2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#812116

Entity Name: SYMETRA LIFE INSURANCE COMPANY

FILED Jan 20, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

5069 154TH PLACE NE 777 108TH AVE NE

REDMOND, WA 98052 US 1200

BELLEVUE, WA 98004 US

Current Mailing Address: New Mailing Address:

REGULATORY COMPLIANCE PO BOX 34690

5069 154TH PL NE SC-11

REDMOND, WA 98052 US SEATTLE, WA 981241690 US

FEI Number: 91-0742147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: TALBOT, RANDALL H
Address: 5069 154TH PL NE
Address: 777 108TH AVE NE. SUITE 1200

 Address:
 5069 154TH PL NE
 Address:
 777 108TH AVE NE, SUITE 1200

 City-St-Zip:
 REDMOND, WA 980529669
 City-St-Zip:
 BELLEVUE, WA 98004

Title: EVD () Delete Title: EVD (X) Change () Addition

Name: HARBIN, ROGER F Name: HARBIN, ROGER F

Address: 5069 154TH PL NE Address: 777 108TH AVE NE, SUITE 1200

City-St-Zip: REDMOND, WA 980529669 City-St-Zip: BELLEVUE, WA 98004

Title: VD () Delete Title: VD (X) Change () Addition Name: CLOSE, ALLYN D Name: CLOSE, ALLYN D

Address: 5069 1540TH PL NE Address: 777 108TH AVE NE, SUITE 1200

City-St-Zip: REDMOND, WA 980529669 City-St-Zip: BELLEVUE, WA 98004

Title: VD () Delete Title: VD (X) Change () Addition Name: PAGOS, GEORGE C Name: PAGOS, GEORGE C

Address: 5069 154TH PL NE Address: 777 108TH AVE NE, SUITE 1200

City-St-Zip: REDMOND, WA 980529669 City-St-Zip: BELLEVUE, WA 98004

 $\label{eq:title: VD (X) Change () Addition} \begin{picture} Title: & VD & (X) Change () Addition \\ \end{picture}$

 Name:
 DAVIES, JENNIFER V
 Name:
 DAVIES, JENNIFER V

 Address:
 5069 154TH PL NE
 Address:
 777 108TH AVE NE. SUITE 1200

City-St-Zip: REDMOND, WA 980529669 City-St-Zip: BELLEVUE, WA 98004

Title: VD () Delete Title: VD (X) Change () Addition

Name: KEMPER, MICHELE Name: KEMPER, MICHELE

Address: 5069 154TH PL NE Address: 777 108TH AVE NE, SUITE 1200

City-St-Zip: REDMOND, WA 980529669 City-St-Zip: BELLEVUE, WA 98004

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JERRY KISSINGER SFA 01/20/2006