

1.) CORPORATION NAME:

**Symetra Securities, Inc.**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F0252405**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**GLEN ALLEN, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**WA**

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.

NAME:	ANDREW M FARRELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	777 108TH AVE NE		
	STE 1200		
CITY/ST/ZIP/CO:	BELLEVUE, WA 98004-5135		

NAME:	SUZANNE WEBB SAINATO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	777 108TH AVENUE NE		
	STE 1200		
CITY/ST/ZIP/CO:	BELLEVUE, WA 98004-5135		

NAME:	GLENN A BLACK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	777 108TH AVE NE		
	STE 1200		
CITY/ST/ZIP/CO:	BELLEVUE, WA 98004-5135		

NAME:	MICHAEL H POLLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	777 108TH AVENUE NE		
	STE 1200		
CITY/ST/ZIP/CO:	BELLEVUE, WA 98004-5135		

NAME:	MARGARET A MEISTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	777 108TH AVE, NE, STE 1200		
CITY/ST/ZIP/CO:	BELLEVUE, WA 98004-5135		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD G LAVOICE DIRECTOR 777 108TH AVE NE STE 1200 BELLEVUE, WA 98004-5135	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD T MORAN DIRECTOR 777 108TH AVE NE STE 1200 BELLEVUE, WA 98004-5135	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LESLIE A HARRISON VICE PRESIDENT 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:	JEFFREY S CLARK TREASURER 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/ MICHAEL H POLLEY	MICHAEL H POLLEY, SECRETARY	5/28/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.			