


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 S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **809791** (7)
1. Corporation Name
SAFECO INSURANCE COMPANY OF AMERICA



Principal Place of Business SAFECO PLAZA SEATTLE WASHINGTON 98185	Mailing Address SAFECO PLAZA SEATTLE WASHINGTON 98185
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/06/1954	
21 Suite, Apt. #, etc.		26 Regulatory Compliance		4. FEI Number 91-0742148	
22 City & State		27 SAFECO Plaza		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Zip		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	
25 Country		30 Country			

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BUILDING 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	

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	AS	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	EGAN, RAY M			1.2 NAME			
STREET ADDRESS	SAFECO PLAZA			1.3 STREET ADDRESS			
CITY-ST-ZIP	SEATTLE WA			1.4 CITY-ST-ZIP		98185	
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCLEAN, DAN D			2.2 NAME		PD	
STREET ADDRESS	SAFECO PLAZA			2.3 STREET ADDRESS		W. Randall Stoddard	
CITY-ST-ZIP	SEATTLE WA			2.4 CITY-ST-ZIP		SAFECO Plaza	
TITLE	CBD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	EIGSTI, ROGER H			3.2 NAME		Seattle, WA.	98185
STREET ADDRESS	SAFECO PLAZA			3.3 STREET ADDRESS			
CITY-ST-ZIP	SEATTLE WA			3.4 CITY-ST-ZIP		98185	
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CHAPMAN, DONALD			4.2 NAME			
STREET ADDRESS	SAFECO PLAZA			4.3 STREET ADDRESS			
CITY-ST-ZIP	SEATTLE, WA 00000			4.4 CITY-ST-ZIP		98185	
TITLE	VT	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BAUER, STEPHEN C.			5.2 NAME			
STREET ADDRESS	SAFECO PLAZA			5.3 STREET ADDRESS			
CITY-ST-ZIP	SEATTLE WA			5.4 CITY-ST-ZIP		98185	
TITLE	VSD	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PIERSON, RODNEY A			6.2 NAME			
STREET ADDRESS	SAFECO PLAZA			6.3 STREET ADDRESS			
CITY-ST-ZIP	SEATTLE WA			6.4 CITY-ST-ZIP		98185	

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

[Signature]

Rodney A. Pierson

2/22/98

408-545-6414

CR2E034 (10/97)