

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 812116 (2)
1. Corporation Name
SAFECO LIFE INSURANCE COMPANY



Principal Place of Business 15411 NE 51 STREET REDMOND WA 98052 US	Mailing Address 15411 NE 51 STREET REDMOND WA 98052-5151 US
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21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 08/03/1957	3a. Date of Last Report 02/28/1996
4. FEI Number 91-0742147	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	AS	<input type="checkbox"/> DELETE
NAME	EGAN, RAY M	
STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE WA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	KNEBEL, MICHAEL C	
STREET ADDRESS	15411 NE 51 STREET	
CITY-ST-ZIP	REDMOND WA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	PIERSON, RODNEY A	
STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE, WASHINGTON00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCLEAN, DAN D	
STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE, WASHINGTON00000	
TITLE	CBD	<input type="checkbox"/> DELETE
NAME	EIGSTI, ROGER H	
STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE WA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZUNKER, RICHARD E	
STREET ADDRESS	15411 NE 51ST ST	
CITY-ST-ZIP	REDMOND WA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ray M. Egan* **Ray M. Egan** **1/17/97** **800-544-2614**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)