


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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90171 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 844892

1. Corporation Name
SAFECO NATIONAL LIFE INSURANCE COMPANY



Principal Place of Business 15411 NE 51 STREET REDMOND WA 98052 US	Mailing Address REGULATORY COMPLIANCE SAFECO PLAZA SEATTLE WA 98185 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
12/31/1979

4. FEI Number
91-1079693

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **FL**

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

12. OFFICERS AND DIRECTORS

TITLE	CBD	<input type="checkbox"/> DELETE
NAME	EIGSTI, ROGER H	
STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE WA 98185	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	PIERSON, RODNEY A	
STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE WA 98185	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	EGAN, RAY	
STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE WA 98185	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SPAULDING, RONALD L	
STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	REDMOND WA 98185	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TALBOT, RANDALL H.	
STREET ADDRESS	15411 N.E. 51 ST.	
CITY-ST-ZIP	REDMOND WA 98052	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4333 BROOKLYN AVENUE NE
1.4 CITY-ST-ZIP	SEATTLE, WA 98105
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4333 BROOKLYN AVENUE NE
2.4 CITY-ST-ZIP	SEATTLE, WA 98105
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4333 BROOKLYN AVENUE NE
3.4 CITY-ST-ZIP	SEATTLE, WA 98105
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	TWO UNION SQUARE, 25TH FLOOR
4.4 CITY-ST-ZIP	SEATTLE, WA 98101
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PD
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	DICKEY, BOH A.
6.4 CITY-ST-ZIP	4333 BROOKLYN AVENUE NE
	SEATTLE, WA 98105

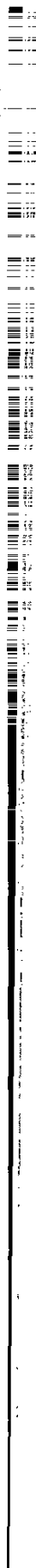
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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, with all other like empowered.

SIGNATURE: Ray M. Egan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RAY M. EGAN, ASSISTANT SECRETARY

4-15-99 (800) 544-2614
Date Daytime Phone #

CR2E034 (11/98)

844892
446909-90171-2



SAFECO NATIONAL LIFE INSURANCE COMPANY

Roger H. Eigsti	*	Chairman of the Board
Randall H. Talbot	*	President
Roger F. Harbin		Executive V.P.
Rod A. Pierson	*	Sr. V.P., Secretary
James T. Flynn		V.P., Controller, Asst. Secy.
Michelle M. Kemper		V.P.
Michael J. Kinzer		V.P., Chief Actuary
George C. Pagos		V.P., Associate General Counsel, Asst. Secy.
Ronald L. Spaulding	*	V.P., Treasurer
Paul A. Stevenson		V.P.
Kimberly E. McSheridan		Asst. V.P.
James Pirak		Asst. V.P.
Wayne A. Rothmeyer		Asst. V.P., Actuary
Stephen D. Collier		Asst. Secy.
Ray M. Egan		Asst. Secy.
Kathy Englund		Asst. Secy.
Kevin W. Grandstaff		Asst. Secy.
David W. Kraft		Asst. Secy.
H. Paul Lowber		Asst. Secy.
Colleen Murphy		Asst. Secy.
Daniel B. Schaaf		Asst. Secy.
George P. Yonker		Asst. Secy.
Bradford K. Young		Asst. Secy.
Donald S. Chapman	*	
Boh A. Dickey	*	
Dale E. Lauer	*	
James W. Ruddy	*	
W. Randall Stoddard	*	

* = Denotes Director

SAFECO National Life Insurance Company is 100% owned by SAFECO Corporation. The actual location and mailing address of SAFECO National Life Insurance Company is : 15411 NE 51st Street, Redmond, WA 98052-5114.

DATED: April 8, 1999