


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90170 001 \*1,800.00

<b>DOCUMENT # 844892</b>			
1. Entity Name <b>SAFECO NATIONAL LIFE INSURANCE COMPANY</b>			
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>	
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	
<b>FLORIDA STATE INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE FL 32301</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD TALBOT, RANDALL H 5069 154TH PL NE REDMOND WA 98052-9669</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>EVD HARBIN, ROGER F 5069 154TH PL NE REDMOND WA 98052-9669</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SVSD MEAD, CHRISTINE B 4333 BROOKLYN AVE NE SEATTLE WA 98105-9903</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MICHAEL E. LAROCCO 4333 BROOKLYN AVENUE NE SEATTLE, WA 98105-9903</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D LAROCCO, MICHAEL E 4333 BROOKLYN AVE NE SEATTLE WA 98105-9903</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DALE E. LAUER 4333 BROOKLYN AVENUE NE SEATTLE, WA 98105-9903</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D LAUER, DALE E 601 UNION ST. STE 2500 SEATTLE WA 98101</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SVSD CHRISTINE B. MEAD 4333 BROOKLYN AVENUE NE SEATTLE, WA 98105-9903</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS EGAN, RAY M 4333 BROOKLYN AVE N.E SEATTLE WA 98105</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VTD RONALD L. SPAULDING 601 UNION ST., SUITE 2500 SEATTLE, WA 98101-4074</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.			



CHECK HERE IF MAKING CHANGES

4. FEI Number **91-1079693** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CHRISTINE B. MEAD, SECRETARY**

**(800) 544-2614**  
**February 27, 2003** **CMPLNC@SAFECO.COM**

Date Daytime Phone #

Attachment

#844892 / 550/5550

**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.
Terri J. Dalenta	V.P.
Michelle M. Kemper	V.P.
Michael J. Kinzer	V.P., Chief Actuary
Richard M. Levy	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.
Margaret Meister	Asst. V.P., Actuary
Colleen Murphy	Asst. V.P., Asst. Controller, Asst. Secy.
Judy Walter	Asst. V.P.
Michael Anderson	Asst. Secy.
Mike Crider	Asst. Secy.
Kevin Davis	Asst. Secy.
Neal A. Fuller	Asst. Secy.
David W. Kraft	Asst. Secy.
Mark Meyer	Asst. Secy.
James G. Schmidt	Asst. Secy.
Susan Tracey	Asst. Secy.
Bradford K. Young	Asst. Secy.
Michael E. LaRocco	* Asst. Secy.
Dale E. Lauer	* Asst. Secy.
James W. Ruddy	* Asst. Secy.
Wayne H. Smith	* Asst. Secy.

\* = 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: December 8, 2002