly: American Loyalty**

**Insurance Company )**

Michael S. McGavick	*	Chairman of the Board, President
Michael E. LaRocco	*	President, SPI
Dale E. Lauer	*	President, SBI
William T. Lebo	*	Executive V.P.
Nancy Carlson		Sr. V.P.
Christine B. Mead	*	Sr. V.P., Secretary
Robert C. Taylor		Sr. V.P., Sr. Associate General Counsel
Stephen C. Bauer		V.P., Treasurer
William J. Carron		V.P.
Stephen D. Collier		V.P., Asst. Secy.
John L. Elwell		V.P.
Randall R. Farless		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.
William A. Norman		V.P.
Scott W. Owen		V.P.
Ronald L. Spaulding	*	V.P.
James C. Stiegler		V.P.
James H. Swegle		V.P.
Michael Anderson		Asst. V.P., Asst. Secy., Asst. Controller
James Arciere		Asst. V.P.
Richard M. Chyba		Asst. V.P.
Kim Garland		Asst. V.P.
Peggy Kreger		Asst. V.P.
David Mandt		Asst. V.P.
Patty J. McCollum		Asst. V.P.
Camille Minogue		Asst. V.P.
James G. Schmidt		Asst. V.P., Asst. Secy.
Gregory Tacchetti		Asst. V.P.
Tom Troy		Asst. V.P.
Ray M. Egan		Asst. Secy.
Neal A. Fuller		Asst. Secy.
Mark Meyer		Asst. Secy.
Gary A. Shane		Asst. Secy., Asst. Controller
Susan Tracey		Asst. Secy.
Bradford K. Young		Asst. Secy.
Roger F. Harbin	*	
James W. Ruddy	*	

Attachment  
Document #  
830525

\* = 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](mailto:cmplnc@safeco.com).

DATED: February 28, 2002