


**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90057 046 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # 812116</b>			
1. Entity Name <b>SYMETRA LIFE INSURANCE COMPANY</b>			
Principal Place of Business <b>5069 154TH PLACE NE REDMOND, WA 98052 US</b>		Mailing Address <b>REGULATORY COMPLIANCE SAFECO PLAZA SEATTLE, WA 98185 US</b>	
2. Principal Place of Business		3. Mailing Address <b>REGULATORY COMPLIANCE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>5069 154th PL NE</b>	
City & State		City & State <b>Redmond, WA</b>	
Zip	Country	Zip	Country
<b>98052</b>	<b>USA</b>	<b>98052</b>	<b>USA</b>
4. FEI Number <b>91-0742147</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01122005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST. TALLAHASSEE, FL 32399-0000</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City <b>FL</b> <small>7th Floor</small>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstated) _____ DATE: _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TALBOT, RANDALL H	NAME	ALLYN D. CLOSE
STREET ADDRESS	5069 154TH PL NE	STREET ADDRESS	5069 154th PL NE
CITY-ST-ZIP	REDMOND, WA 980529669	CITY-ST-ZIP	Redmond, WA 98052-9669
TITLE	EVD <input type="checkbox"/> Delete	TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARBIN, ROGER F	NAME	GEORGE C. PAGOS
STREET ADDRESS	5069 154TH PL NE	STREET ADDRESS	5069 154th PL NE
CITY-ST-ZIP	REDMOND, WA 980529669	CITY-ST-ZIP	Redmond, WA 98052-9669
TITLE	SVSD <input checked="" type="checkbox"/> Delete	TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEAD, CHRISTINE B	NAME	Jennifer V. Davies
STREET ADDRESS	SAFECO PLAZA	STREET ADDRESS	5069 154th PL NE
CITY-ST-ZIP	SEATTLE, WA 981850001	CITY-ST-ZIP	Redmond, WA 98052-9669
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAROCCO, MICHAEL	NAME	MARGARET MEISTER
STREET ADDRESS	SAFECO PLAZA	STREET ADDRESS	5069 154 PL NE
CITY-ST-ZIP	SEATTLE, WA 981850001	CITY-ST-ZIP	Redmond, WA 98052-9669
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	EVD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAUER, DALE E	NAME	OSCAR TENGIO
STREET ADDRESS	SAFECO PLAZA	STREET ADDRESS	5069 154 PL NE
CITY-ST-ZIP	SEATTLE, WA 981850001	CITY-ST-ZIP	Redmond, WA 98052-9669
TITLE	VTD <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPAULDING, RONALD L	NAME	Michele Kemper
STREET ADDRESS	601 UNION ST STE 2500	STREET ADDRESS	5069 154 PL NE
CITY-ST-ZIP	SEATTLE, WA 981014074	CITY-ST-ZIP	Redmond, WA 98052-9669
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Michele M. Kemper</u>		Date: <u>1-12-05</u> Daytime Phone #: <u>425-376-6006</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Michele M. Kemper, VP</u>			

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