

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90266 001 \*\*\*450.00

**DOCUMENT # 844892**  
 1. Entity Name  
**SAFECO NATIONAL LIFE INSURANCE COMPANY**

Principal Place of Business <b>5069-154TH PL NE                  REDMOND WA 98052                  US</b>	Mailing Address <b>REGULATORY COMPLIANCE                  SAFECO PLAZA                  SEATTLE WA 98185                  US</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>91-1079693</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**FLORIDA STATE INSURANCE COMMISSIONER  
 THE CAPITOL BLDG.  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD TALBOT, RANDALL H 5069 154TH PL NE REDMOND WA 98052</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVD HARBIN, ROGER F 5069 154TH PL NE REDMOND WA 98052</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVSD PIERSON, RODNEY A 4333 BROOKLYN AVE NE SEATTLE WA 98105</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHAPMAN, DONALD S 4333 BROOKLYN AVE NE SEATTLE WA 98105</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD SPAULDING, RONALD L 601 UNION ST. STE 2500 SEATTLE WA 98101</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS EGAN, RAY M 4333 BROOKLYN AVE N.E SEATTLE WA 98105</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REDMOND, WA 98052-9669</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REDMOND, WA 98052-9669</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MICHAEL E. LaROCCO 4333 BROOKLYN AVE NE SEATTLE, WA 98105-9903</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DALE E. LAUER 4333 BROOKLYN AVE NE SEATTLE, WA 98105-9903</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV/S/D CHRISTINE B. MEAD 4333 BROOKLYN AVE NE SEATTLE, WA 98105-9903</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEATTLE, WA 98105-9903</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 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

March 27, 2002

RAY M. EGAN, ASST. SEC.

(800) 544-2614  
 CMLPNC@SAFECO.COM  
 Daytime Phone #

CR2E034 (9/01)

Attachment  
Document #  
844892

**SAFECO NATIONAL LIFE INSURANCE COMPANY**

Michael S. McGavick	*	Chairman of the Board
Randall H. Talbot	*	President
Roger F. Harbin	*	Executive V.P.
Patrick B. McCormick		Sr. V.P.
Christine B. Mead	*	Sr. V.P., Secretary
M. Scott Taylor		Sr. V.P.
Stephen D. Collier		V.P., Asst. Secy.
Michelle M. Kemper		V.P.
Michael J. Kinzer		V.P., Chief Actuary
H. Paul Lowber		V.P., Asst. Secy.
Kimberly E. McSheridan		V.P.
Scott W. Owen		V.P.
George C. Pagos		V.P., Associate General Counsel, Asst. Secy.
James Pirak		V.P.
Leslie J. Rice		V.P., Controller, Asst. Secy.
Ronald L. Spaulding	*	V.P., Treasurer
Paul A. Stevenson		V.P.
Colleen Murphy		Asst. V.P., Asst. Controller, Asst. Secy.
Judy Walter		Asst. V.P.
Michael Anderson		Asst. Secy.
Ray M. Egan		Asst. Secy.
Neal A. Fuller		Asst. Secy.
Mike James		Asst. Secy.
David W. Kraft		Asst. Secy.
Mark Meyer		Asst. Secy.
Susan Tracey		Asst. Secy.
Bradford K. Young		Asst. Secy.
Michael E. LaRocco	*	
Dale E. Lauer	*	
William T. Lebo	*	
James W. Ruddy	*	

\* = Denotes Director

SAFECO National Life Insurance Company is 100% owned by SAFECO Corporation. The actual location of SAFECO National Life Insurance Company: 5069 154<sup>th</sup> PL NE, Redmond, WA 98052-9669. The mailing address for the corporate headquarters is: Regulatory Compliance, SAFECO Plaza, Seattle, WA 98185-0001 and the email address is [cmplnc@safeco.com](mailto:cmplnc@safeco.com).

DATED: February 28, 2002