

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **844892** (0)

1. Corporation Name
SAFECO NATIONAL LIFE INSURANCE COMPANY



Principal Place of Business: **15411 NE 51 STREET, REDMOND WA 98052, US**
 Mailing Address: **P.O. BOX 34690, SEATTLE WA 98124-8690**

3. Date Incorporated or Qualified 12/31/1979	3a. Date of Last Report 01/26/1995
4. FEI Number 91-1079693	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER
 THE CAPITOL BLDG.
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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

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 available

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CBD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EIGSTI, ROGER H	12. NAME	
STREET ADDRESS	SAFECO PLAZA	13. STREET ADDRESS	
CITY - ST - ZIP	SEATTLE WA	14. CITY - ST - ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERSON, RODNEY A	22. NAME	
STREET ADDRESS	SAFECO PLAZA	23. STREET ADDRESS	
CITY - ST - ZIP	SEATTLE WA	24. CITY - ST - ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNEBEL, MICHAEL C	32. NAME	
STREET ADDRESS	15411 NW 51 STREET	33. STREET ADDRESS	
CITY - ST - ZIP	REDMOND WA 98052	34. CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, RAY	42. NAME	
STREET ADDRESS	SAFECO PLAZA	43. STREET ADDRESS	
CITY - ST - ZIP	SEATTLE WA	44. CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPALDING, RONALD L	52. NAME	
STREET ADDRESS	SAFECO PLAZA	53. STREET ADDRESS	
CITY - ST - ZIP	REDMOND WA 98185	54. CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUNKER, RICHARD	62. NAME	
STREET ADDRESS	15411 N.E. 51 ST.	63. STREET ADDRESS	
CITY - ST - ZIP	REDMOND WA	64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96
 Date

(800) 544-2614
 Daytime Phone #

CR2E034 (12/95)

SAFECO NATIONAL LIFE INSURANCE COMPANY

Roger H. Eigsti	* Chairman of the Board
Richard E. Zunker	* President
Boh A. Dickey	* Executive V.P.
Rod A. Pierson	* Sr. V.P., Secretary
James T. Flynn	V.P., Controller, Asst. Secy.
Roger F. Harbin	V.P., Actuary
Michelle Kemper	V.P.
Michael J. Kinzer	V.P., Chief Actuary
Michael C. Knebel	V.P., Treasurer
George C. Pagos	V.P., Associate General Counsel, Asst. Secy.
Ronald L. Spaulding	* V.P.
Stephen D. Collier	Asst. V.P.
Wayne A. Rothmeyer	Asst. V.P., Actuary
Ray M. Egan	Asst. Secy.
David W. Kraft	Asst. Secy.
H. Paul Lowber	Asst. Secy.
George P. Yonker	Asst. Secy.
Bradford K. Young	Asst. Secy.
Donald S. Chapman	*
Dan D. McLean	*
James W. Ruddy	*
Robert W. Swegle	*

* Denotes Director