AUG-05-2004 11:01 Division of Corporation

Florida Department of State

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### **BASIC AMENDMENT**

### SAFECO NATIONAL LIFE INSURANCE COMPANY

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### FLORIDA DEPARTMENT OF STATE Glanda E. Hood Secretary of State

August 4, 2004

SAFECO NATIONAL LIFE INSURANCE COMPANY REGULATORY COMPLIANCE SAFECO PLAZA SEATTLE, WA 98185US

SUBJECT: SAFEÇO NATIONAL LIFE INSURANCE COMPANY

REF: 844892

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct the date authorized to do business in Florida to 12/31/79.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6027.

Michelle Milligan Document Specialist FAX Aud. #: H04000160476 Letter Number: 404A00048666

Please boundarie to:

August Hit.

Please boundarie to:

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# PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

### SECTION I (1-3 MUST BE COMPLETED)

844892
(Document number of corporation (if known))
1 Sefeco National Life Insurance Company
(Name of corporation as it appears on the records of the Department of State)
2. Washington 3. 12/31/1979 (Incorporated under laws of) (Date authorized to do business in Florida)
(many and
SECTION II (4-7 complete only the applicable changes)
4. If the amendment changes the name of the corporation, when was the change effected under the laws of
its jurisdiction of incorporation? 09/01/2004
5. Symetre National Life Insurance Company  (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
N/A (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.
N/A  (New duration)  7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.  N/A  (New jurisdiction)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
N/A
(New jurisdiction)
7-13-04 9
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  (Date)
Randall Howard Talbot President  (Typed or printed name of person signing) (Title of person signing)
F1.1021 - 022/19/04 C T System, Opline

#### STATE OF WASHINGTON



## OFFICE OF INSURANCE COMMISSIONER

No. 628

I, MIKE KREIDLER, State Insurance Commissioner, do hereby certify that I am the state official charged with the general control and supervision of all insurance business (except State Workers' Compensation) transacted in the State of Washington and charged with the administration of the laws relating to insurance in said jurisdiction, and that this office is a department of record, having custody of original documents.

I FURTHER CERTIFY That SAFECO NATIONAL LIFE INSURANCE COMPANY (SYMETRA NATIONAL LIFE INSURANCE COMPANY effective September 1, 2004), Redmond, Washington, was duly organized and incorporated under the laws of the State of Washington, and, having complied with the requirements of said laws, has been authorized since October 10, 1979, to issue policies and transact the business of Life and Disability Insurance, as defined in RCW 48.11.020 and 48.11.030 of the Insurance Code of the State of Washington.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Insurance Commissioner of the State of Washington, this 2<sup>nd</sup> day of August, 2004.

> MIKE KREIDLER Insurance Commissioner