

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

FILED  
Mar 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **812116** (2)  
1. Corporation Name  
**SAFECO LIFE INSURANCE COMPANY**



Principal Place of Business	Mailing Address
<b>15411 NE 51 STREET REDMOND WA 98052 US</b>	<b>15411 NE 51 STREET REDMOND WA 98052 US</b>

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/03/1957</b>	
21 Suite, Apt. #, etc.		26 <b>Regulatory Compliance</b>		4. FEI Number <b>91-0742147</b>	
22 City & State		27 <b>SAFECO Plaza</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 <b>Seattle, WA.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 <b>U.S.</b>		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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>INSURANCE COMMISSIONER CAPITOL BLDG TALLAHASSEE FL 32301</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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	<b>EGAN, RAY M</b>			1.2 NAME			
STREET ADDRESS	<b>SAFECO PLAZA</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SEATTLE WA</b>			1.4 CITY-ST-ZIP	<b>98185</b>		
TITLE	VT	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>KNEBEL, MICHAEL C</b>			2.2 NAME	<b>VTD</b>		
STREET ADDRESS	<b>15411 NE 51 STREET</b>			2.3 STREET ADDRESS	<b>Ronald L. Spaulding</b>		
CITY-ST-ZIP	<b>REDMOND WA</b>			2.4 CITY-ST-ZIP	<b>SAFECO Plaza</b>		
TITLE	VSD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>PIERSON, RODNEY A</b>			3.2 NAME	<b>Seattle, WA. 98185</b>		
STREET ADDRESS	<b>SAFECO PLAZA</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SEATTLE, WASHINGTON 000000</b>			3.4 CITY-ST-ZIP	<b>98185</b>		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MCLEAN, DAN D</b>			4.2 NAME			
STREET ADDRESS	<b>SAFECO PLAZA</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SEATTLE, WASHINGTON 000000</b>			4.4 CITY-ST-ZIP			
TITLE	CBD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>EIGSTI, ROGER H</b>			5.2 NAME			
STREET ADDRESS	<b>SAFECO PLAZA</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SEATTLE WA</b>			5.4 CITY-ST-ZIP	<b>98185</b>		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>ZUNKER, RICHARD E</b>			6.2 NAME	<b>P</b>		
STREET ADDRESS	<b>15411 NE 51ST ST</b>			6.3 STREET ADDRESS	<b>Randall H. Talbot</b>		
CITY-ST-ZIP	<b>REDMOND WA</b>			6.4 CITY-ST-ZIP	<b>15411 N.E. 51st St</b>		

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:



Rodney A. Pierson 2/23/98

(200 545-6414

CR2E034 (10/97)