

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844892

FILED  
Apr 10, 2012  
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:**

PO BOX 34690  
SEATTLE, WA 981241690 US

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

CHEIF FINANCIAL OFFICER  
200 EGAINES ST  
TALLAHASSEE, FL 32339 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 US

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

Title: V  
Name: KATZMAR-HOLMES, CHRISTINE A  
Address: 777 108TH AVE NE, SUITE 1200  
City-St-Zip: BELLEVUE, WA 98004 US

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

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

Title: D  
Name: GUILBERT, DANIEL R  
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

PD

04/10/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date