

03-21-2001 90044 032 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 818932

1. Entity Name

AMERICAN STATES LIFE INSURANCE COMPANY ✓

Principal Place of Business

Mailing Address

500 NORTH MERIDIAN STREET
 INDIANAPOLIS INDIANA 46204

REGULATORY COMPLIANCE
 SAFECO PLAZA
 SEATTLE WA 98185
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **35-1007048**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL BLDG
 TALLAHASSEE FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C D EIGSTI, ROGER H 4333 BROADWAY AVENUE N E SEATTLE WA 98105	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D TALBOT, RANDALL H 15411 N E 51ST STREET REDMOND WA 98052	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PIERSON, RODNEY 4333 BROOKLYN AVENUE N E SEATTLE WA 98105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SPAULDING, RONALD L TOW UNION SQUARE, 25TH FLOOR SEATTLE WA 98101	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKEY, BOH A 4333 BROOKLYN AVENUE N E SEATTLE WA 98105	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STODDARD, W RANDALL 4333 BROOKLYN AVENUE N E SEATTLE WA 98105	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RANDALL H. TALBOT 5069 154TH PL NE REDMOND, WA 98052-9669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/D ROGER F. HARBIN 5069 154th PL NE REDMOND, WA 98052-9669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV/S/D RODNEY A. PIERSON SEATTLE, WA 98105-9903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALD S. CHAPMAN 4333 BROOKLYN AVE NE SEATTLE, WA 98105-9903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D RONALD L. SPAULDING 601 UNION ST., SUITE 2500 SEATTLE, WA 98101-4074	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RAY M. EGAN 4333 BROOKLYN AVE NE SEATTLE, WA 98105-9903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Ray M. Egan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAY M. EGAN, ASST. SEC.

February 23, 2001 **CMPLNC@SAFECO.COM**

(800) 544-2614

Daytime Phone #

CP/2001/11/01/01

Attachment
Off 818932
A035469

AMERICAN STATES LIFE INSURANCE COMPANY

Michael S. McGavick	*	Chairman of the Board
Randall H. Talbot	*	President
Roger F. Harbin	*	Executive V.P.
Allyn Close		Sr. V.P.
Patrick B. McCormick		Sr. V.P.
Rod A. Pierson	*	Sr. V.P., Secretary
M. Scott Taylor		Sr. V.P.
Leslie J. Rice		V.P., Controller, Asst. Secy.
Stephen D. Collier		V.P., Asst. Secy.
Jennifer V. Davies		V.P.
Michele M. Kemper		V.P.
Michael J. Kinzer		V.P., Actuary
H. Paul Lowber		V.P., Asst. Secy.
Kimberly E. McSheridan		V.P.
George C. Pagos		V.P., Associate General Counsel
James Pirak		V.P.
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.
Debra Gillespie		Asst. V.P.
Bob Gooderl		Asst. V.P.
Deanne L. Huff		Asst. V.P.
Valerie J. Leyva		Asst. V.P.
Michael E. Madden		Asst. V.P.
Colleen Murphy		Asst. V.P., Asst. Controller, Asst. Secy.
Kent S. Nelson		Asst. V.P.
James D. Siegfried		Asst. V.P., Asst. Secy.
Judy Walter		Asst. V.P.
Debra K. Whitman		Asst. V.P.
Jon David Parker		Actuary
Sheridan Hollender		Asst. General Counsel, Asst. Secy.
Michael Anderson		Asst. Secy.
Ray M. Egan		Asst. Secy.
Neal A. Fuller		Asst. Secy.
Mike James		Asst. Secy.
James A. Moore		Asst. Secy.
Susan Tracey		Asst. Secy.
Bradford K. Young		Asst. Secy.
Donald S. Chapman	*	
Dale E. Lauer	*	
William T. Lebo	*	
James W. Ruddy	*	

* = 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 for the corporate headquarters is: Regulatory Compliance, SAFECO Plaza, Seattle, WA 98185-0001 and the email address is cmplnc@safeco.com.

DATED: February 14, 2001