

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005630

Entity Name: SYMETRA SECURITIES, INC.

FILED
Feb 14, 2008
Secretary of State

Current Principal Place of Business:

777 108TH AVE NE
1200
BELLEVUE, WA 980045135

New Principal Place of Business:

Current Mailing Address:

PO BOX 34690
SEATTLE, WA 981241690

New Mailing Address:

FEI Number: 91-0824835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLOSE, ALLYN D
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 980045135

Title: DP () Delete
Name: MAHAFFEY, LINDA C
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 980045135

Title: DSVP () Delete
Name: HARBIN, ROGER F
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 980045135

Title: VP () Delete
Name: BARTHOLOMAUS, SCOTT L
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 980045135

Title: VP () Delete
Name: SALISBURY, JOANNE M
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 980045135

Title: T () Delete
Name: GLESSING, LEANNA
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 980045135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MAHAFFEY, LINDA C
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 980045135

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

CC

02/14/2008

Electronic Signature of Signing Officer or Director

Date