


FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90545 001 *1,800.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 812116					
1. Entity Name SAFECO LIFE INSURANCE COMPANY					
Principal Place of Business 5069 154TH PLACE NE REDMOND, WA 98052 US			Mailing Address REGULATORY COMPLIANCE SAFECO PLAZA SEATTLE, WA 98185 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALBOT, RANDALL H		NAME		
STREET ADDRESS	5069 154TH PL NE		STREET ADDRESS		
CITY-ST-ZIP	REDMOND, WA 980529669		CITY-ST-ZIP		
TITLE	EVD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARBIN, ROGER F		NAME		
STREET ADDRESS	5069 154TH PL NE		STREET ADDRESS		
CITY-ST-ZIP	REDMOND, WA 980529669		CITY-ST-ZIP		
TITLE	SVSD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEAD, CHRISTINE B		NAME	MICHAEL E. LAROCCO	
STREET ADDRESS	4333 BROOKLYN AVE NE		STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE, WA 981059903		CITY-ST-ZIP	SEATTLE, WA 98185-0001	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAROCCO, MICHAEL		NAME	DALE E. LAUER	
STREET ADDRESS	4333 BROOKLYN AVE NE		STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE, WA 981059903		CITY-ST-ZIP	SEATTLE, WA 98185-0001	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SVSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAUER, DALE E		NAME	CHRISTINE B. MEAD	
STREET ADDRESS	4333 BROOKLYN AVE NE		STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE, WA 981059903		CITY-ST-ZIP	SEATTLE, WA 98185-0001	
TITLE	VTD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAULDING, RONALD L		NAME		
STREET ADDRESS	801 UNION ST STE 2500		STREET ADDRESS		
CITY-ST-ZIP	SEATTLE, WA 98101		CITY-ST-ZIP	SEATTLE, WA 98101-4074	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Leslie J. Rice</i>			3-16-04		(800) 544-2614
LESLIE J. RICE, VICE PRESIDENT, CONTROLLER			Date		Daytime Phone #

66408564



03092004 Chg-P CR2E034 (10/03)