

UNIFORM CERTIFICATE OF AUTHORITY APPLICATION (UCAA)
Management Information Form
Complete Listing of Incorporators*, Officers
Directors and Shareholders (10% or more)

Incorporators*	Titles:	Ownership Percentage:
N/A		
Symetra Life Insurance Company		
Officers:		
President	Marra, Thomas M.	
Executive Vice President and Chief Financial Officer	Meister, Margaret A.	
Executive Vice President	Fry, Michael W.	
Executive Vice President	Guilbert, Daniel R.	
Executive Vice President	LaVoice, Richard G.	
Senior Vice President and Chief Actuary	Brooks, Tommie D.	
Senior Vice President, General Counsel, and Secretary	Goldstein, David S.	
Senior Vice President	Elder, Colin M.	
Senior Vice President	Katzmar-Holmes, Christine A.	
Senior Vice President	McKinnon, George N.	
Senior Vice President	Pirak, James D.	
Senior Vice President	Raymond, Craig R.	
Senior Vice President	Roscoe, Michael J.	
Senior Vice President	Skinner, Margaret W.	
Senior Vice President, Controller, Treasurer	Murphy, Colleen M.	
Vice President, Associate General Counsel, and Assistant Secretary	Bodmer, Julie M.	
Vice President and Associate General Counsel	Ehrenberg, Michaelanne	
Vice President and Chief Compliance Officer	Sainato, Suzanne Webb	
Vice President, Associate General Counsel, and Assistant Secretary	Veneziani, Jacqueline M.	
Vice President	Balkovetz, Chantal	
Vice President	Black, Glenn A.	
Vice President	Bouvier II, Philippe D.	
Vice President	Chase, Chelle	
Vice President	Diaz, Marian	
Vice President	Diouf, Anne-Marie	
Vice President	Englund, Kathryn L.	
Vice President	Farrell, Andrew M.	
Vice President	James, Michael E.	

Vice President	<u>Johnson, Laura</u>
Vice President	Kneisley, Joel
Vice President	Manning, David
Vice President	Martonik, Brent P.
Vice President	Nanda, Harish
Vice President	Orum, Jay
Vice President	Rafferty, John
Vice President	Reyes, Dawn
Vice President	Rabin, Kevin W.
Vice President	Severin, Wesley W.
Vice President	Shoji, Julie
Vice President	Smolinski, Richard P.
Vice President	Takeuchi, Bridgette N.
Vice President	Thompson, Dena S.
Vice President	Valickus, John S.
Vice President	Work, Mindi E.
Vice President	Wright, Marcus
Assistant Vice President and Assistant General Counsel	Polley, Michael H.
Assistant Vice President	Brewer, Dennis
Assistant Vice President	Dielensnyder, Richard C.
Assistant Vice President	Freestone, Jeremy
Assistant Vice President	Fry, Stephanie
Assistant Vice President	Hughes, Philip
Assistant Vice President	Lalonde, Christopher A.
Assistant Vice President	Li, Thutruc T.
Assistant Vice President	Liebmann, Jean B.
Assistant Vice President	Murphy, Michael F.
Assistant Vice President	Murtaugh, James A.
Assistant Vice President	Nemeth, Robert
Assistant Vice President	Oldenburg, Jack D.
Assistant Vice President	Parker, Jon David
Assistant Vice President	Polonsky, Michael A.
Assistant Vice President	Riley, Kathryn S.
Assistant Vice President	Sharp, Jennifer C.
Assistant Vice President	Vynalek, Richard W.
Assistant Vice President	White, Lois Jeanne

Directors:

Director

Fry, Michael W.

Director

Goldstein, David S.

Director

Guilbert, Daniel R.

Director

Marra, Thomas M.

Director

Meister, Margaret A.

Shareholders: 100% Symetra Financial Corporation

* Primary Application Only

Item 13 – NAIC Biographical Affidavits

NAIC Biographical Affidavits are included with respect to the individuals listed below, which comprise all officers, directors and key managerial personnel of the applicant, as well as officers and directors of Symetra Financial Corporation.

No individual has a ten percent or more beneficial ownership interest in Symetra Financial Corporation. The ultimate controlling person is White Mountains Insurance Group, Ltd. Except for shares held by investment advisors for investment purposes on behalf of client investment advisory accounts, no individual or entity has a 10% or more beneficial ownership interest in White Mountains Insurance Group, Ltd.

No officers or directors of White Mountains Insurance Group, Ltd. control the operations of the applicant, and accordingly, this Application does not include biographical affidavits for any individuals in their capacity as officers or directors of White Mountains Insurance Group, Ltd.

Name	Director of Applicant	Officer of Applicant	Director of Symetra Financial Corporation	Officer of Symetra Financial Corporation
Balkovetz, Chantel		X		
Black, Glenn A		X		X
Bodmer, Julie M		X		X
Bouvier II, Philippe D		X		
Brooks, Tommie D		X		X
Chase, Chenelle S		X		
Diaz, Marien		X		
Diouf, Anne-Marie		X		
Ehrenberg, Michaelanne		X		
Elder, Colin M		X		
Englund, Kathryn L		X		X
Farrell, Andrew M		X		
Fry, Michael W	X	X		X
Goldstein, David S	X	X		X
Guilbert, Daniel R	X	X		
James, Michael E		X		X
Johnson, Laura A		X		
Katzmar Holmes, Christine A		X		X
Kneisley, Joel C		X		
LaVoice, Richard G		X		
Manning, David		X		

*3 in UMG
No Bday to me*

Marra, Thomas M	X	X	X	X
Martonik, Brent P		X		
McKinnon, George N		X		X
Meister, Margaret A	X	X		X
Murphy, Colleen M		X		X
Nanda, Harish		X		
Orum, Floyd E		X		
Pirak, James D		X		X
Rabin, Kevin W.		X		
Rafferty, John R		X		
Raymond, Craig R		X		
Reyes, Dawn M		X		
Roscoe, Michael J		X		
Sainato, Suzanne Webb		X		X
Severin, Wesley W		X		
Shoji, Julie D		X		
Skinner, Margaret W		X		
Smolinski, Richard P		X		
Takeuchi, Bridgette N		X		X
Thompson, Dena S		X		
Valickus, John S		X		
Veneziani, Jacqueline M		X		X
Work, Mindi E		X		X
Wright, Marcus J		X		

Burgess, Peter S			X	
Foy, David T			X	
Grady, Lois W			X	
Levy, Sander M			X	
Lusardi, Robert R			X	
Smith, Lowndes A			X	

*Flora, Lydia M		X		
† Lyons, Gregory J		X		

Applicant Name: Symetra Life Insurance Company

NAIC No. 68608

FEIN: 91-0742147

* Employment with Applicant is ending effective January 15, 2014. A biographical affidavit has not been included for this individual.

† Employment with Applicant is ending effective January 31, 2014. A biographical affidavit has not been included for this individual.

Biographical Affidavits

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Symetra Life Insurance Company

Symetra National Life Insurance Company

777 108th Avenue NE, Suite 1200

Bellevue, WA 98004-5135

(800) 796-3872

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Chantel Middle: Lee Last: Balkovetz

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Vice President, Service and Operations, Individual Life and Retirement

4. Affiant's business address:

Symetra Financial Attn: Chantel Balkovetz, SC-07; 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: 425-256-8102 Business Email: Chantel.Balkovetz@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Washington State University	Pullman, WA	08/89-12/93	BA Business Administration - Marketing

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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SP

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

NO result found by last name

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
None			

7. Present or proposed position with the applicant entity: Vice President

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY): 11/07 - present Employer's Name: Symetra Financial Corporation and subsidiaries

Address: 777 108th Avenue NE, Suite 1200 City: Bellevue State/Province: WA

Country: USA Postal Code: 98004-5135 Phone: (800) 796-3872 Offices/Positions Held: See Attachment

Type of Business: Life insurance, other financial services Supervisor / Contact Tom Marra

Beginning/Ending Dates (MM/YY): 03/94 - 11/07 Employer's Name: Safeco Insurance Company

Address: 1113 6th Avenue City: Seattle State/Province: WA

Country: USA Postal Code: 98154 Phone: (877) 270-1412 Offices/Positions Held: See Attachment

Type of Business: Insurance Supervisor / Contact Brian Ruddy

Beginning/Ending Dates (MM/YY): 06/89 - 08/94 Employer's Name: Snohomish Golf Course

Address: 7805 147th Avenue SE City: Snohomish State/Province: WA

Country: USA Postal Code: 98290 Phone: (360) 568-2676 Offices/Positions Held: Pro shop staff

Type of Business: Golf course Supervisor / Contact Fred Jacobson

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor / Contact _____

2,

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: Financial Industry Regulatory Authority (FINRA) Address: 9513 Key West Avenue

City: Rockville State/Province: MD Country: USA Postal Code: 20850

License #: _____ License Type and Date Issued (MM/YY): Series 6 and 63 (approx. 1994), Series 26 (approx 1996)

Date Expired (MM/YY): Approx. 1999 Reason for Termination: Voluntarily terminated - changed positions at company

Non-insurance Regulatory Phone Number (if known): (301) 590-6500

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere,* or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

(c) As a result of state examinations, Symetra Life Insurance Company paid fines in 2012 to Connecticut (\$6,000) and to Florida (\$9,000), and in 2011 to Oregon (\$10,000).

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 10 day of December 2013 at Bellevue, WA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

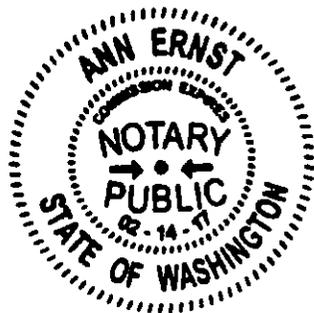
Chantel Balkovetz
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 10th day of December, 2013 by Chantel L. Balkovetz, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]



Ann Ernst
Notary Public

Ann Ernst
Printed Notary Name

02/14/2017
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
11/07- present	Symetra Financial and subsidiaries

Current Offices/Positions Held

Clearscape Funding Corporation	President (since 6/27/2013)
First Symetra National Life Insurance Company of New York	Vice President (since 2/28/2011)
Symetra Assigned Benefits Service Corporation	President (since 6/27/2013)
Symetra Life Insurance Company	Vice President (since 2/28/2011)
Symetra National Life Insurance Company	Vice President (since 2/28/2011)
WSF Receivables I, LLC	Manager, President (since 6/26/2013)

Safeco Insurance Company (3/94 – 11/07)

Safeco Mutual Funds

- Registered Representative (1994-1996)
- Resource Specialist and Trainer (1996)
- Client Services Unit Manager (1996-1998)
- Client Services Department Manager (1998-2000)

Safeco Property & Casualty

- Operations Performance Manager, Contact Center (2000-2001)
- Assistant Director, Process Improvement, Contact Centers (2001-2002)
- Assistant Director, Contact Center Metrics (2002-2003)
- Customer Service Unit Manager, Claims (2003-2004)
- Customer Service Manager, Claims (2004-2007)
- Director, Business Process Improvement, Office of Project Management (2/2007-11/2007)

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Symetra Life Ins. Co. and Symetra National Life Ins. Co. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Symetra Financial: Attn. Compliance Dept., SC-11; P.O. Box 34690; Seattle, WA 98124-1690.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Chantel Lee Balkovetz 4102 215th St. SE Bothell, WA 98021

(Printed Full Name and Residence Address)

Chantel Balkovetz
(Signature)

December 10, 2013

(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this ___ day of December, 2013 by Chantel L. Balkovetz, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Ann Ernst
Notary Public

Ann Ernst

Printed Notary Name

02/14/2017

My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Symetra Life Insurance Company

Symetra National Life Insurance Company

777 108th Avenue NE, Suite 1200

Bellevue, WA 98004-5135

(800) 796-3872

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Glenn Middle: Allan Last: Black

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: CPA

4. Affiant's business address:

Symetra Financial Attn: Glenn Black, SC-15; 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: 425-256-8861 Business Email: Glenn.Black@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Southern Illinois University	Carbondale, IL	08/79-05/83	BS Accounting and Administrative Sciences

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	Southern Illinois University	Carbondale, IL	08/83-05/84	MS Accountancy

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

[Handwritten signature]
NO results found by name/NO SSN
NO RIRS

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>None</u>			

7. Present or proposed position with the applicant entity: Vice President

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 02/11 - present Employer's Name: Symetra Financial Corporation and subsidiaries

Address: 777 108th Avenue NE, Suite 1200 City: Bellevue State/Province: WA

Country: USA Postal Code: 98004-5135 Phone: (800) 796-3872 Offices/Positions Held: See Attachment

Type of Business: Life insurance, other financial services Supervisor / Contact Margaret Meister

Beginning/Ending

Dates (MM/YY): 04/10 - 02/11 Employer's Name: TIAA-CREF

Address: 8500 Andrew Carnegie Boulevard City: Charlotte State/Province: NC

Country: USA Postal Code: 28262 Phone: (704) 595-1000 Offices/Positions Held: Director, Tax

Type of Business: Financial services Supervisor / Contact Kathleen Eckert

Beginning/Ending

Dates (MM/YY): 07/98 - 04/10 Employer's Name: ING Americas

Address: 5780 Powers Ferry Road NW City: Atlanta State/Province: GA

Country: USA Postal Code: 30327 Phone: (770) 980-5100 Offices/Positions Held: Assistant Vice President, Tax; Director, Tax

Type of Business: Financial services Supervisor / Contact David Distlter; Joe Elmy; Boyd Combs

Beginning/Ending

Dates (MM/YY): 01/97 - 07/98 Employer's Name: Transamerica

Address: 1150 S Olive St. City: Los Angeles State/Province: CA

Country: USA Postal Code: 90015 Phone: (213) 742-2111 Offices/Positions Held: Director - Federal Tax

Type of Business: Financial services Supervisor / Contact Bill Adams

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: Kentucky State Board of Accountancy Address: 332 W. Broadway, Suite 310

City: Louisville State/Province: KY Country: USA Postal Code: 40202

License Type: CPA License #: 3898 Date Issued (MM/YY): 03/86

Date Expired (MM/YY): N/A Reason for Termination: N/A - Still active

Non-insurance Regulatory Phone Number (if known): (502) 595-3037

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

(c) As a result of state examinations, Symetra Life Insurance Company paid fines in 2012 to Connecticut (\$6,000) and to Florida (\$9,000), and in 2011 to Oregon (\$10,000).

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 12th day of August 2013 at Bellevue, WA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Glenn A. Black

(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 12th day of August, 2013 by Glenn A. Black, and:

who is personally known to me, or

who produced the following identification: _____



Mary Anne Porter
Notary Public

Mary Anne Porter
Printed Notary Name

10/19/2016
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
02/11– present	Symetra Financial and subsidiaries
	Current Offices/Positions Held
	Clearscape Funding Corporation Vice President, Treasurer
	First Symetra National Life Insurance Company of New York Vice President
	Health Network Strategies, LLC Vice President
	Medical Risk Managers, Inc. Treasurer
	Symetra Administrative Services, Inc. Vice President, Treasurer
	Symetra Assigned Benefits Service Company Vice President, Treasurer
	Symetra Financial Corporation Vice President
	Symetra Investment Management, Inc. Vice President
	Symetra Life Insurance Company Vice President
	Symetra Mutual Funds Trust Treasurer
	Symetra National Life Insurance Company Vice President
	Symetra Securities, Inc. Vice President
	TIF Invest III, LLC Vice President
	WSF Receivables I, LLC Vice President, Treasurer

Beginning/Ending

Dates (MM/YY): 06/89 – 01/97 Employer's Name: UNUM Corporation

Address: 2211 Congress St. City: Portland State/Province: ME

Country: USA Postal Code: 04102 Phone: (207) 575-2211 Offices/Positions Held: Tax Manager; Tax Director

Type of Business: Disability insurance underwriting Supervisor / Contact Jackie Breland; Jean Duke

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Symetra Life Ins. Co. and Symetra National Life Ins. Co. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Symetra Financial: Attn. Compliance Dept., SC-11; P.O. Box 34690; Seattle, WA 98124-1690.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Glenn Allan Black 25029 SE 42nd Drive; Issaquah, WA 98029

(Printed Full Name and Residence Address)

Glenn A. Black
(Signature)

August 12, 2013

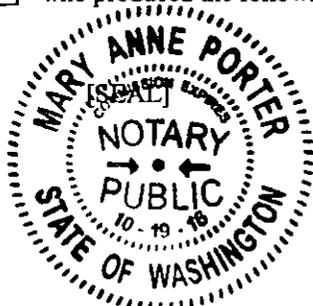
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 12th day of August, 2013 by Glenn A. Black, and:

who is personally known to me, or

who produced the following identification: _____



Mary Anne Porter
Notary Public

Mary Anne Porter
Printed Notary Name

10/19/2016

My Commission Expires

Revised 04/16/13

FORM 11

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Symetra Life Insurance Company

Symetra National Life Insurance Company

777 108th Avenue NE, Suite 1200

Bellevue, WA 98004-5135

(800) 796-3872

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Julie Middle: Margaret Last: Bodmer

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Lawyer

4. Affiant's business address:

Symetra Financial Attn: Julie Bodmer, SC-11; 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: 425-256-6013 Business Email: Julie.Bodmer@symetra.com

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Seattle Pacific University	Seattle, WA	09/77-06/78	None
Western Washington University	Bellingham, WA	09/78-12/81	B.A.

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
	Seattle University School of Law	Seattle, WA	06/97-12/00	J.D.

Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
----------------------	------------	------------------------	-------------------------------

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Results found by name
FR 1/17/2014
RIRS WIA

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Washington State Bar Association	WSBA Service Center	1325 Fourth Avenue Suite 600 Seattle, WA 98101-2539	(206) 443-9722
American Bar Association	Membership	321 N. Clark Street Chicago, IL 60654	(312) 988-5000

7. Present or proposed position with the applicant entity: Vice President, Associate General Counsel, Assistant Secretary

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 11/01 - present Employer's Name: Symetra Financial Corporation and subsidiaries

Address: 777 108th Avenue NE, Suite 1200 City: Bellevue State/Province: WA

Country: USA Postal Code: 98004-5135 Phone: (800) 796-3872 Offices/Positions Held: See Attachment to Item 8

Type of Business: Life insurance, other financial services Supervisor / Contact David Goldstein

Beginning/Ending

Dates (MM/YY): 12/00 - 11/01 Employer's Name: Unemployed

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY): 06/97 - 12/00 Employer's Name: Attending law school (see page 1)

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY): 12/82 - 11/97 Employer's Name: Great Northern Insured Annuity Corporation (see attachment to Item 8)

Address: 601 Union Street, Suite 5600 City: Seattle State/Province: WA

Country: USA Postal Code: 98101 Phone: (206) 625-1755 Offices/Positions Held: Assistant Secretary

Type of Business: Insurance Supervisor / Contact John W. Attey

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

See Attachment for Item 10

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
- Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
- Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
- Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
- Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
- Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
- Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
- Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
- Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
- Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

(c) As a result of state examinations, Symetra Life Insurance Company paid fines in 2012 to Connecticut (\$6,000) and to Florida (\$9,000), in 2011 to Oregon (\$10,000), in 2010 to Illinois (\$21,000), and in 2006 to Kentucky (\$2,500), Pennsylvania (\$90,000), and to Washington (\$25,000). First Symetra National Life Insurance Company of New York paid a fine in 2006 to New York (\$100,000).

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 21st day of October 2013 at Bellevue, WA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Julie M. Bodmer
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 21st day of October, 2013 by Julie M. Bodmer, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]



Ann Ernst
Notary Public

Ann Ernst
Printed Notary Name

2/14/2017
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
11/01 – present	Symetra Life Insurance Company 777 108 th Avenue NE, Suite 1200 Bellevue, WA 98004-5135 (800) 796-3872
10/12 – present	Vice President, Associate General Counsel, Assistant Secretary
04/12 – 10/12	Assistant Vice President, Assistant General Counsel, Assistant Secretary
07/07 – 04/12	Senior Counsel, Assistant Secretary
08/04 – 07/07	Counsel, Assistant Secretary
11/01 – 08/04	Counsel

Affiliated Companies (Same address as above):

Clearscape Funding Corporation

11/05 – present Assistant Secretary

First Symetra National Life Insurance Company of New York

11/12 – present Vice President, Associate General Counsel, Assistant Secretary

05/12 – 11/12 Assistant Vice President, Assistant General Counsel, Assistant Secretary

08/04 – 05/12 Assistant Secretary

Health Network Strategies, LLC

01/12 – present Secretary

07/07 – 01/12 Assistant Secretary

Medical Risk Managers, Inc.

01/12 – present Secretary

12/07 – 01/12 Assistant Secretary

Symetra Administrative Services, Inc.

01/12 – present Secretary

08/04 – 01/12 Assistant Secretary

Symetra Assigned Benefits Service Company

08/04 – present Assistant Secretary

Symetra Financial Corporation

08/04 – present Assistant Secretary

Symetra Investment Management, Inc.

10/11 – present Assistant Secretary

Symetra Mutual Funds Trust

09/13 – present Secretary

02/12 – 09/13 Assistant Secretary

Symetra National Life Insurance Company

10/12 – present Vice President, Associate General Counsel, Assistant Secretary

05/12 – 10/12 Assistant Vice President, Assistant General Counsel, Assistant Secretary

08/04 – 05/12 Assistant Secretary

Symetra Securities, Inc.

08/04 – present Assistant Secretary

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

Attachment to Question 8: Employment History (continued)

Affiliated Companies (continued):

TIF Invest III, LLC
10/08 – present Assistant Secretary

WSF Receivables I, LLC
12/08 – present Assistant Secretary

12/82-11/97 Great Northern Insured Annuity Corporation Assistant Secretary
601 Union St., Ste. 5600
Seattle, WA 98101
(206) 625-1755

Affiliated Companies (Same address as above):

12/82-11/97 GNA Life Insurance Company Assistant Secretary

11/85-11/97 GNA Corporation Assistant Secretary

05/86-11/97 GNA Securities, Inc. Assistant Secretary

Attachment to Question 10: Professional, Occupational, and Vocational Licenses

Current Licenses

<u>Issuer</u>	<u>License Type</u>	<u>License Number</u>	<u>Date Issued</u>
Supreme Court State of Washington	Attorney at Law	WSBA #31131	06/01 to Present

Prior Licenses

<u>Issuer</u>	<u>License Type</u>	<u>Date Issued</u>	<u>Date Expired</u>	<u>Reason for Termination</u>
State of Washington	Notary Public	1983	1997	Not renewed due to non-use
All 50 states Insurance Depts.	Life & Disability Agent	1988	1997	Not renewed due to non-use
NASD	Series 6 & 63	1988	1997	Not renewed due to non-use

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Symetra Life Ins. Co. and Symetra National Life Ins. Co. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Symetra Financial: Attn. Compliance Dept., SC-11; P.O. Box 34690; Seattle, WA 98124-1690.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Julie Margaret Bodmer 18523 Welch Road Snohomish, WA 98296

(Printed Full Name and Residence Address)

Julie Margaret Bodmer
(Signature)

October 21, 2013

(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 21st day of October, 2013 by Julie M. Bodmer, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Ann Ernst

Notary Public

Ann Ernst

Printed Notary Name

2/14/2017

My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Symetra Life Insurance Company

Symetra National Life Insurance Company

777 108th Avenue NE, Suite 1200

Bellevue, WA 98004-5135

(800) 796-3872

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Tommie Middle: David Last: Brooks

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Actuary

4. Affiant's business address:

Symetra Financial Attn: Tommie Brooks, SC-14; 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: 425-256-5603 Business Email: Tommie.Brooks@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Central Washington University	Ellensburg, WA	09/88-12/92	BS - Math/Actuarial Science

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
Fellow of the Society of Actuaries		Attained 09/98	FSA

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student identification number in the space provided in the Biographical Affidavit Supplemental Information.

Handwritten notes:
Results found by name
1 - A 1/17/2014
RIRS N/A

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Society of Actuaries		475 North Martingale Rd., Suite 600 Schaumburg, IL 60173	(847) 706-3500
American Academy of Actuaries		1100 Seventeenth Street NW Seventh Floor Washington, DC 20036	(202) 223-8196

7. Present or proposed position with the applicant entity: Senior Vice President, Chief Actuary

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY): 12/92 - present Employer's Name: Symetra Financial Corporation and subsidiaries

Address: 777 108th Avenue NE, Suite 1200 City: Bellevue State/Province: WA

Country: USA Postal Code: 98004-5135 Phone: (800) 796-3872 Offices/Positions Held: See Attachment

Type of Business: Life insurance, other financial services Supervisor / Contact Margaret Meister

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor / Contact _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor / Contact _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor / Contact _____

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

NONE

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
- Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
- Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
- Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
- Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
- Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
- Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
- Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
- Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
- Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608
FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581
FEIN: 91-1079693

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

(c) As a result of state examinations, Symetra Life Insurance Company paid fines in 2012 to Connecticut (\$6,000) and to Florida (\$9,000), in 2011 to Oregon (\$10,000), in 2010 to Illinois (\$21,000), and in 2006 to Kentucky (\$2,500), Pennsylvania (\$90,000), and to Washington (\$25,000). First Symetra National Life Insurance Company of New York paid a fine in 2006 to New York (\$100,000).

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 13th day of September 2013 at Bellevue, WA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Tommie Brooks
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 13th day of September, 2013 by Tommie D. Brooks, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]



Ann Ernst
Notary Public

Ann Ernst
Printed Notary Name

2/14/2017
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
12/92– present	Symetra Financial and subsidiaries
	Current Offices/Positions Held
	Clearscape Funding Corporation Director
	First Symetra National Life Insurance Company of New York Senior Vice President, Chief Actuary
	Symetra Assigned Benefits Service Company Director
	Symetra Financial Corporation Senior Vice President, Chief Actuary
	Symetra Life Insurance Company Senior Vice President, Chief Actuary
	Symetra National Life Insurance Company Senior Vice President, Chief Actuary

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Symetra Life Ins. Co. and Symetra National Life Ins. Co. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Symetra Financial: Attn. Compliance Dept., SC-11; P.O. Box 34690; Seattle, WA 98124-1690.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Tommie David Brooks 3126 211th Ave NE Sammamish, WA 98074

(Printed Full Name and Residence Address)

Tommie Brooks

(Signature)

September 13, 2013

(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 13th day of September, 2013 by Tommie D. Brooks, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Ann Ernst
Notary Public

Ann Ernst

Printed Notary Name

2/14/2017

My Commission Expires

Revised 04/16/13

FORM 11

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Symetra Life Insurance Company

Symetra National Life Insurance Company

777 108th Avenue NE, Suite 1200

Bellevue, WA 98004-5135

(800) 796-3872

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Chenelle Middle: Schaeffer Last: Chase

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Head of Relationship Management & Strategic Sales Programs

4. Affiant's business address:

Symetra Financial Attn: Chelle Chase; SC-10, 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: 425-256-6113 Business Email: chelle.chase@symetra.com

5. Education and training:

College/University

City/State

Dates Attended (MM/YY)

Degree Obtained

Seattle University

Seattle, WA

09/84 - 08/88

B. A.

Graduate Studies

College/University

City/State

Dates Attended (MM/YY)

Degree Obtained

Other Training: Name

City/State

Dates Attended (MM/YY)

Degree/Certification Obtained

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

JR

FF

Results found by name

RIRS N/A

1/17/2014

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

An _____

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
None			

7. Present or proposed position with the applicant entity: Vice President

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY) 04/06 - present Employer's Name Symetra Financial and subsidiaries

Address 777 108th Avenue NE, Suite 1200 City Bellevue State/Province WA

Country USA Postal Code 98004-5165 Phone (800) 796-3872 Offices/Positions Held See Attachment

Supervisor / Contact Richard LaVoice

Beginning/Ending

Dates (MM/YY) 02/05 - 03/06 Employer's Name Washington Mutual

Address 1201 Third Avenue City Seattle State/Province WA

Country USA Postal Code 98101 Phone (888) 436-9678 Offices/Positions Held Product manager 2 (WAMU was purchased by JP Morgan Chase in 2008)

Supervisor / Contact Paula Skartland

Beginning/Ending

Dates (MM/YY) 04/90 - 03/04 Employer's Name Genworth (formerly GNA Corp.)

Address 6620 W Broad Street City Richmond State/Province VA

Country USA Postal Code 23230 Phone (888) 436-9678 Offices/Positions Held Last position - Retention Sales Manager; previous positions - Brokerage Manager, Mutual Fund Supervisor, Mutual Fund Project Manager, Broker Services Rep (all positions were held at Seattle location (601 Union Street, Seattle, WA 98101))

Supervisor / Contact Matthew Sharp (last supervisor)

Beginning/Ending

Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: None

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License Financial Industry Regulatory Authority (FINRA)

Address 9513 Key West Avenue City Rockville State/Province MD Country USA Postal Code 20850

License Type Series 7 License # 1880278 Date Issued (MM/YY) 01/07

Date Expired (MM/YY) N/A - Active Reason for Termination Note: Previously held Series 7 and Series 24, both of which expired due to employment in a non-FINRA capacity in March 2006.

Non-insurance Regulatory Phone Number (if known) (301) 590-6500

Organization/Issuer of License Washington Office of the Insurance Commissioner Address P.O. Box 40257

City Olympia State/Province WA Country USA Postal Code 98504-0257

License Type Life and Health License # 127419 Date Issued (MM/YY) 09/88

Date Expired (MM/YY) N/A - Active Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) (360) 725-7144

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
Yes No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 13th day of December 2013 at Bellevue, WA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Chenelle S Chase
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 13 day of December, 2013 by Chenelle S. Chase, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Ann Ernst
Notary Public

Ann Ernst
Printed Notary Name

02/14/2017
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
4/06-- present	Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of New York Vice President (since 11/2010)

Symetra Life Insurance Company Vice President (since 11/2010)

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Symetra Life Ins. Co. and Symetra National Life Ins. Co. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Symetra Financial: Attn. Compliance Dept., SC-11; P.O. Box 34690; Seattle, WA 98124-1690.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Chenelle Schaeffer Chase 3813 45th Avenue SW, Seattle, WA 98116

(Printed Full Name and Residence Address)
Chenelle S Chase
(Signature) December 13, 2013
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 13 day of December, 2013 by Chenelle S. Chase and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]



Notary Public
Ann Ernst
Printed Notary Name
02/14/2017
My Commission Expires

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Symetra Life Insurance Company
777 108th Avenue NE, Suite 1200
Bellevue, WA 98004-5135
(800) 796-3872

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Marien Middle: NONE Last: Diaz

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? NONE

3. Affiant's occupation or profession: Employer Stop-Loss Insurance Claims

4. Affiant's business address:
Symetra Life Insurance Co. Attn: Marien Diaz, 7300 Corporate Center Drive, Suite 205; Miami, FL 33126

Business telephone: (305) 715-6115 Business Email: Marien.Diaz@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Florida International University	Miami, FL	Graduated 05/82	Bachelor's Degree in Psychology

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

NO results found by name

Revised 04/16/13
FORM 11
FT 11/17/2014
RIRS N/A

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Society of Professional Benefit Administrators ("SPBA")	Anne C. Lennan	Two Wisconsin Circle, Suite 670 Chevy Chase MD 20815	(301) 718-7722
Self Insurance Institute of America ("SIIA")	Amy Troiano	P. O. Box 1237 Simpsonville, SC 29681	(800) 851-7789

7. Present or proposed position with the applicant entity: Vice President

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

NOTE: During the past twenty years I (Affiant) have been employed with several different companies. However, this comment is to clarify that the various companies represented acquisition transactions of the same Employer Stop-Loss business unit over the years. Thus, my business address and telephone number remained the same while I was employed with different companies. The original employer was John Alden Life Insurance Company ("JALIC") where I was hired in April, 1984. JALIC's Employer Stop-Loss division went through several acquisitions beginning in 1998. The companies that acquired the original JALIC Employer Stop-Loss business were Fortis, Inc., Lincoln Financial Group, Swiss Re and Safeco Life Insurance Company, which transitioned to Symetra Life Insurance Company in 2004. The periods of time that I worked for each of those companies are referenced below to the best of my recollection.

Affiant's business address from through 10/13: 7300 Corporate Center Drive, Suite 205, Miami, FL 33126

Business telephone: (305) 715-6115

Beginning/Ending

Dates (MM/YY): 07/02 - present Employer's Name: Symetra Financial Corporation and subsidiaries

Address: 777 108th Avenue NE, Suite 1200 City: Bellevue State/Province: WA

Country: USA Postal Code: 98004-5135 Phone: (800) 796-3872 Offices/Positions Held: Vice President as of April 2012. Previous Position: Claims Director

Type of Business: Life insurance, other financial services Supervisor / Contact Michael Fry

Beginning/Ending

Dates (MM/YY): 11/01 - 07/02 Employer's Name: Swiss Re

Address: 175 King Street City: Armonk State/Province: NY

Country: USA Postal Code: 10504 Phone: (914) 828-8000 Offices/Positions Held: Vice President

Type of Business: Reinsurance, life insurance, other financial services Supervisor / Contact Michael Fry

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Beginning/Ending

Dates (MM/YY): 11/99 - 11/01 Employer's Name: Lincoln Re - A division of Lincoln Financial Corporation

Address: 1300 South Clinton Street City: Ft. Wayne State/Province: IN

Country: USA Postal Code: 46802-3506 Phone: (800) 950-2454 Offices/Positions Held: Vice President

Type of Business: Reinsurance, life insurance, other financial services Supervisor / Contact Michael Fry

Beginning/Ending

Dates (MM/YY): 08/98 - 11/99 Employer's Name: Fortis, Inc. (Fortis, Inc. was renamed Assurant Solutions in 2004)

Address: 11222 Quail Roos Drive City: Miami State/Province: FL

Country: USA Postal Code: 33157 Phone: (305) 252-6987 Offices/Positions Held: Vice President

Type of Business: Life Insurance, other financial services Supervisor / Contact William D. Greiter

Beginning/Ending

Dates (MM/YY): 04/84 - 08/98 Employer's Name: John Alden Life Insurance Company ("JALIC") / Alden Risk Management Services ("ARMS") a wholly owned subsidiary of JALIC.

Address: 7300 Corporate Center Drive, Suite 205 City: Miami State/Province: FL

Country: USA Postal Code: 33126 Phone: (305) 715-6115 Offices/Positions Held: Vice President, Claims Director, Claims Manager, Field Auditor, Audit and Training Specialist and various claims examiner positions.

Type of Business: Life insurance, other financial services Supervisor / Contact Pat S. Campola (retired)

Beginning/Ending

Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor / Contact _____

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: NONE

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: NONE

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

NONE

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

NONE

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. NONE

If any of the stock is pledged or hypothecated in any way, give details. NONE

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

NONE

If any of the shares of stock are pledged or hypothecated in any way, give details.

NONE

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: NONE

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

NONE

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16th day of October 2013 at Miami, FL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Marina Diaz
(Signature of Affiant)

State of Florida County of Miami-Dade

The foregoing instrument was acknowledged before me this 16th day of October, 2013 by Marin Diaz, and:

who is personally known to me, or

who produced the following identification: FLDRIVERS license # [REDACTED]

[SEAL]



Marilyn Goody
Notary Public
Marilyn Goody
Printed Notary Name
3-23-2016
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
07/02 – present	Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of New York Vice President

Symetra Life Insurance Company Vice President

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Symetra Life Insurance Company ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Symetra Financial: Attn. Compliance Dept., SC-11; P.O. Box 34690; Seattle, WA 98124-1690.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Marien Diaz 8300 SW 103rd Street Miami, FL 33156
(Printed Full Name and Residence Address)

Marien Diaz
(Signature)

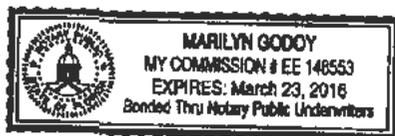
October 16, 2013
(Date)

State of Florida County of Miami-Dade

The foregoing instrument was acknowledged before me this 16th day of October, 2013 by Marien Diaz, and:

- who is personally known to me, or
- who produced the following identification: FL DRIVER'S LICENSE # [REDACTED]

[SEAL]



Marilyn Godoy
Notary Public
Marilyn Godoy
Printed Notary Name
3-23-2016
My Commission Expires

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Symetra Life Insurance Company

777 108th Avenue NE, Suite 1200

Bellevue, WA 98004-5135

(800) 796-3872

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Anne-Marie Middle: None Last: Diouf

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Human Resources

4. Affiant's business address:

Symetra Financial Attn: Anne-Marie Diouf, SC-12, 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: 425-256-6049 Business Email: anne-marie.diouf@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Western Washington University	Bellingham, WA	10/88 - 08/92	B.A., Sociology

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
-----------------------------	-------------------	-------------------------------	--------------------------------------

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

*No results found by name
TT 1/17/2014
RIRS N/A*

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Society of Human Resources Management	N/A	1800 Duke Street Alexandria, VA 88314	(800) 283-7476

7. Present or proposed position with the applicant entity: Vice President

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY) 10/00 - present Employer's Name Symetra Financial and subsidiaries

Address 777 108th Avenue NE, Suite 1200 City Bellevue State/Province WA

Country USA Postal Code 98004-5165 Phone (800) 796-3872 Offices/Positions Held See Attachment

Supervisor / Contact Christine A. Katzmar Holmes

Beginning/Ending

Dates (MM/YY) 9/97 - 10/00 Employer's Name Precor

Address 20031 142nd Ave NE City Woodinville State/Province WA

Country USA Postal Code 98072 Phone 800-786-8404 Offices/Positions Held HR Generalist

Supervisor / Contact Lynn Takaki

Beginning/Ending

Dates (MM/YY) 12/95 - 9/97 Employer's Name Target

Address 4053 Factoria Square Mall SE City Bellevue State/Province WA

Country USA Postal Code 98006 Phone 425-562-0830 Offices/Positions Held Team Relations Leader

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) 8/94 - 12/95 Employer's Name Pacific Linen

Address out of business City _____ State/Province _____

Country USA Postal Code _____ Phone _____ Offices/Positions Held HR Assistant

Supervisor / Contact _____

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: None

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

None

Organization/Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization/Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 19 day of December 2013 at Bellevue, WA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Handwritten Signature]

(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 19 day of December, 2013 by Anne-Marie Diouf, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



[Handwritten Signature]

Notary Public

Ann Ernst

Printed Notary Name

02/14/2017

My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Attachment to Question 8: Employment History

Date Employer
10/00 – present Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of New York Vice President (since 11/2010)

Symetra Life Insurance Company Vice President (since 11/2010)

Beginning/Ending

Dates (MM/YY) 01/92 – 08/94 Employer's Name Evergreen Park Professionals

Address 127 E Intercity Ave, Suite A City Everett State/Province WA

Country USA Postal Code 98208 Phone _____ Offices/Positions Held Office Assistant

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) ??/93 – ??/94 Employer's Name Fresh and Clean Professional Cleaning Services

Address 10407 90th Street NE City Lake Stevens State/Province WA

Country USA Postal Code 98258 Phone _____ Offices/Positions Held Office Assistant

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) 09/90 – 08/92 Employer's Name Western Washington University

Address 516 High Street City Bellingham State/Province WA

Country USA Postal Code 98225 Phone _____ Offices/Positions Held Resident Advisor

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) 06/89 – 12/92 Employer's Name Objective Medical Assessments Corporation (OMAC)

Address 401 2nd Avenue S, Suite 110 City Seattle State/Province WA

Country USA Postal Code 98104 Phone _____ Offices/Positions Held Temp Office Help, Summers and Holidays

Supervisor / Contact _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Symetra Life Ins. Co. and Symetra National Life Ins. Co. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Symetra Financial: Attn. Compliance Dept., SC-11; P.O. Box 34690; Seattle, WA 98124-1690.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Anne-Marie Diouf 8101 NE 142nd PL Bothell, WA 98011

(Printed Full Name and Residence Address)

Anne-Marie Diouf
(Signature)

December 19, 2013
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this ____ day of December, 2013 by Anne-Marie Diouf and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]



Notary Public

Ann Ernst
Printed Notary Name

02/14/2017
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Symetra Life Insurance Company

Symetra National Life Insurance Company

777 108th Avenue NE, Suite 1200

Bellevue, WA 98004-5135

(800) 796-3872

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Michaelanne Middle: NONE Last: Ehrenberg

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Attorney

4. Affiant's business address:
Symetra Financial Attn: Michaelanne Ehrenberg, SC-11; 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: 425-256-8764 Business Email: Michaelanne.Ehrenberg@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Washington	Seattle, WA	09/87-06/91	BA

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	Boston University	Boston, MA	09/92-06/95	JD

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

NO results by name
FR 1/17/2014 RIRS W/A
Revised 04/16/13
FORM 11

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Washington State Bar Association		1326 Fourth Ave., Ste 600 Seattle, WA 98101-2539	(206) 443-9722
Litigation Counsel of America		641 Lexington Avenue 15 th Floor New York, NY 10022	(212) 724-4128

7. Present or proposed position with the applicant entity: Vice President, Associate General Counsel

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 11/12 - present Employer's Name: Symetra Financial Corporation and subsidiaries

Address: 777 108th Avenue NE, Suite 1200 City: Bellevue State/Province: WA

Country: USA Postal Code: 98004-5135 Phone: (800) 796-3872 Offices/Positions Held: See Attachment

Type of Business: Life insurance, other financial services Supervisor / Contact David Goldstein

Beginning/Ending

Dates (MM/YY): 04/01 - 11/12 Employer's Name: Karr Tuttle Campbell

Address: 701 5th Avenue, Suite 3300 City: Seattle State/Province: WA

Country: USA Postal Code: 98104 Phone: (206) 223-1313 Offices/Positions Held: Attorney - Partner

Type of Business: Law Firm Supervisor / Contact Bruce Larson

Beginning/Ending

Dates (MM/YY): 01/00 - 04/01 Employer's Name: Seattle City Council

Address: 600 4th Avenue City: Seattle State/Province: WA

Country: USA Postal Code: 98104 Phone: _____ Offices/Positions Held: Chief of Staff

Type of Business: Government Supervisor / Contact Heidi Wills

Beginning/Ending

Dates (MM/YY): 10/95 - 12/00 Employer's Name: Stafford Frey Cooper

Address: _____ City: Seattle State/Province: WA

Country: USA Postal Code: _____ Phone: _____ Offices/Positions Held: Attorney

Type of Business: Law Firm Supervisor / Contact Law firm dissolved in 2012

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: Washington State Bar Association Address: 1326 Fourth Ave., Ste. 600

City: Seattle State/Province: WA Country: USA Postal Code: 98101-2539

License Type: Attorney License #: 25615 Date Issued (MM/YY): 12/95

Date Expired (MM/YY): N/A Reason for Termination: N/A - still active

Non-insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
- Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
- Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
- Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
- Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
- Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
- Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
- Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
- Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
- Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608
FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581
FEIN: 91-1079693

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 4th day of November 2013 at Bellevue, WA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 4th day of November, 2013 by Michaelanne Ehrenberg, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]



[Signature]
Notary Public

Ann Ernst
Printed Notary Name

2/14/2017
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
11/12- present	Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of New York	Vice President, Associate General Counsel
---	---

Symetra Life Insurance Company	Vice President, Associate General Counsel
--------------------------------	---

Symetra National Life Insurance Company	Vice President, Associate General Counsel
---	---

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Symetra Life Ins. Co. and Symetra National Life Ins. Co. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Symetra Financial: Attn. Compliance Dept., SC-11; P.O. Box 34690; Seattle, WA 98124-1690.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Michaelanne Ehrenberg 2401 94th Ave NE Clyde Hill, WA 98004

(Printed Full Name and Residence Address)


(Signature)

November 4, 2013

(Date)

State of Washington County of King

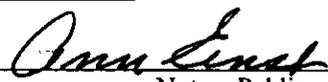
The foregoing instrument was acknowledged before me this 4th day of November, 2013 by Michaelanne Ehrenberg, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]




Notary Public

Ann Ernst

Printed Notary Name

2/14/2017

My Commission Expires

Revised 04/16/13

FORM 11



Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Symetra Life Insurance Company

Symetra National Life Insurance Company

777 108th Avenue NE, Suite 1200

Bellevue, WA 98004-5135

(800) 796-3872

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Colin Middle: Michael Last: Elder

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Senior Vice President, Commercial Real Estate Investments

4. Affiant's business address:

Symetra Financial Attn: Colin Elder, SC-15; 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: 425-256-8721 Business Email: Colin.Elder@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Puget Sound	Tacoma, WA	09/78-05/82	BA

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Handwritten: KRS N/A - No results found by name TA 1/17/2014

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
None			

7. Present or proposed position with the applicant entity: Senior Vice President

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending
 Dates (MM/YY): 03/07 - present Employer's Name: Symetra Financial Corporation and subsidiaries
 Address: 777 108th Avenue NE, Suite 1200 City: Bellevue State/Province: WA
 Country: USA Postal Code: 98004-5135 Phone: (800) 796-3872 Offices/Positions Held: See Attachment
 Type of Business: Life insurance, other financial services Supervisor / Contact Margaret Meister

Beginning/Ending
 Dates (MM/YY): 03/04 - 03/07 Employer's Name: Genworth Financial
 Address: 2200 Two Union Square City: Seattle State/Province: WA
 Country: USA Postal Code: 98101 Phone: (206) 516-2834 Offices/Positions Held: Vice President, Manager National Production, Loan Originator, West Coast Production Manager
 Type of Business: _____ Supervisor / Contact Dan Sheehan

Beginning/Ending
 Dates (MM/YY): 03/94 - 03/04 Employer's Name: GE Asset Management/GE Financial Assurance
 Address: 2200 Two Union Square City: Seattle State/Province: WA
 Country: USA Postal Code: 98101 Phone: (206) 516-2834 Offices/Positions Held: Loan Originator, Assitant Vice President, Vice President, National Production Manager
 Type of Business: _____ Supervisor / Contact Deborah Towner

Beginning/Ending
 Dates (MM/YY): 11/82 - 03/94 Employer's Name: GNA Corporation
 Address: One Union Square City: Seattle State/Province: WA
 Country: USA Postal Code: 98101 Phone: (206) 516-2834 Offices/Positions Held: Loan Assistant, Loan Closer, Loan Closing Supervisor, Loan Closing Manager, Loan Administration Manager, Assistant Vice President
 Type of Business: _____ Supervisor / Contact Ken Starr

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

NONE

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
- Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
- Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
- Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
- Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
- Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
- Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
- Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
- Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
- Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

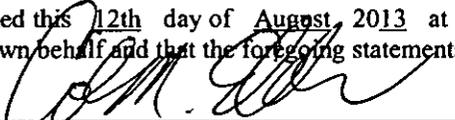
Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

(c) As a result of state examinations, Symetra Life Insurance Company paid fines in 2012 to Connecticut (\$6,000) and to Florida (\$9,000), in 2011 to Oregon (\$10,000), and in 2010 to Illinois (\$21,000).

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 12th day of August, 2013 at Bellevue, WA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.



(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 12th day of August, 2013 by Colin M. Elder, and:

- who is personally known to me, or
- who produced the following identification: _____




Notary Public

Mary Anne Porter
Printed Notary Name

10/19/2016
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

Attachment to Question 8: Employment History

Date
03/07-- present

Employer
Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of New York Senior Vice President

Symetra Life Insurance Company Senior Vice President

Symetra National Life Insurance Company Senior Vice President

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Symetra Life Ins. Co. and Symetra National Life Ins. Co. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Symetra Financial: Attn. Compliance Dept., SC-11; P.O. Box 34690; Seattle, WA 98124-1690.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Colin Michael Elder 2115 E. Lake Sammamish PL SE; Sammamish, WA 98075

(Printed Full Name and Residence Address)

Colin M. Elder
(Signature)

August 12, 2013

(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 12th day of August, 2013 by Colin M. Elder, and:

who is personally known to me, or

who produced the following identification: _____



Mary Anne Porter
Notary Public

Mary Anne Porter

Printed Notary Name

10/19/2016

My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Symetra Life Insurance Company

Symetra National Life Insurance Company

777 108th Avenue NE, Suite 1200

Bellevue, WA 98004-5135

(800) 796-3872

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Kathryn Middle: Lee Last: Englund

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Assistant Controller

4. Affiant's business address:

Symetra Financial Attn: Kathy Englund, SC-14; 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: 425-256-5403 Business Email: Kathy.Englund@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Christian Brothers University	Memphis, TN	08/79-05/83	BS in Business Administration

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
Institute of Management Accountants, Inc.		1989	Certified Management Accountant (CMA)
LOMA		2004	Fellow, Life Management Institute (FLMI)

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Handwritten: NO results found by name T1 1/17/2014 RIKS N/A

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Institute of Management Accountants, Inc.		10 Paragon Drive, Suite 1 Montvale, NJ 07645-1760	(800) 638-4427
LOMA		2300 Windy Ridge Parkway Suite 600 Atlanta, GA 30339	(770) 951-1770

7. Present or proposed position with the applicant entity: Vice President

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 09/03 - present Employer's Name: Symetra Financial Corporation and subsidiaries

Address: 777 108th Avenue NE, Suite 1200 City: Bellevue State/Province: WA

Country: USA Postal Code: 98004-5135 Phone: (800) 796-3872 Offices/Positions Held: See Attachment

Type of Business: Life insurance, other financial services Supervisor / Contact Colleen Murphy

Beginning/Ending

Dates (MM/YY): 09/99 - 09/03 Employer's Name: Childhaven

Address: 316 Broadway City: Seattle State/Province: WA

Country: USA Postal Code: 98122 Phone: (206) 624-6477 Offices/Positions Held: Director of Finance

Type of Business: _____ Supervisor / Contact John Flora

Beginning/Ending

Dates (MM/YY): 03/92 - 09/99 Employer's Name: Symetra Life Insurance Company

Address: 777 108th Avenue NE, Suite 1200 City: Bellevue State/Province: WA

Country: USA Postal Code: 98004-5135 Phone: (800) 796-3872 Offices/Positions Held: Assistant Controller

Type of Business: Life insurance, other financial services Supervisor / Contact Colleen Murphy

Beginning/Ending

Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor / Contact _____

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

NONE

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
- Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
- Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
- Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
- Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
- Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
- Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
- Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
- Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
- Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

(c): As a result of state examinations, Symetra Life Insurance Company paid fines in 2012 to Connecticut (\$6,000) and to Florida (\$9,000), in 2011 to Oregon (\$10,000), in 2010 to Illinois (\$21,000), and in 2006 to Kentucky (\$2,500), Pennsylvania (\$90,000), and to Washington (\$25,000). First Symetra National Life Insurance Company of New York paid a fine in 2006 to New York (\$100,000).

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 12th day of September 2013 at Bellevue, WA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Kathryn Englund
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 12th day of September, 2013 by Kathryn L. Englund, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]



Ann Ernst
Notary Public

Ann Ernst
Printed Notary Name

2/14/2017
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
09/03– present	Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of New York Vice President

Health Network Strategies, LLC Assistant Secretary

Symetra Administrative Services, Inc. Assistant Secretary

Symetra Financial Corporation Vice President

Symetra Life Insurance Company Vice President

Symetra National Life Insurance Company Vice President

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Symetra Life Ins. Co. and Symetra National Life Ins. Co. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Symetra Financial: Attn. Compliance Dept., SC-11; P.O. Box 34690; Seattle, WA 98124-1690.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Kathryn Lee Englund 4426 248th Lane SE; Issaquah, WA 98029

(Printed Full Name and Residence Address)

Kathryn Englund
(Signature)

September 12, 2013
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 12th day of September, 2013 by Kathryn L. Englund, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]



Ann Ernst
Notary Public

Ann Ernst
Printed Notary Name

2/14/2017
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Symetra Life Insurance Company

Symetra National Life Insurance Company

777 108th Avenue NE, Suite 1200

Bellevue, WA 98004-5135

(800) 796-3872

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Andrew Middle: Michael Last: Farrell

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Vice President Symetra Financial

4. Affiant's business address:
Symetra Financial Attn: Drew Farrell, SC-10; 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: (425) 256-5404 Business Email: Andrew.Farrell@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Regis University	Denver, CO	1/2004-2013	Diploma in Irish Studies in conjunctionw/International University of Ireland

<u>Graduate Studies Applicant</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	Regis University & Northeastern University	Denver, CO Boston, MA	TBD	N/A

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
None			

7. Present or proposed position with the applicant entity: Vice President

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 12/10 - present Employer's Name: Symetra Financial Corporation and subsidiaries

Address: 777 108th Avenue NE, Suite 1200 City: Bellevue State/Province: WA

Country: USA Postal Code: 98004-5135 Phone: (800) 796-3872 Offices/Positions Held: See Attachment

Type of Business: Life insurance, other financial services Supervisor / Contact Rich LaVoice

Beginning/Ending

Dates (MM/YY): 02/08 - 12/10 Employer's Name: Mass Mutual Financial Group

Address: 1295 State Street City: Springfield State/Province: MA

Country: USA Postal Code: 01111 Phone: 1-800-548-0073 Offices/Positions Held: Director

Type of Business: Life Insurance Financial Services Supervisor / Contact Shannon Willems

Beginning/Ending

Dates (MM/YY): 11/97 - 02/08 Employer's Name: Life USA/Allianz Life of North America

Address: 5701 Golden Hills Drive City: Golden Valey State/Province: MN

Country: USA Postal Code: 55416 Phone: 800-950-5872 Offices/Positions Held: Vice President, Director, Sales and Client facing roles

Type of Business: Life Insurance/Financial Services Supervisor / Contact Carl Adamek, Frank Tonnemaker and Dennis Rozeboom no longer work at Allianz

Beginning/Ending

Dates (MM/YY): 10/93 - 01/97 Employer's Name: Healthpartners HMO

Address: 8170 33rd Ave South City: Bloomington State/Province: MN

Country: USA Postal Code: 55425 Phone: 952-883-5000 Offices/Positions Held: Member Services

Type of Business: Health Insurance Supervisor / Contact Wendy Ohlek or Lisa Lisa (not a typo-her first name is also last

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License Financial Industry Regulatory Authority (FINRA)

Address 9513 Key West Avenue City Rockville State/Province MD Country USA Postal Code 20850

License # 4463467 License Type and Date Issued (MM/YY) Series 6 (01/02), Series 26 (02/02), Series 63 (06/02)

Date Expired (MM/YY) _____ Reason for Termination N/A - Active

Non-insurance Regulatory Phone Number (if known) (301) 590-6500

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608
FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581
FEIN: 91-1079693

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 31st day of October 2013 at Bellevue, WA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Andrew M. Farrell
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 31st day of October, 2013 by Andrew M. Farrell, and:

- who is personally known to me, or
- who produced the following identification: _____



Mary Anne Porter
Notary Public

Mary Anne Porter
Printed Notary Name

10/19/2016
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
12/10– present	Symetra Financial and subsidiaries
	Current Offices/Positions Held
	First Symetra National Life Insurance Company of New York Vice President
	Symetra Life Insurance Company Vice President
	Symetra National Life Insurance Company Vice President
	Symetra Securities, Inc. Director, President, Chief Operating Officer

Attachment to Question 10: Profession, Occupational, and Vocational Licenses

State Insurance Departments - Active Licenses

<u>State</u>	<u>License Number</u>	<u>License Type</u>
Alaska	102992	Producer
Alabama	551978	Producer
Arkansas	401261	Non-resident Producer
Arizona	1018364	Insurance Professional
California	0H89357	Insurance Producer
Colorado	398883	Producer
Connecticut	002404377	Producer
District of Columbia	2939980	Producer
Delaware	1194085	Producer
Florida	W098394	Producer
Georgia	2860009	Agent – Non-resident
Hawaii	392932	Producer
Iowa	16388938	Producer
Idaho	409933	Non-resident Producer
Illinois	16388938	Producer
Indiana	817187	Producer - Individual
Kansas	16388938	Agent
Kentucky	DOI-780885	Producer
Louisiana	561810	Producer
Massachusetts	1916928	Individual Producer
Maryland	2089314	Producer
Maine	PRN202700	Producer (non-resident)
Michigan	468889919	Non-resident Producer
Minnesota	40289780	Producer
Missouri	8148872	Producer
Mississippi	10250245	Insurance Producer
Montana	759423	Producer
North Carolina	16388938	Producer
North Dakota	I6388938	Producer
Nebraska	AG421903	Producer
New Hampshire	2150044	Producer
New Jersey	1377049	Producer - Individual
New Mexico	302117	Agent
Nevada	817795	Non-resident Producer
New York	LA-1226393	Producer

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

<u>State</u>	<u>License Number</u>	<u>License Type</u>
Ohio	960215	Producer
Oklahoma	100130680	Producer
Oregon	16388938	Producer
Pennsylvania	63333	Non-resident Producer Individual
Rhode Island	2160402	Insurance Producer
South Carolina	643730	Producer
South Dakota	40234790	Non-resident Producer
Tennessee	2103754	Producer
Texas	1761766	Producer
Utah	410245	Non-resident Producer
Virginia	837147	Producer
Vermont	817998	Non-resident Producer Individual
Washington	793706	Producer
Wisconsin	2594321	Producer
West Virginia	16388938	Producer
Wyoming	227046	Non-resident Producer

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Symetra Life Ins. Co. and Symetra National Life Ins. Co. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Symetra Financial: Attn. Compliance Dept., SC-11; P.O. Box 34690; Seattle, WA 98124-1690.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Andrew Michael Farrell 5320 221st Ave NE, Redmond WA 98053
(Printed Full Name and Residence Address)

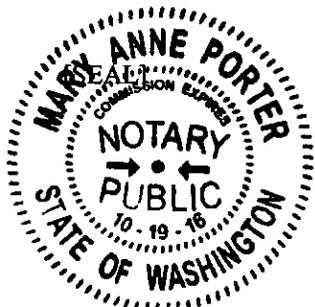
Andrew M. Farrell
(Signature)

October 31, 2013
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this ____ day of October, 2013 by Andrew M. Farrell, and:

- who is personally known to me, or
- who produced the following identification: _____



Mary Anne Porter
Notary Public

Mary Anne Porter
Printed Notary Name

10/19/2016
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Symetra Life Insurance Company

Symetra National Life Insurance Company

777 108th Avenue NE, Suite 1200

Bellevue, WA 98004-5135

(800) 796-3872

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Michael Middle: William Last: Fry

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Insurance Executive

4. Affiant's business address:

Symetra Financial Attn: Michael Fry, KC-17; 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: 425-256-6336 Business Email: Michael.Fry@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Indiana University	Fort Wayne, IN	08/79-05/83	BS-Accounting

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
Certified Public Accountant	State of Indiana		CPA

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.



Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Indiana CPA Society		8250 Woodfiled Crossing Blvd. #100 Indianapolis, IN 46240-4348	(317) 726-5000
Self-Insurance Institute of America		P.O. Box 1237 Simpsonville, SC 29681	(800) 851-7789

7. Present or proposed position with the applicant entity: Director, Executive Vice President

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 08/02 - present Employer's Name: Symetra Financial Corporation and subsidiaries

Address: 777 108th Avenue NE, Suite 1200 City: Bellevue State/Province: WA

Country: USA Postal Code: 98004-5135 Phone: (800) 796-3872 Offices/Positions Held: See Attachment

Type of Business: Life insurance, other financial services Supervisor / Contact Tom Marra

Beginning/Ending

Dates (MM/YY): 10/88 - 08/02 Employer's Name: Lincoln Re Risk Management Services

Address: _____ City: Fort Wayne State/Province: IN

Country: USA Postal Code: _____ Phone: _____ Offices/Positions Held: Various, including Sr. Vice President, COO

Type of Business: _____ Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor / Contact _____

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: Indiana Professional Licensing Agency Address: _____

City: _____ State/Province: IN Country: USA Postal Code: _____

License Type: CPA License #: CP18604410 Date Issued (MM/YY): 08/86

Date Expired (MM/YY): 06/06 Reason for Termination: Voluntarily surrendered

Non-insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

(c) As a result of state examinations, Symetra Life Insurance Company paid fines in 2012 to Connecticut (\$6,000) and to Florida (\$9,000), in 2011 to Oregon (\$10,000), in 2010 to Illinois (\$21,000), and in 2006 to Kentucky (\$2,500), Pennsylvania (\$90,000), and to Washington (\$25,000). First Symetra National Life Insurance Company of New York paid a fine in 2006 to New York (\$100,000).

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 15th day of August 2013 at Bellevue, WA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Michael Fry
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 15th day of August, 2013 by Michael W. Fry, and:

- who is personally known to me, or
- who produced the following identification: _____



Mary Anne Porter
Notary Public

Mary Anne Porter
Printed Notary Name

10/19/2016
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

Attachment to Question 8: Employment History

Date
08/02- present

Employer
Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of New York Director, Executive Vice President

Health Network Strategies, LLC Manager, Executive Vice President

Medical Risk Managers, Inc. Director, Executive Vice President

Symetra Administrative Services, Inc. Director, President

Symetra Life Insurance Company Director, Executive Vice President

Symetra National Life Insurance Company Director, Executive Vice President

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608
FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581
FEIN: 91-1079693

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Symetra Life Ins. Co. and Symetra National Life Ins. Co. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Symetra Financial: Attn. Compliance Dept., SC-11; P.O. Box 34690; Seattle, WA 98124-1690.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Michael William Fry 21416 SE 5th Place Sammamish, WA 98074
(Printed Full Name and Residence Address)

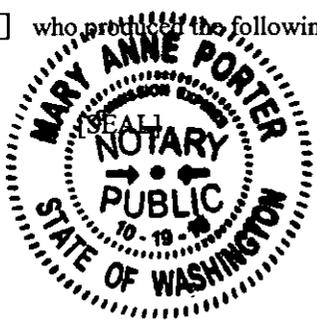
Michael Fry
(Signature)

August 15, 2013
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 15th day of August, 2013 by Michael W. Fry, and:

- who is personally known to me, or
- who produced the following identification: _____



Mary Anne Porter
Notary Public

Mary Anne Porter
Printed Notary Name

10/19/2016
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Symetra Life Insurance Company

Symetra National Life Insurance Company

777 108th Avenue NE, Suite 1200

Bellevue, WA 98004-5135

(800) 796-3872

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: David Middle: Seth Last: Goldstein

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Attorney

4. Affiant's business address:

Symetra Financial Attn: David Goldstein, SC-14: 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: 425-256-8021 Business Email: David.Goldstein@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Hampshire College	Amherst, MA	09/73-01/78	B.A.

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	Boston University School of Law	Boston, MA	09/78-05/81	J.D.

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association

7. Present or proposed position with the applicant entity: Director, Senior Vice President, General Counsel, Secretary

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 11-11 - present Employer's Name: Symetra Financial Corporation and subsidiaries

Address: 777 108th Avenue NE, Suite 1200 City: Bellevue State/Province: WA

Country: USA Postal Code: 98004-5135 Phone: (800) 796-3872 Offices/Positions Held: See Attachment

Type of Business: Life insurance, other financial services Supervisor / Contact Thomas M. Marra (425) 256-8245

Beginning/Ending

Dates (MM/YY): 05/89 - 11/11 Employer's Name: Sutherland Asbill & Brennan, LLP

Address: 1275 Pennsylvania Avenue, NW City: Washington State/Province: DC

Country: USA Postal Code: 20004-2415 Phone: (202) 637-3593 Offices/Positions Held: Partner, Financial Services Practice Group

Type of Business: Law Firm Supervisor / Contact Stephen E. Roth (202) 383-0158

Beginning/Ending

Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor / Contact _____

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: _____

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: Financial Industry Regulatory Authority (FINRA) Address: 9513 Key West Avenue

City: Rockville State/Province: MD Country: USA Postal Code: 20850

License Type: Lawyer License #: _____ Date Issued (MM/YY): Series 6 and 7 (1982)

Date Expired (MM/YY): 1987 Reason for Termination: Left Company to work for SEC

Non-insurance Regulatory Phone Number (if known): (301) 590-6500

Organization/Issuer of License: District of Columbia Bar Address: 1101 K Street NW, Suite 200

City: Washington State/Province: DC Country: USA Postal Code: 20005

License Type: Lawyer License #: _____ Date Issued (MM/YY): 09/89

Date Expired (MM/YY): _____ Reason for Termination: N/A - Active

Non-insurance Regulatory Phone Number (if known): (202) 737-4700

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
- Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
- Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
- Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
- Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
- Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
- Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
- Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
- Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
- Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. _____

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

If any of the shares of stock are pledged or hypothecated in any way, give details.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: _____

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 11th day of December, 2013 at Bellevue, WA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

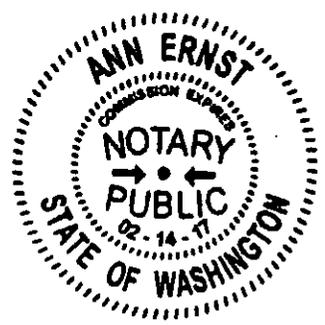
[Signature]
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 11th day of December, 2013 by David S. Goldstein, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]



[Signature]
Notary Public

Ann Ernst
Printed Notary Name

02/14/2017
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
11/11 - present	Symetra Financial and subsidiaries
	Current Offices/Positions Held
	First Symetra National Life Insurance Company of New York Director, Senior Vice President, General Counsel, Secretary (since 01/09/2012)
	Symetra Financial Corporation Senior Vice President, General Counsel, Secretary (since 11/08/2011)
	Symetra Life Insurance Company Director, Senior Vice President, General Counsel, Secretary (since 12/20/2011)
	Symetra Mutual Funds Trust Vice President (since 12/22/2011)
	Symetra National Life Insurance Company Director, Senior Vice President, General Counsel, Secretary (since 12/20/2011)

Attachment to Question 10: Professional, Occupational, and Vocational Licenses

Organization/Issuer of License Massachusetts Bar Association Address 20 West St.

City Boston State/Province MA Country USA Postal Code 02111-1204

License Type Attorney License # 199977 Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination N/A - Active

Non-insurance Regulatory Phone Number (if known) (617) 338-0500

Organization/Issuer of License State Bar of Texas Address Texas Law Center, 1414 Colorado St.

City Austin State/Province TX Country USA Postal Code 78701

License Type Lawyer License # 08098700 Date Issued (MM/YY) 05/82

Date Expired (MM/YY) _____ Reason for Termination N/A - Active

Non-insurance Regulatory Phone Number (if known) (512) 427-1463

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Symetra Life Ins. Co. and Symetra National Life Ins. Co. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Symetra Financial: Attn. Compliance Dept., SC-11; P.O. Box 34690; Seattle, WA 98124-1690.

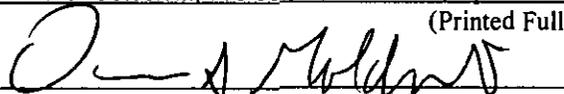
Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

David S. Goldstein, 778 110th Avenue NE, Apt. N-1504, Bellevue, WA 98004
(Printed Full Name and Residence Address)


(Signature)

December 11, 2013
(Date)

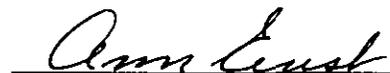
State of Washington County of King

The foregoing instrument was acknowledged before me this 11th day of December, 2013 by David S. Goldstein, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]




Notary Public

Ann Ernst
Printed Notary Name

02/14/2017
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Symetra Life Insurance Company

Symetra National Life Insurance Company

777 108th Avenue NE, Suite 1200

Bellevue, WA 98004-5135

(800) 796-3872

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Daniel Middle: Richard Last: Guilbert

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Executive Vice President, Retirement Division

4. Affiant's business address:

Symetra Financial Attn: Dan Guilbert, SC-14; 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: 425-256-5820 Business Email: Dan.Guilbert@symetra.com

5. Education and training:

College/University
Bryant University

City/State
Smithfield, RI

Dates Attended (MM/YY)
1992-1996

Degree Obtained
Bachelors of science in applied/actuarial math

Graduate Studies

College/University

City/State

Dates Attended (MM/YY)

Degree Obtained

Other Training: Name

City/State

Dates Attended (MM/YY)

Degree/Certification Obtained

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Society of Actuaries	Lisamarie Lukas	475 North Martingale Rd., Suite 600 Schaumburg, IL 60173	(847) 706-3500

7. Present or proposed position with the applicant entity: Director, Executive Vice President

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 11/10 - present Employer's Name: Symetra Financial Corporation and subsidiaries

Address: 777 108th Avenue NE, Suite 1200 City: Bellevue State/Province: WA

Country: USA Postal Code: 98004-5135 Phone: (800) 796-3872 Offices/Positions Held: See Attachment

Type of Business: Life insurance, other financial services Supervisor / Contact Tom Marra

Beginning/Ending

Dates (MM/YY): 05/10 - 10/10 Employer's Name: Aviva

Address: 300 N. LaSalle St. City: Chicago State/Province: IL

Country: USA Postal Code: 60654 Phone: (800) 800-9882 Offices/Positions Held: Chief Risk Officer, North America

Type of Business: Financial services Supervisor / Contact Igal Mayer

Beginning/Ending

Dates (MM/YY): 06/96 - 04/10 Employer's Name: Hartford Life

Address: 200 Hopmeadow Street City: Simsbury State/Province: CT

Country: USA Postal Code: 06089 Phone: (877) 778-1383 Offices/Positions Held: Chief Risk Officer and Chief Actuary

Type of Business: Insurance, financial services Supervisor / Contact John Walters

Beginning/Ending

Dates (MM/YY): - Employer's Name:

Address: City: State/Province:

Country: Postal Code: Phone: Offices/Positions Held:

Type of Business: Supervisor / Contact

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

NONE

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
- Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
- Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
- Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
- Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
- Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
- Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
- Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
- Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
- Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

(c) As a result of state examinations, Symetra Life Insurance Company paid fines in 2012 to Connecticut (\$6,000) and to Florida (\$9,000), and in 2011 to Oregon (\$10,000).

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 14th day of August 2013 at Bellevue, WA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Handwritten Signature]
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 14th day of August, 2013 by Daniel R. Guilbert, and:

who is personally known to me, or

who produced the following identification: _____



Maryanne Porter
Notary Public

Mary Anne Porter
Printed Notary Name

10/19/2016
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
11/10- present	Symetra Financial and subsidiaries

Current Offices/Positions Held

Clearscape Funding Corporation	Director
First Symetra National Life Insurance Company of New York	Director, Executive Vice President
Symetra Assigned Benefits Service Company	Director
Symetra Investment Management, Inc.	Director, President
Symetra Life Insurance Company	Director, Executive Vice President
Symetra Mutual Funds Trust	President, Chief Executive Officer
Symetra National Life Insurance Company	Director, Executive Vice President

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Symetra Life Ins. Co. and Symetra National Life Ins. Co. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Symetra Financial: Attn. Compliance Dept., SC-11; P.O. Box 34690; Seattle, WA 98124-1690.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Daniel Richard Guilbert 1750 271st Avenue SE Sammamish, WA 98075

(Printed Full Name and Residence Address)

Daniel R. Guilbert
(Signature)

August 14, 2013

(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 14th day of August, 2013 by Daniel R. Guilbert, and:

who is personally known to me, or

who produced the following identification: _____



Mary Anne Porter
Notary Public

Mary Anne Porter
Printed Notary Name

10/19/2016

My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Symetra Life Insurance Company

Symetra National Life Insurance Company

777 108th Avenue NE, Suite 1200

Bellevue, WA 98004-5135

(800) 796-3872

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Michael Middle: Eugene Last: James

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Insurance Accountant

4. Affiant's business address:
Symetra Financial Attn: Mike James, SC-15; 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: 425-256-8873 Business Email: Mike.James@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Washington State University	Pullman, WA	08/76-06/80	BA

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
Life Office Management Association (LOMA)		09/96	FLMI

Institute of Management Accountants		10/98	CMA
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Certified Public Accountant		10/83	CPA
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Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
None			

7. Present or proposed position with the applicant entity: Vice President

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 01/05 - present Employer's Name: Symetra Financial Corporation and subsidiaries

Address: 777 108th Avenue NE, Suite 1200 City: Bellevue State/Province: WA

Country: USA Postal Code: 98004-5135 Phone: (800) 796-3872 Offices/Positions Held: See Attachment

Type of Business: Life insurance, other financial services Supervisor / Contact Colleen Murphy

Beginning/Ending

Dates (MM/YY): 12/01 - 01/05 Employer's Name: Quellos Group

Address: 601 Union St. City: Seattle State/Province: WA

Country: USA Postal Code: 98101 Phone: (206) 613-6700 Offices/Positions Held: Accounting Manager

Type of Business: Hedge Fund Supervisor / Contact Paul Bonde

Beginning/Ending

Dates (MM/YY): 01/97 - 12/01 Employer's Name: Safeco Life Insurance Company

Address: 5069 154th Ave. NE City: Redmond State/Province: WA

Country: USA Postal Code: 98052 Phone: (425) 376-8000 Offices/Positions Held: Accounting Manager

Type of Business: Insurance Supervisor / Contact Colleen Murphy

Beginning/Ending

Dates (MM/YY): 08/93 - 01/97 Employer's Name: WM Life Insurance Co.

Address: 1201 3rd Ave., Suite 600 City: Seattle State/Province: WA

Country: USA Postal Code: 98101 Phone: (206) 461-2500 Offices/Positions Held: Controller / Accounting Manager

Type of Business: Life Insurance Supervisor / Contact Charles Dishion

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

NONE

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

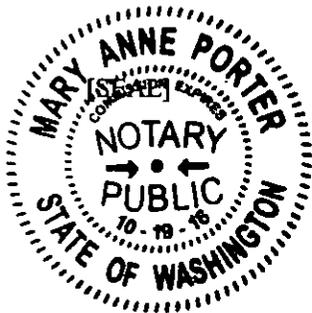
Dated and signed this 8th day of August 2013 at Bellevue, WA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Michael E. James
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 8th day of August, 2013 by Michael E. James, and:

- who is personally known to me, or
- who produced the following identification: _____



Mary Anne Porter
Notary Public

Mary Anne Porter
Printed Notary Name

10/19/2016
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
01/05– present	Symetra Financial and subsidiaries
	Current Offices/Positions Held
	Clearscape Funding Corporation Assistant Secretary
	First Symetra National Life Insurance Company of New York Vice President
	Symetra Assigned Benefits Service Company Assistant Secretary
	Symetra Financial Corporation Vice President
	Symetra Investment Management, Inc. Assistant Secretary
	Symetra Investment Services, Inc. Assistant Treasurer
	Symetra Life Insurance Company Vice President
	Symetra Mutual Funds Trust Assistant Secretary
	Symetra National Life Insurance Company Vice President
	Symetra Securities, Inc. Assistant Treasurer
	TIF Invest III, LLC Manager, Vice President, Treasurer
	WSF Receivables I, LLC Assistant Secretary

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608
FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581
FEIN: 91-1079693

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Symetra Life Ins. Co. and Symetra National Life Ins. Co. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Symetra Financial: Attn. Compliance Dept., SC-11; P.O. Box 34690; Seattle, WA 98124-1690.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Michael Eugene James 10575 NE 12th PL #101, Bellevue, WA
(Printed Full Name and Residence Address)

Michael Eugene James
(Signature)

August 8, 2013
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 8th day of August, 2013 by Michael E. James, and:

- who is personally known to me, or
- who provided the following identification: _____



Mary Anne Porter
Notary Public

Mary Anne Porter
Printed Notary Name

10/19/2016
My Commission Expires

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Symetra Life Insurance Company

777 108th Avenue NE, Suite 1200

Bellevue, WA 98004-5135

(800) 796-3872

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Laura Middle: Ann Last: Johnson

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: VP Information Technology

4. Affiant's business address:

Symetra Financial Attn: Laura A. Johnson; SC-8, 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: 425-256-5411 Business Email: laura.johnson@symetra.com

5. Education and training:

College/University

City/State

Dates Attended (MM/YY)

Degree Obtained

University of Washington

Seattle, WA

?/82-?/84, ?/90-6/92

Bachelor of Arts
Humanities

Graduate Studies

College/University

City/State

Dates Attended (MM/YY)

Degree Obtained

Other Training: Name

City/State

Dates Attended (MM/YY)

Degree/Certification Obtained

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
<u>None</u>			

7. Present or proposed position with the applicant entity: Vice President

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY) 04/92 - present Employer's Name Symetra Financial and subsidiaries
 Address 777 108th Avenue NE, Suite 1200 City Bellevue State/Province WA
 Country USA Postal Code 98004-5165 Phone (800) 796-3872 Offices/Positions Held See Attachment
 Supervisor / Contact Meg Skinner

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____
 Address _____ City _____ State/Province _____
 Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
 Supervisor / Contact _____

9. a. Have you ever been in a position which required a fidelity bond?
 Yes No
 If any claims were made on the bond, give details: None

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?
 Yes No
 If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Organization/Issuer of License Financial Industry Regulatory Authority (FINRA)

Address 9513 Key West Avenue City Rockville State/Province MD Country USA Postal Code 20850

License # 2561140 License Type and Date Issued (MM/YY) Series 6 and 63 (12/94), Series 26 (12/06)

Date Expired (MM/YY) N/A – Active Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) (301) 590-6500

Organization/Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type _____ License # _____ Date Issued (MM/YY) _____

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country

regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 23rd day of December 2013 at Bellevue, WA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Laura Johnson
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 23 day of December, 2013 by Laura A. Johnson, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Ann Ernst
Notary Public

Ann Ernst
Printed Notary Name

02/14/2017
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
04/92 – present	Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of New York Vice President (since 11/2010)

Symetra Life Insurance Company Vice President (since 11/2010)

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Symetra Life Ins. Co. and Symetra National Life Ins. Co. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Symetra Financial: Attn. Compliance Dept., SC-11; P.O. Box 34690; Seattle, WA 98124-1690.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Laura Ann Johnson 3232 43rd Avenue W, Seattle, WA 98199

(Printed Full Name and Residence Address)

Laura Johnson
(Signature)

December 23, 2013
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 23 day of December, 2013 by Laura A. Johnson and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]



Ann Ernst
Notary Public

Ann Ernst
Printed Notary Name

02/14/2017
My Commission Expires