2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812116

Entity Name: SYMETRA LIFE INSURANCE COMPANY

Current Principal Place of Business:

777 108TH AVE NE **SUITE 1200**

BELLEVUE, WA 98004-5135

Current Mailing Address:

PO BOX 34690

SEATTLE, WA 98124-1690 US

FEI Number: 91-0742147 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Name

Electronic Signature of Registered Agent

Date

FILED Mar 06, 2018

Secretary of State

CC8134305830

Officer/Director Detail:

PRESIDENT Title Title DIRECTOR, EVP GUILBERT, DANIEL R Name MEISTER, MARGARET A Name Address 777 108TH AVE NE Address 777 108TH AVE NE

SUITE 1200 SUITE 1200

BELLEVUE WA 98004-5135 City-State-Zip: BELLEVUE WA 98004-5135 City-State-Zip:

DIRECTOR, SVP, SECRETARY, DIRECTOR, EVP Title Title

GENERAL COUNSEL Name FRY, MICHAEL W GOLDSTEIN, DAVID S Address 777 108TH AVE NE

777 108TH AVE NE Address **SUITE 1200**

SUITE 1200 BELLEVUE WA 98004-5135 City-State-Zip:

Title

City-State-Zip: BELLEVUE WA 98004-5135

Title SVP, TREASURER, CONTROLLER LAVOICE, RICHARD G Name

Name MURPHY, COLLEEN M Address 777 108TH AVE NE

Address 777 108TH AVE NE **SUITE 1200 SUITE 1200**

BELLEVUE WA 98004-5135 City-State-Zip: BELLEVUE WA 98004-5135 City-State-Zip:

Title EVP, CFO, CHIEF ACTUARY Title SVP

Name BROOKS, TOMMIE D KATZMAR HOLMES, CHRISTINE A Name

Address 777 108TH AVE NE 777 108TH AVE NE Address **SUITE 1200**

SUITE 1200

BELLEVUE WA 98004-5135 City-State-Zip: BELLEVUE WA 98004-5135 City-State-Zip:

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EVP

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.

03/06/2018 SIGNATURE: MICHAEL MURPHY **AVP**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title VP, ASST. SECRETARY, ASSOCIATE GENERAL

COUNSEL

Name BODMER, JULIE M

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Title AVP

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Title DIRECTOR

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Title SVP

Name MOSKOVIT, EVAN

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