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May 15, 1999 8:00 am
Secretary of State

05-15-1999 90011 040 ***150.00

PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F93000001574**

1. Corporation Name
SAFECO CREDIT COMPANY, INC.



Principal Place of Business
**SAFECO PLAZA
 SEATTLE WA 98185**

Mailing Address
**REGULATORY COMPLIANCE
 SAFECO PLAZA
 SEATTLE WA 98185
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1993	
21	10865 WILLOWS ROAD NE	26		4. FEI Number 91-0840847	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 SUITE E-3		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 REDMOND, WA		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country 24 98052-2502 25 US		Zip Country 29 98185-0001 30 US		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EIGSTI, ROGER H	1.2 NAME	
STREET ADDRESS	SAFECO PLAZA	1.3 STREET ADDRESS	4333 BROOKLYN AVENUE NE
CITY-ST-ZIP	SEATTLE WA 98185	1.4 CITY-ST-ZIP	SEATTLE, WA 98105
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEANY, WILLIAM F	2.2 NAME	
STREET ADDRESS	SAFECO PLAZA	2.3 STREET ADDRESS	10865 WILLOWS ROAD NE, SUITE E-3
CITY-ST-ZIP	SEATTLE WA 98185	2.4 CITY-ST-ZIP	REDMOND, WA 98052-2502
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKEY, BOH	3.2 NAME	
STREET ADDRESS	SAFECO PLAZA	3.3 STREET ADDRESS	4333 BROOKLYN AVENUE NE
CITY-ST-ZIP	SEATTLE WA 98185	3.4 CITY-ST-ZIP	SEATTLE, WA 98105
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERSON, RODNEY A	4.2 NAME	DVST
STREET ADDRESS	SAFECO PLAZA	4.3 STREET ADDRESS	4333 BROOKLYN AVENUE NE
CITY-ST-ZIP	SEATTLE WA 98185	4.4 CITY-ST-ZIP	SEATTLE, WA 98105
TITLE	CVAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, DAVE A.	5.2 NAME	
STREET ADDRESS	SAFECO PLAZA	5.3 STREET ADDRESS	10865 WILLOWS ROAD NE, SUITE E-3
CITY-ST-ZIP	SEATTLE WA 98185	5.4 CITY-ST-ZIP	REDMOND, WA 98052-2502
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	V
STREET ADDRESS		6.3 STREET ADDRESS	CURRAN, MICHAEL R.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	10865 WILLOWS ROAD NE, SUITE E-3 REDMOND, WA 98052-2502

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, with all other like empowered.

SIGNATURE: Rodney A. Pierson 4-20-99 (800) 544-2614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
RODNEY A. PIERSON, VICE PRESIDENT, SECRETARY, TREASURER

CR2E034 (11/98)

SAFECO CREDIT COMPANY, INC.

F93000001574

Roger H. Eigsti	*	Chairman of the Board
William F. Meany	*	President
Bruce G. Bailey		Sr. V.P.
Michael R. Curran		Sr. V.P.
Charles C. Sims		Sr. V.P.
Rod A. Pierson	*	V.P., Secretary, Treasurer
Michael F. McBride		V.P., Asst. Secy., General Counsel
Thomas Eylander		V.P.
Scott B. Heald		V.P.
David A. Woods		V.P., Controller, Asst. Secy.
James K. Bowles		Division V.P.
David Farrell		Division V.P.
Stephen M. Isaacson		Division V.P.
Richard C. Manske		Division V.P.
Douglas Mehl		Division V.P.
Patricia Y. Sampson		Division V.P.
David Simpson		Division V.P.
Carl M. Boruck		Asst. V.P.
Thomas McBroom		Asst. V.P.
Brian E. McGarry		Asst. V.P.
Glen M. Anderson		Division Asst. V.P.
Douglas E. Evenson		Division Asst. V.P.
Derrick D. Johnson		Division Asst. V.P.
Ron Koehler		Division Asst. V.P.
Richard Kurz		Division Asst. V.P.
Stephen D. Collier		Asst. Secy.
H. Paul Lowber		Asst. Secy.
George P. Yonker		Asst. Secy.
Boh A. Dickey	*	

* = Denotes Director

SAFECO Credit Company is 100% owned by SAFECO Corporation. The actual location of SAFECO Credit Insurance Company is : 10865 Willows Road NE Suite E-3, Redmond, WA 98052-2502. The mailing address is: Regulatory Compliance, SAFECO Plaza, Seattle, WA 98185-0001.

DATED: April 4, 1999