

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812116

FILED
Apr 10, 2012
Secretary of State

Entity Name: SYMETRA LIFE INSURANCE COMPANY

Current Principal Place of Business:

777 108TH AVE NE
1200
BELLEVUE, WA 98004 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 34690
SEATTLE, WA 981241690 US

New Mailing Address:

FEI Number: 91-0742147 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MARRA, THOMAS M
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 98004

Title: EVD
Name: MEISTER, MARGARET A
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 98004

Title: EVD
Name: CURLEY, JONATHAN E
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 98004

Title: VDS
Name: GOLDSTEIN, DAVID S
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 98004

Title: EVD
Name: FRY, MICHAEL W
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 98004

Title: VT
Name: MURPHY, COLLEEN M
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 98004

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS M. MARRA

P

04/10/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date