

844892
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

002133-147049

From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
SYMETRA NATIONAL LIFE INSURANCE COMPANY**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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11 APR 27 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11 APR 27 AM 9:40

APR 27 2011

Handwritten signature and date: 04/27/2011 10:38 AM

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Washington in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Symetra National Life Insurance Company
- 2. The principal office address: 777 108th Ave NE Suite 1200, Bellevue, WA 98004
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/31/1979 Document number: 844892

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

National Registered Agents, Inc.
2731 Executive Park Drive
Weston, FL 33331

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Chief Financial Officer
PO Box 6200 (32314-6200) 200 E. Gaines St.
P.O. Box NOT acceptable
Tallahassee, FL 32339

11 APR 27 AM 9:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Kathleen C. Garlepy Kathleen C. Garlepy Asst. Sec.
Signature of an officer or director Printed or typed name and title

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Lori Stuhlman 4/26/11
Signature of Registered Agent Date

If signing on behalf of an entity:

Lori Stuhlman
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CR2B045 (8/05)

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