


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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34680 SEATTLE WA 98124-8690
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/31/1979	4. FEI Number 91-1079693	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Regulatory Compliance	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. SAFECO Plaza	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	28. Seattle, WA.	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	29. 98185	30. U.S.		

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		
B1. Name				
B2. Street Address (P.O. Box Number is Not Acceptable)				
B3.				
B4. City	FL	B5. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CBD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EIGSTI, ROGER H	1.2 NAME	
STREET ADDRESS	SAFECO PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	1.4 CITY-ST-ZIP	98185
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERSON, RODNEY A	2.2 NAME	
STREET ADDRESS	SAFECO PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	2.4 CITY-ST-ZIP	98185
TITLE	VPT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNEBEL, MICHAEL C	3.2 NAME	
STREET ADDRESS	15411 NW 51 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	REDMOND WA 98052	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EGAN, RAY	4.2 NAME	
STREET ADDRESS	SAFECO PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	4.4 CITY-ST-ZIP	98185
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAULDING, RONALD L	5.2 NAME	
STREET ADDRESS	SAFECO PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	REDMOND WA 98185	5.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZUNKER, RICHARD	6.2 NAME	P
STREET ADDRESS	15411 N.E. 51 ST.	6.3 STREET ADDRESS	Randall H. Talbot
CITY-ST-ZIP	REDMOND WA	6.4 CITY-ST-ZIP	15411 N.E. 51st Redmond, WA. 98052

14. 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 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 _____ **Rodney Pierson** 2/23/98 (206) 545-6414

CF2E034 (10/97)