

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

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Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **812116** (2)

1. Corporation Name
SAFECO LIFE INSURANCE COMPANY

Principal Place of Business 15411 NE 51 STREET REDMOND WA 98052 US	Mailing Address 15411 NE 51 STREET REDMOND WA 98052-5151 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/03/1957	3a. Date of Last Report 02/28/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 91-0742147		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	25 Country	28 Zip		29 Country	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (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 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	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNEBEL, MICHAEL C	2.2 NAME	
STREET ADDRESS	15411 NE 51 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	REDMOND WA	2.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERSON, RODNEY A	3.2 NAME	SVP
STREET ADDRESS	SAFECO PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE, WASHINGTON 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEAN, DAN D	4.2 NAME	
STREET ADDRESS	SAFECO PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE, WASHINGTON 00000	4.4 CITY-ST-ZIP	
TITLE	CBD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EIGSTI, ROGER H	5.2 NAME	
STREET ADDRESS	SAFECO PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUNKER, RICHARD E	6.2 NAME	
STREET ADDRESS	15411 NE 51ST ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	REDMOND WA	6.4 CITY-ST-ZIP	

14. I do 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: Ray M. Egan Ray M. Egan 1/17/97 800-544-2614

CR2E034 (9/96)