

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844892

FILED
Feb 20, 2008
Secretary of State

Entity Name: SYMETRA NATIONAL 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:

777 108TH AVE NE, SUITE 1200
SC-11
BELLEVUE, WA 98004 US

New Mailing Address:

PO BOX 34690
SEATTLE, WA 981241690 US

FEI Number: 91-1079693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TALBOT, RANDALL H
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 98004 US

Title: EVD () Delete
Name: HARBIN, ROGER F
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 98004 US

Title: V/D () Delete
Name: CLOSE, ALLYN D
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 98004 US

Title: EV/D () Delete
Name: MEISTER, MARGARET A
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 98004 US

Title: S/D () Delete
Name: PAGOS, GEORGE C
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 98004 US

Title: V/D () Delete
Name: DAVIES, JENNIFER
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 98004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JERRY KISSINGER

CC

02/20/2008

Electronic Signature of Signing Officer or Director

_____ Date