


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90057 044 \*\*\*150.00

DOCUMENT # 844892			
1. Entity Name SYMETRA NATIONAL LIFE INSURANCE COMPANY			
Principal Place of Business 5069-154TH PL NE REDMOND, WA 98052 US		Mailing Address REGULATORY COMPLIANCE SAFECO PLAZA SEATTLE, WA 98185 US	
2. Principal Place of Business		3. Mailing Address <b>REGULATORY COMPLIANCE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>5069 154<sup>#</sup> PL NE</b>	
City & State		City & State <b>REDMOND, WA</b>	
Zip		Zip <b>98052</b>	
Country		Country <b>USA</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		Name <b>CT Corporation System</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b>	
		City <b>Plantation</b>	
		FL Zip Code <b>33324</b>	
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 <u>See Attached Certificate of Designation</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TALBOT, RANDALL H 5069 154TH PL NE REDMOND, WA 980529669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ALYN D. CLOSE 5069 154 PL NE Redmond, WA 98052-9669 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD HARBIN, ROGER F 5069 154TH PL NE REDMOND, WA 980529669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/D OSCAR TONGTIO 5069 154 PL NE Redmond, WA 98052-9669 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVSD MEAD, CHRISTINE B SAFECO PLAZA SEATTLE, WA 981850001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Georga C. Pagos 5069 154 PL NE Redmond, WA 98052-9669 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAROCCO, MICHAEL E SAFECO PLAZA SEATTLE, WA 981850001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D JENNIFER V. DAVIES 5069 154 <sup>#</sup> PL NE Redmond, WA 98052-9669 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUER, DALE E SAFECO PLAZA SEATTLE, WA 981850001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MARGARET A. MEISTER 5069 154 <sup>#</sup> PL NE Redmond, WA 98052-9669 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SPAULDING, RONALD L 601 UNION ST STE 2500 SEATTLE, WA 981014074 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Michele M. Kemper 5069 154 <sup>#</sup> PL NE Redmond, WA 98052-9669 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>Michele M. Kemper, VP</b>		<b>1-12-05 425 376 6006</b> <small>Date Daytime Phone #</small>	

50006382



01122005 Chg-P CR2E034 (10/03)

4. FEI Number 91-1079693 Applied For Not Applicable

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

ATTACHMENT  
#844892  
50006382

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

SYMETRA LIFE INSURANCE COMPANY

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation

FL

33324

City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

C T Corporation System

By: Kathleen C. Gariepy

(Signature)

Kathleen C. Gariepy, Assistant Secretary/ls

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)