## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 818932

**AMERICAN STATES LIFE INSURANCE COMPANY** 

**FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90128 049 \*\*\*150.00



| }   |  |  |                       |                    |   |                      |                 |
|---|--|--|-----------------------|--------------------|---|----------------------|-----------------|
| Principal Place of Business Mailing Address   |  |  |                       |                    | i ibanea roion esbasi detre 19700 tilité atéli Critic A | inte order olleit di | 1911 01014 1901 |
| 500 NORTH MERIDIAN STREET REGULATORY COMPLIANCE   |  |  |                       |                    |   |                      |                 |
| INDIANAPOLIS INDIANA 46204 SAFECO PLAZA SEATTLE WA 98185  |  |  |                       |                    | DO NOT IMPLET IN THE                                    | 00.05                |                 |
| 1   |  | US                                     |                       |                    | DO NOT WRITE IN THIS  3. Date Incorporated or Qualified | SPACE                | <del></del> -   |
| 1   |  |  |                       |                    | 08/03/1965  |                      | ,               |
| 2. Principal Pl   | ace of Business                                      | 2a. Mailing Address                    |                       |                    | 4. FEI Number   | Ant                  | plied For       |
| 21  |  |  |                       |                    | 35-1007048  |                      | Applicable      |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |  |  | <del></del>           |                    |   | \$8.75 A             |                 |
| 22  | 27   |  |                       |                    | 5. Certificate of Status Desired                        | Fee Rec              | quired          |
|   | City & State City & State                            |  |                       | _                  | 6. Election Campaign Financing                          | \$5.00               | May Be          |
| 23 Zin  | 28   |  |                       |                    | Trust Fund Contribution                                 | Added to             | o Fees          |
| Zip   | Country Zip Cou                                      |  |                       |                    | 8. This corporation owes the current year into          | _                    | _               |
| 24 25 29 98185-0001 30 9. Name and Address of Current Registered Agent  |  |  |                       | ···                | Personal Property Tax.                                  |                      | □No             |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name  |  |  |                       |                    |   |                      |                 |
| INSURANCE COMMISSIONER  |  |  |                       |                    |   |                      |                 |
| CAPITOL BLDG  |  |  |                       | Street Addre       | ess (P.O. Box Number is Not Acceptable)                 |                      |                 |
| TALLAHASSEE FL  |  |  | 83                    | <del></del>        |   |                      |                 |
| [   |  |  |                       |                    |   |                      |                 |
| ł   |  |  | 84                    | City               | FL  | 85 Zip C             | ode             |
| 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 registration.  |  |  |                       |                    |   |                      | 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. |  |  |                       |                    |   |                      |                 |
| 1   | iii iairiiiai wiiii, and accept the obligat          | ons of, Section 607.0505, Florida 5    | otatutes.             |                    |   |                      |                 |
| SIGNATURE   | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: Regist | bred Agent            | signature required | when reinstating) DATE                                  |                      | —— ì            |
| 12.   | OFFICERS AN  | <del></del>                            | 13.                   |                    | ADDITIONS/CHANGES TO OFFICERS AN                        | D DIRECTO            | RS IN 12        |
| TITLE   | CO   | OELETE 1                               | .1 TITLE              |                    |   | Change               | ☐ Addition      |
| NAME  | EIGSTI, ROGER H                                      |  | 2 NAME                |                    |   |                      | į               |
| STREET ADDRESS  | 4333 BROADWAY AVENUE N E                             | 1                                      | 3 STREET A            | DORESS             |   |                      |                 |
| CITY-ST-ZIP   | SEATTLE WA 98105                                     |  | 4 CITY-ST-            | ZIP                |   |                      |                 |
| TITLE   | PD   | DELETE 2.                              | A TITLE               |                    |   | Change               | Addition        |
| NAME  | TALBOT, RANDALL H                                    | 2                                      | .2 NAME               |                    |   |                      | į               |
| STREET ADDRESS  | 15411 N E 51ST STREET                                | 2                                      | 3 STREET A            | DORESS             |   |                      | Ì               |
| CITY-ST-ZIP   |  |  | 4 CITY-ST             | ZIP                |   |                      |                 |
| TITLE   | VSD  | ☐ DELETE 3.                            | A TITLE               | 1                  |   | Change               | Addition        |
| NAME  | PIERSON, RODNEY                                      |  | .2 NAME               |                    |   |                      | 1               |
| STREET ADDRESS  | 4333 BROOKLYN AVENUE N E                             |  | 3 STREET A            |                    | •   |                      | }               |
| CATY-ST-ZIP   | SEATTLE WA 98105                                     |  | 4. CITY-ST            | -ZSP               |   | DD 0                 |                 |
| TITLE   | VTD  | <u> </u>                               | I.1 TITLE             | -                  |   | Change               | Addition        |
| NAME  | SPAULDING, RONALD L                                  |  | I. 2 NAME             |                    | MO HARON BOLLADE DETLI EL COC                           |                      |                 |
| STREET ADDRESS  | 4333 BROOKLYN AVENUE N E                             | •                                      | L3 STREET /           |                    | VO UNION SQUARE, 25TH FLOOR                             |                      |                 |
| CITY-ST-ZIP   | SEATTLE WA 98105                                     |  | A CITY-ST-            | ZIP SI             | EATTLE, WA 98101  |                      | Addition        |
| ITTLE   | DICKEN BON V   |  | 5.1 YTTLE<br>5.2 NAME | - {                |   | Change               |                 |
| NAME  | DICKEY, BOH A  | E                                      |                       | , noncee           |   |                      |                 |
| STREET ADDRESS  | 4333 BROOKLYN AVENUE N E                             |  | 3.3 STREET A          |                    |   |                      | 1               |
| CITY-ST-ZIP   | SEATTLE WA 98105                                     |  | A CITY-ST-            |                    |   | <b>M</b> 04          |                 |
| ! THTLE   | OTODO AND        |  | 3.1 TITLE             | D                  |   | (X) Change           | Addition [      |
| NAME  | STODDARD, W RANDALL                                  |  | 5.2 NAME              |                    | UDDY, JAMES W.  |                      | j               |
| STREET ADDRESS  | 4333 BROOKLYN AVENUE N E                             |  | 3.3 STREET #          | 1 0                | 333 BROOKLYN AVENUE NE                                  |                      |                 |
| CITY-ST-ZIP   | SEATTLE WA 98105                                     |  | 5.4 CITY-ST-          | .zip   Si          | EATTLE, WA 98105  |                      | ,               |

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

GNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RAY M. IGAN, ASSISTANT SECRETARY

4-15-99

(800) 544-2614

Daytime Phone #

## AMERICAN STATES LIFE INSURANCE COMPANY

Roger H. Eigsti \* Chairman of the Board Randall H. Talbot \* President Executive V.P.

John P. Fenlason Sr. V.P.
David N. Hafling Sr. V.P., Actuary Rod A. Pierson \* Sr. V.P., Secretary Jennifer V. Davies V.P.

James T. Flynn V.P., Controller

A STATE OF THE REAL PROPERTY.

Michele M. Kemper V.P.

Wichele M. Kemper

Michael J. Kinzer V.P., Actuary

Patrick B. McCormick V.P.

George C. Pagos V.P., Associate General Counsel

Craig J. Schmidt, MD V.P.
Mark J. Simonetto V.P.

Ronald L. Spaulding \* V.P., Treasurer

Paul A. Stevenson V.P. Edward Chism Asst. V.P.

Keith A. Dall Asst. V.P., Actuary

Joseph D. Diederich
Michael E. Madden
Kent S. Nelson
Asst. V.P.
Kast. V.P.
Asst. V.P.
Asst. V.P.
Wayne A. Rothmeyer
Asst. V.P.

James D. Siegfried Asst. V.P., Asst. Secy.

Debra K. Whitman Asst. V.P.

Sheridan Hollender Asst. General Counsel, Asst. Secy.

Asst. Secv. Stephen D. Collier Asst. Secy. Ray M. Egan Kathy Englund Asst. Secy. Kevin W. Grandstaff Asst. Secy. Asst. Secv. H. Paul Lowber James A. Moore Asst. Secy. Asst. Secy. Colleen Murphy Daniel B. Schaaf Asst. Secv. Asst. Secv. George P. Yonker Asst. Secy. Bradford K. Young Actuary Jon D. Parker

Donald S. Chapman

\*Boh A. Dickey

\*Dale E. Lauer

\*James W. Ruddy

W. Randall Stoddard

\*

## \*= Denotes Director

American States Life Insurance Company is 100% owned by SAFECO Corporation. The actual location of American States Life Insurance Company is: 500 North Meridian Street, Indianapolis, IN 64205-1275. The mailing address is: Regulatory Compliance, 15411 NE 51<sup>st</sup> Street, Redmond WA 98052-5114.

DATED: February 22, 1999