

1.) CORPORATION NAME:

DUE DATE: **5/31/2015**

Symetra Life Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0135154**

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 777 108TH AVE NE
STE 1200

CITY/ST/ZIP: BELLEVUE, WA 98004-5135

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: THOMAS M MARRA TITLE: PRESIDENT ADDRESS: 777 108TH AVE NE STE 1200 CITY/ST/ZIP/CO: BELLEVUE, WA 98004-5135</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL W FRY TITLE: EXEC VP ADDRESS: 777 108TH AVE NE STE 1200 CITY/ST/ZIP/CO: BELLEVUE, WA 98004-5135</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID S GOLDSTEIN TITLE: SEC, SR VP, GC ADDRESS: 777 108TH AVE NE STE 1200 CITY/ST/ZIP/CO: BELLEVUE, WA 98004-5135</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DANIEL R GUILBERT TITLE: EXEC VP ADDRESS: 777 108TH AVE NE STE 1200 CITY/ST/ZIP/CO: BELLEVUE, WA 98004-5135</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARGARET A MEISTER TITLE: EXEC VP/CFO ADDRESS: 777 108TH AVE NE STE 1200 CITY/ST/ZIP/CO: BELLEVUE, WA 98004-5135</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD G LAVOICE EXEC VP 777 108TH AVE NE STE 1200 BELLEVUE, WA 98004-5135	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	COLLEEN M MURPHY TREAS, SR VP 777 108TH AVE NE STE 1200 BELLEVUE, WA 98004-5135	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACQUELINE M VENEZIANI VP, ASST SEC 777 108TH AVE NE STE 1200 BELLEVUE, WA 98004-5135	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JACQUELINE M VENEZIANI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JACQUELINE M VENEZIANI, VP, ASST SEC PRINTED NAME AND CORPORATE TITLE	7/14/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			