

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 844892

**Entity Name:** SYMETRA NATIONAL LIFE INSURANCE COMPANY

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC4195320082**

**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: 91-1079693**

**Certificate of Status Desired: Yes**

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

CHEIF 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name MARRA, THOMAS M  
Address 777 108TH AVE NE  
SUITE 1200  
City-State-Zip: BELLEVUE WA 98004-5135

Title DIRECTOR, EVP, CFO  
Name MEISTER, MARGARET A  
Address 777 108TH AVE NE  
SUITE 1200  
City-State-Zip: BELLEVUE WA 98004-5135

Title SVP  
Name KATZMAR-HOLMES, CHRISTINE A  
Address 777 108TH AVE NE  
SUITE 1200  
City-State-Zip: BELLEVUE WA 98004-5135

Title DIRECTOR, EVP  
Name FRY, MICHAEL W  
Address 777 108TH AVE NE  
SUITE 1200  
City-State-Zip: BELLEVUE WA 98004-5135

Title DIRECTOR, SVP, SECRETARY,  
GENERAL COUNSEL  
Name GOLDSTEIN, DAVID S  
Address 777 108TH AVE NE  
SUITE 1200  
City-State-Zip: BELLEVUE WA 98004-5135

Title DIRECTOR, EVP  
Name GUILBERT, DANIEL R  
Address 777 108TH AVE NE  
SUITE 1200  
City-State-Zip: BELLEVUE WA 98004-5135

Title SVP, CHIEF ACTUARY  
Name BROOKS, TOMMIE D  
Address 777 108TH AVE NE  
SUITE 1200  
City-State-Zip: BELLEVUE WA 98004-5135

Title SVP  
Name PIRAK, JAMES D  
Address 777 108TH AVE NE  
SUITE 1200  
City-State-Zip: BELLEVUE WA 98004-5135

**Continues on page 2**

*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: COLLEEN M. MURPHY**

**SVP, TREASURER,  
CONTROLLER**

**04/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SVP, TREASURER, CONTROLLER  
Name MURPHY, COLLEEN M  
Address 777 108TH AVE NE  
SUITE 1200  
City-State-Zip: BELLEVUE WA 98004-5135

Title EVP  
Name LAVOICE, RICHARD G  
Address 777 108TH AVE NE  
SUITE 1200  
City-State-Zip: BELLEVUE WA 98004-5135

Title VP, ASST. SECRETARY, ASSOCIATE GENERAL  
COUNSEL  
Name VENEZIANI, JACQUELINE M  
Address 777 108TH AVE NE  
SUITE 1200  
City-State-Zip: BELLEVUE WA 98004-5135