### 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 844892** 

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

**FILED** Apr 14, 2014 **Secretary of State** CC6286633183

## **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: No

## Name and Address of Current Registered Agent:

CHEIF FINANCIAL OFFICER 1200 S 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 Title DIRECTOR, EVP, CFO Name MARRA, THOMAS M Name MEISTER, MARGARET A Address 777 108TH AVE NE

Address 777 108TH AVE NE

**SUITE 1200** 

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

Title SVP Title DIRECTOR, EVP KATZMAR-HOLMES, CHRISTINE A Name FRY, MICHAEL W Name Address 777 108TH AVE NE Address 777 108TH AVE NE

**SUITE 1200** 

BELLEVUE WA 98004-5135 City-State-Zip:

City-State-Zip:

Title DIRECTOR, SVP, SECRETARY, Title DIRECTOR, EVP **GENERAL COUNSEL** GUILBERT, DANIEL R Name Name GOLDSTEIN, DAVID S Address 777 108TH AVE NE

Address 777 108TH AVE NE

Address

**SUITE 1200** 

BELLEVUE WA 98004-5135 City-State-Zip:

Title SVP, CHIEF ACTUARY

BROOKS, TOMMIE D Name Address 777 108TH AVE NE

777 108TH AVE NE

**SUITE 1200** 

BELLEVUE WA 98004-5135 City-State-Zip:

MCKINNON, GEORGE N Name

SVP

City-State-Zip:

Title

**SUITE 1200** 

BELLEVUE WA 98004-5135 City-State-Zip:

**SUITE 1200** 

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BELLEVUE WA 98004-5135

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### 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

SENIOR VICE PRESIDENT. CONTROLLER, **TREASURER** 

04/14/2014

# Officer/Director Detail Continued:

Title SVP

Name PIRAK, JAMES D Address 777 108TH AVE NE

**SUITE 1200** 

City-State-Zip: BELLEVUE WA 98004-5135

EVP Title

LAVOICE, RICHARD G Name

Address 777 108TH AVE NE

**SUITE 1200** 

City-State-Zip: BELLEVUE WA 98004-5135

Title SVP, TREASURER, CONTROLLER

MURPHY, COLLEEN M Name

Address 777 108TH AVE NE

**SUITE 1200** 

City-State-Zip: BELLEVUE WA 98004-5135

VP, ASST. SECRETARY, ASSOCIATE GENERAL COUNSEL Title

VENEZIANI, JACQUELINE M Name

777 108TH AVE NE Address

**SUITE 1200** 

City-State-Zip: BELLEVUE WA 98004-5135