

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: Joseph Last: Roscoe

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: Actuary

4. Affiant's business address:

Symetra Financial Attn: Michael Roscoe; 30 Waterside Drive, Suite 301; Farmington, CT 06032

Business telephone: (860) 269-2423 Business Email: Michael.Roscoe@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Purdue University</u>	<u>West Lafayette, IN</u>	<u>08/75 - 05/79</u>	<u>BS Math, Statistics</u>

<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.

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

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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	Greg Heidrich	475 North Martingale Rd., Suite 600 Schaumburg, Illinois 60173	(847) 706-3500
American Academy of Actuaries	Mary Downs	1850 M Street NW, Suite 300 Washington, DC 20036	(202) 223-8196

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): 06/13 - 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): 01/13 - 05/13 Employer's Name: Prudential Financial Inc.

Address: 751 Broad Street City: Newark State/Province: NJ

Country: USA Postal Code: 07102 Phone: (877) 998-7625 Offices/Positions Held: VP and Actuary

Type of Business: Life insurance, other financial services Supervisor / Contact Kent Sluyter

Beginning/Ending

Dates (MM/YY): 08/99 - 01/13 Employer's Name: Hartford Insurance Group

Address: One Hartford Plaza City: Hartford State/Province: CT

Country: USA Postal Code: 06155 Phone: (860) 547-5000 Offices/Positions Held: SVP and Actuary

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

Beginning/Ending

Dates (MM/YY): 01/98 - 08/99 Employer's Name: Lincoln Financial Group

Address: 150 North Radnor-Chester Road City: Radnor State/Province: PA

Country: USA Postal Code: 19087 Phone: _____ Offices/Positions Held: VP and Actuary

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

Applicant Name (Company) Symetra Life Insurance Company

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Beginning/Ending

Dates (MM/YY): 12/94 - 12/97 Employer's Name: CIGNA Corp

Address: 900 Cottage Grove Rd City: Bloomfield State/Province: CT

Country: USA Postal Code: 06002 Phone: _____ Offices/Positions Held: VP and Actuary

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

Beginning/Ending

Dates (MM/YY): 08/80 - 12/94 Employer's Name: Hartford Insurance Group

Address: One hartford Plaza City: hartford State/Province: CT

Country: USA Postal Code: 06155 Phone: _____ Offices/Positions Held: VP and Actuary

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

Applicant Name (Company) Symetra Life Insurance Company

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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

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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

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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

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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 20th 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.

M J Roscoe
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 20th day of August, 2013 by Michael J. Roscoe, 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

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Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
06/13– present	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

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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 Joseph Roscoe 185 LeFoll Blvd. South Windsor, CT 06074

(Printed Full Name and Residence Address)


(Signature)

August 20, 2013

(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 20th day of August, 2013 by Michael J. Roscoe, 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

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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: Suzanne Middle: Webb Last: Sainato

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: Chief Audit and Compliance Officer

4. Affiant's business address:

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

Business telephone: 425-256-6006 Business Email: Suzanne.Sainato@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Yale University	New Haven, CT	08/91-05/95	B.S.

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Law School	University of Alabama	Tuscaloosa, AL	08/95-05/98	J.D.
Graduate School	Loyola University of New Orleans	New Orleans, LA	08/10-05/12	M.B.A

<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.

Applicant Name (Company) Symetra Life Insurance Company

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NAIC No. 1129-90581

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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, Chief Audit and Compliance Officer

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): 04/12 - 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): 08/09 - 03/12 Employer's Name: Pan-American Life Insurance Company

Address: 601 Poydras St. City: New Orleans State/Province: LA

Country: USA Postal Code: 70130 Phone: (504) 566-1300 Offices/Positions Held: Chief Compliance Officer for Domestic Markets

Type of Business: Life insurance Supervisor / Contact John Foley

Beginning/Ending

Dates (MM/YY): 09/02 - 08/09 Employer's Name: MetLife

Address: 200 Park Ave. 12th Floor City: New York State/Province: NY

Country: USA Postal Code: 10166 Phone: _____ Offices/Positions Held: Insurance product and litigation attorney

Type of Business: Life insurance Supervisor / Contact Sheila Murphy

Beginning/Ending

Dates (MM/YY): 08/99 - 08/02 Employer's Name: Simpson Thacher & Bartlett

Address: 425 Lexington Avenue City: New York State/Province: NY

Country: USA Postal Code: 10017-3954 Phone: (212) 455-2000 Offices/Positions Held: Insurance and securities litigator

Type of Business: Law firm Supervisor / Contact Bruce Angiolillo

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Beginning/Ending

Dates (MM/YY): 08/98 - 08/99 Employer's Name: US District Judge James Hancock

Address: 1729 5th Avenue North City: Birmingham State/Province: AL

Country: USA Postal Code: 35203 Phone: (205) 278-1700 Offices/Positions Held: Clerk

Type of Business: Federal courthouse Supervisor / Contact Judge Hancock

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 _____

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 _____

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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: New York State Bar Association Address: 1 Elk Street

City: Albany State/Province: NY Country: USA Postal Code: 12207

License Type: Attorney License License #: _____ Date Issued (MM/YY): 09/99

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

Non-insurance Regulatory Phone Number (if known): (518) 463-3200

Organization/Issuer of License: Alabama Bar Association Address: 415 Dexter Avenue

City: Montgomery State/Province: AL Country: USA Postal Code: 36104

License Type: Attorney License License #: _____ Date Issued (MM/YY): 09/98

Date Expired (MM/YY): 09/01 Reason for Termination: Inactive – did not practice law in Alabama

Non-insurance Regulatory Phone Number (if known): (334) 269-1515

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

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- 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

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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 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 of Affiant)

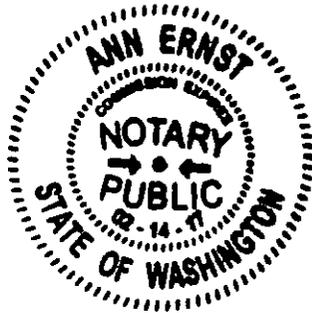
State of Washington County of King

The foregoing instrument was acknowledged before me this 11th day of December, 2013 by Suzanne Webb Sainato, 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

Attachment to Question 8: Employment History

Date
04/12– present

Employer
Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of New York	Vice President, Chief Compliance Officer (since 05/2012)
Symetra Financial Corporation	Vice President (since 08/2013)
Symetra Life Insurance Company	Vice President, Chief Compliance Officer (since 04/2012)
Symetra National Life Insurance Company	Vice President, Chief Compliance Officer (since 04/2012)
Symetra Securities, Inc.	Director (since 10/2012)

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

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.

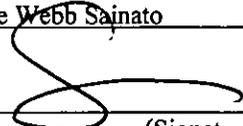
Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

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.

Suzanne Webb Sainato 1920 4th Avenue Unit 902, Seattle, WA 98101
(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 Suzanne Webb Sainato, 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: Wesley Middle: Warren Last: Severin

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: National Sales Manager

4. Affiant's business address:
777 108th Ave NE, Bellevue WA 98004

Business telephone: (720) 445-1957 Business Email: Wesley.Severin@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Colorado State	Ft Collins, CO	1990 - 1995	BA Economics

<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.

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): 03/11 - 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 Rich LaVoice

Beginning/Ending

Dates (MM/YY): 07/97 - 02/11 Employer's Name: Great West Life

Address: 8515 E Orchard Rd City: Greenwood Village State/Province: CO

Country: USA Postal Code: 80111 Phone: (303) 737-4000 Offices/Positions Held: National Sales Manager - Bank Life Insurance

Type of Business: Life Insurance Supervisor / Contact Chris Bergeon

Beginning/Ending

Dates (MM/YY): 11/96 - 06/97 Employer's Name: Simmers Capital Mgt

Address: _____ City: Greenwood Village State/Province: CO

Country: USA Postal Code: _____ Phone: _____ Offices/Positions Held: Financial Advisor

Type of Business: Financial Planning Supervisor / Contact Dan Cass

Beginning/Ending

Dates (MM/YY): 10/92 - 10/96 Employer's Name: Denver Salad Company

Address: _____ City: Ft Collins State/Province: CO

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

Type of Business: Restaurant 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: Financial Industry Regulatory Authority (FINRA) Address: 9513 Key West Avenue

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

License #: CRD# 2857744 License Type and Date Issued (MM/YY): Series 6 (2/97), Series 63 (8/97), Series 26 (2/09)

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

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

Organization/Issuer of License: See Attachment 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

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
03/11- 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

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>
Arizona	55442	Insurance Professional
Colorado	68024	Producer
Florida	A238864	Producer
Massachusetts	1750773	Individual Producer
Maine	PRN50997	Producer (non-resident)
Michigan	523237371	Non-resident Producer
North Carolina	160909	Producer
New Mexico	48170	Agent
Nevada	55302	Non-resident Producer
Pennsylvania	361876	Non-resident Producer Individual
Virginia	673494	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

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 10th 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.

Wesley W. Severin
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 10th day of September, 2013 by Wesley W. Severin, 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

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.

Wesley Warren Severin 24031 E Hawaii Pl Aurora, CO 80018

(Printed Full Name and Residence Address)

(Signature)

September 10, 2013

(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 10th day of September, 2013 by Wesley W. Sseverin, 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

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: Julie Middle: Dawn Last: Shoji

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 Benefits Operations

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

Business telephone: (425) 256-8560 Business Email: Julie.Shoji@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	09/85-06/89	B.A. Business Administration

<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.

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
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): 08/12 - 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 Michael Fry

Beginning/Ending

Dates (MM/YY): 04/05 - 08/12 Employer's Name: Russell Investments

Address: 1301 Second Ave. City: Seattle State/Province: WA

Country: USA Postal Code: 98101 Phone: (206) 505-7877 Offices/Positions Held: Director of Sales Operations, Business Finance Officer, Senior Financial Manager

Type of Business: Investment Management Supervisor / Contact HR Department

Beginning/Ending

Dates (MM/YY): 06/00 - 04/05 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): 07/96 - 06/00 Employer's Name: Community Health Plan of Washington

Address: 720 Olive Way, Suite 300 City: Seattle State/Province: WA

Country: USA Postal Code: 98101 Phone: (800) 440-1561 Offices/Positions Held: Director of Decision Support, Manager - Planning and Business Development, Director of Finance

Type of Business: Health Plan Supervisor / Contact HR Department

See Attachment to Question #8 for additional employment history

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 Board of Accountancy Address: P.O. Box 9131

City: Olympia State/Province: WA Country: USA Postal Code: 98507-9131

License Type: CPA License #: 13131 Date Issued (MM/YY): 11/89

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

Non-insurance Regulatory Phone Number (if known): (360) 753-2586

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 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.

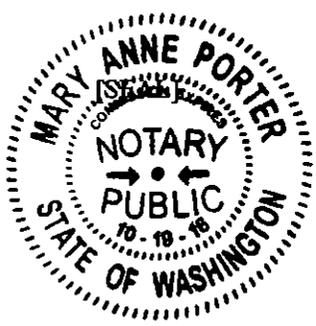
(Handwritten Signature)

(Signature of Affiant)

State of Washington County of King

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

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



(Handwritten Signature)
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

Attachment to Question 8: Employment History

Date Employer
08/12- 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 Vice President

Medical Risk Managers, Inc. Assistant Vice President

Symetra Life Insurance Company Vice President

Beginning/Ending

Dates (MM/YY): 11/93 - 07/96 Employer's Name: Ernst & Young LLP

Address: 10275 W Higgins Rd City: Rosemont State/Province: IL

Country: USA Postal Code: 60018 Phone: (312) 879-2000 Offices/Positions Held: Audit Manager

Type of Business: CPA firm Supervisor / Contact HR Department

Beginning/Ending

Dates (MM/YY): 09/89 - 10/93 Employer's Name: Ernst & Young LLP

Address: 999 3rd Ave #3500 City: Seattle State/Province: WA

Country: USA Postal Code: 98104 Phone: (206) 621-1800 Offices/Positions Held: Staff Auditor, Senior Auditor

Type of Business: CPA firm Supervisor / Contact HR Department

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."

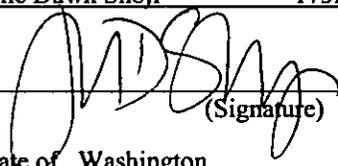
AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, 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.

Julie Dawn Shoji 17323 SE 185th PL Renton, WA 98058

(Printed Full Name and Residence Address)


(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 Shoji, 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

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: Margaret Middle: Wolin Last: Skinner

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: Sales executive

4. Affiant's business address:

Symetra Financial Attn: Meg Skinner, 30 Waterside Drive, Suite 301, Farmington, CT 06032

Business telephone: (860) 269-2436 Business Email: Meg.Skinner@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Northwestern University	Evanston, IL	09/68-06/72	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.

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
The Association for Advanced Life Underwriting (AALU)		101 Constitution Ave Suite 703 East Washington, DC 20001	(703) 641-9400

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): 01/13 - 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): 10/12 - 01/13 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: Full-time consultant, not an employee

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

Beginning/Ending

Dates (MM/YY): 01/12 - 10/12 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): 07/07 - 01/12 Employer's Name: Guardian Life Insurance Company

Address: 7 Hanover Square City: New York State/Province: NY

Country: USA Postal Code: _____ Phone: _____ Offices/Positions Held: Executive Vice President

Type of Business: Life insurance, other financial services Supervisor / Contact Dennis Manning

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

Beginning/Ending

Dates (MM/YY): 09/05 – 07/07 Employer's Name: Principal Financial Group

Address: High Street City: Des Moines State/Province: IA

Country: USA Postal Code: _____ Phone: _____ Offices/Positions Held: Senior Vice President

Type of Business: Life insurance, other financial services Supervisor / Contact John Aschenbrenner

Beginning/Ending

Dates (MM/YY): 12/04 – 09/05 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): 10/01 – 12/04 Employer's Name: Lincoln Financial Group

Address: 2 Commerce Square City: Philadelphia State/Province: PA

Country: USA Postal Code: _____ Phone: _____ Offices/Positions Held: Senior Vice President

Type of Business: Life insurance, other financial services Supervisor / Contact Wes Thompson

Beginning/Ending

Dates (MM/YY): 06/01 – 10/01 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): 12/99 – 06/01 Employer's Name: Signator Financial Network, John Hancock

Address: Clarendon St. City: Boston State/Province: MA

Country: USA Postal Code: _____ Phone: _____ Offices/Positions Held: Senior Vice President

Type of Business: Life insurance, other financial services Supervisor / Contact Kathy Graveline

Beginning/Ending

Dates (MM/YY): 01/92 – 12/99 Employer's Name: Allmerica Financial

Address: 440 Lincoln St. City: Worcester State/Province: MA

Country: USA Postal Code: 01653 Phone: _____ Offices/Positions Held: Vice President / Managing Director

Type of Business: Life insurance Supervisor / Contact Dick Reilly

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 #: CRD# 2255576 License Type and Date Issued (MM/YY): Series 7 (11/00), Series 24 (01/01)

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

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 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.

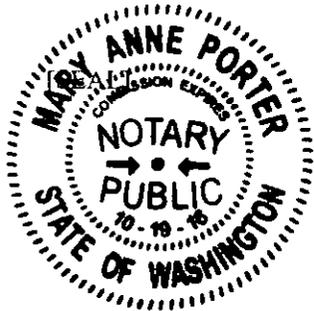
Margaret W. Skinner

(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 13th day of August, 2013 by Margaret W. Skinner, 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>
01/13– present	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.

Margaret Wolin Skinner 147 Hunter Dr.; West Hartford, CT 06107

(Printed Full Name and Residence Address)

Margaret Wolin Skinner
(Signature)

August 13, 2013

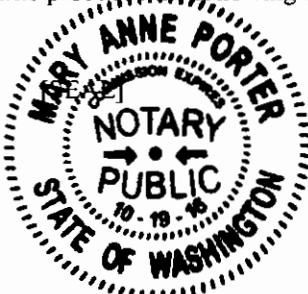
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 13th day of August, 2013 by Margaret W. Skinner, 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: Richard Middle: Peter Last: Smolinski

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: Actuary

4. Affiant's business address:

Symetra Financial Attn: Rich Smolinski, SC-06; 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: 425-256-8035 Business Email: Rich.Smolinski@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 Connecticut	Storrs, CT	01/87-05/89	B.A.
Clarkson University	Potsdam, NY	09/85-05/86	None

<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.

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		1850 M Street NW, Suite 300 Washington, DC 20036	(202) 223-8196

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): 05/11 - 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 Tommie Brooks

Beginning/Ending

Dates (MM/YY): 07/08 - 04/11 Employer's Name: Hartford Life Insurance Company

Address: 200 Hopmeadow St. City: Simsbury State/Province: CT

Country: USA Postal Code: 06089 Phone: (860) 843-7770 Offices/Positions Held: AVP and Actuary

Type of Business: Insurance Supervisor / Contact Mike Roscoe

Beginning/Ending

Dates (MM/YY): 10/00 - 07/08 Employer's Name: CIGNA

Address: 1601 Chestnut St. City: Philadelphia State/Province: PA

Country: USA Postal Code: 19192 Phone: (215) 761-1000 Offices/Positions Held: Sr. Director

Type of Business: Insurance Supervisor / Contact Tony Perez

Beginning/Ending

Dates (MM/YY): 05/92 - 09/00 Employer's Name: Hartford Life Insurance Company

Address: 200 Hopmeadow St. City: Simsbury State/Province: CT

Country: USA Postal Code: 06089 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 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.

Richard P. Smolinski
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 12th day of August, 2013 by Richard P. Smolinski, 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>
05/11– 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

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.

Richard Peter Smolinski 34624 SE Carmichael St. Snoqualmie, WA 98065

(Printed Full Name and Residence Address)

(Signature)

August 12, 2013

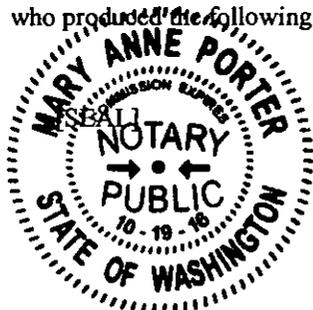
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 12th day of August, 2013 by Richard P. Smolinski, 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

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: Bridgette Middle: Nikko Last: Takeuchi

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: _____

4. Affiant's business address:

Symetra Financial Attn: Bridgette Takeuchi, SC-05; 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: 425-256-8593 Business Email: Bridgette.Takeuchi@symetra.com

5. Education and training:

College/University

City/State

Dates Attended (MM/YY)

Degree Obtained

Seattle University

Seattle, WA

09/98-05/02

B.A. Business Administration -
Major: Business, Minor: Japanese
Language

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
Institute of Internal Auditors	Robert Bekier	247 Maitland Avenue Altamonte Springs, FL 32701-4201	(407) 937-1100

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): 09/06 - 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 Daniel R. Guilbert

Beginning/Ending

Dates (MM/YY): 09/06 - 09/06 Employer's Name: Expedia

Address: 333 108th Avenue NE City: Bellevue State/Province: WA

Country: USA Postal Code: 98004 Phone: (425) 679-7200 Offices/Positions Held: Senior Internal Auditor

Type of Business: Online travel agency Supervisor / Contact Jeff Davis

Beginning/Ending

Dates (MM/YY): 05/04 - 09/06 Employer's Name: aQuantive, Inc.

Address: 821 2nd Avenue #1800 City: Seattle State/Province: WA

Country: USA Postal Code: 98104-1525 Phone: (206) 816-8700 Offices/Positions Held: Senior Revenue Accountant (05/04-06/05), Internal Control Analyst (06/05-09/06)

Type of Business: Digital marketing Supervisor / Contact Kristine Klappenbach Drango (most recent supervisor)

Beginning/Ending

Dates (MM/YY): 09/02 - 05/04 Employer's Name: Ernst & Young, LLP

Address: 999 3rd Avenue #3500 City: Seattle State/Province: WA

Country: USA Postal Code: 98104-1525 Phone: (206) 621-1800 Offices/Positions Held: Audit Staff

Type of Business: Audit Supervisor / Contact Dave Collier

See Attachment for Additional History

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 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.

[Signature]
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 29 day of December, 2013 by Bridgette Takeuchi, 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

Date
09/06– present

Employer
Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of New York Vice President (since 11/2011)

Symetra Financial Corporation Vice President (since 11/2011)

Symetra Life Insurance Company Vice President (since 12/2011)

Symetra National Life Insurance Company Vice President (since 12/2011)

Beginning/Ending

Dates (MM/YY) 06/00 – 08/00 Employer's Name Ernst & Young, LLP

Address 999 3rd Ave #3500 City Seattle State/Province WA

Country USA Postal Code 98104-1525 Phone (206) 621-1800 Offices/Positions Held Audit Intern

Supervisor / Contact Dave Collier

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.

Bridgette Nikko Takeuchi 12122 NE 105th St., Kirkland, WA 98033

(Printed Full Name and Residence Address)

(Signature)

December 19, 2013

(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 19 day of December, 2013 by Bridgette Takeuchi, 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: Dena Middle: Simone Last: Thompson

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: Actuary

4. Affiant's business address:

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

Business telephone: 425-256-5078 Business Email: Dena.Thompson@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Seattle University	Seattle, WA	09/94-06/96	None
University of Washington	Seattle, WA	09/96-12/98	BS in Mathematics

<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.

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 ²⁷13th 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.

Dena S. Thompson
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this ²⁷13th day of September, 2013 by Dena S. Thompson, 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

Date
06/98– present

Employer
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

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.

Dena Simone Thompson 11922 173rd Place NE Redmond, WA 98052

(Printed Full Name and Residence Address)

Dena Thompson
(Signature)

September 27th 2013
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 27th day of September, 2013 by Dena S. Thompson, 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

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: Mindi Middle: Elaine Last: Work

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: Certified Public Accountant

4. Affiant's business address:
Symetra Financial Attn: Mindi Work, SC-15; 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: (425) 256-5529 Business Email: mindy.work@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Bellevue Community College	Bellevue, WA	09/97-06/99	Associates Degree
Seattle University	Seattle, WA	09/99-08/01	Bachelor of Arts 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>
	University of Washington	Seattle, WA	09/01-06/02	Masters of Professional Accounting

<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.

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): 07/06 - 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): 09/02 - 07/06 Employer's Name: Ernst & Young

Address: 999 Third Avenue #3500 City: Seattle State/Province: WA

Country: USA Postal Code: 98104 Phone: (206) 621-1800 Offices/Positions Held: Staff Auditor / Senior Auditor

Type of Business: Accounting Firm Supervisor / Contact Chad Miller

Beginning/Ending Dates (MM/YY): 06/02 - 09/02 Employer's Name: Unemployed (gap between finish graduate school and start job)

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: Washington State Board of Accountancy

Address: Attn: Public Records Officer P.O. Box 9131 City: Olympia State/Province: WA Country: USA

Postal Code: 98507-9131

License Type: CPA License #: 24332 Date Issued (MM/YY): 11/03

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

Non-insurance Regulatory Phone Number (if known): (360) 753-2586

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.

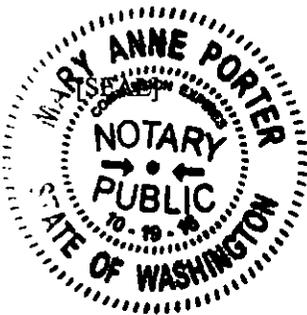
Dated and signed this 17th day of October 2013 at Bellevue, WA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Mindi E. Work
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 17th day of October, 2013 by Mindi E. Work, 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>
07/06– present	Symetra Financial and subsidiaries

Current Offices/Positions Held

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

Mindi Elaine Work 10426 Elliott Road Snohomish, WA 98296
(Printed Full Name and Residence Address)

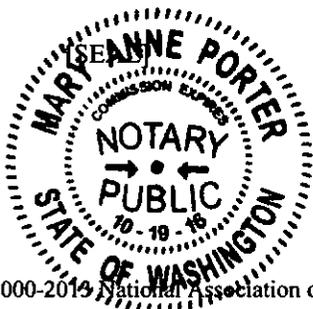
Mindi E. Work
(Signature)

October 17, 2013
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 17th day of October, 2013 by Mindi E. Work, 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: Jacqueline Middle: Marie Last: Veneziani

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: Jacquie Veneziani; SC-11, 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: 425-256-5026 Business Email: jacquie.veneziani@symetra.com

5. Education and training:

College/University

City/State

Dates Attended (MM/YY)

Degree Obtained

University of Washington

Seattle, WA

09/83-09/88

B.A. International Studies (1987),
B.A. Economics (1988)

Graduate Studies

College/University

City/State

Dates Attended (MM/YY)

Degree Obtained

Law School

University of Washington

Seattle, WA

09/92-06/95

J.D.

ote: 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
Washington State Bar Assoc.		1325 Fourth Ave., Ste. 600 Seattle, WA 98101-2539	(800) 945-9722

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) 01/98 - 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 David S. Goldstein

Beginning/Ending

Dates (MM/YY) Summer 1994 and 10/1995 - 09/1997 Employer's Name Karr Tuttle Campbell

Address 1201 3rd Avenue Suite 2900 City Seattle State/Province WA

Country USA Postal Code 98101 Phone (206) 223-1313 Offices/Positions Held Associate

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) 10/1988 - 09/1992 and Summer 1993 Employer's Name Northern Life Insurance Company

Address No longer in existence - was located at PO Box 12530 City Seattle State/Province WA

Country USA Postal Code 98111 Phone _____ Offices/Positions Held Contract Specialist/Customer Service Representative

Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY) 05/02 - present Employer's Name The Alfred C. Calvagna Family LLC

Address c/o 1201 3rd Ave Suite 2900 City Seattle State/Province WA

Country USA Postal Code 98101 Phone _____ Offices/Positions Held co-Trustee

Supervisor / Contact This is a family LLC. I am not compensated for this position. There is no supervisor.

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: 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 Washington State Bar Association Address 1325 Fourth Ave., Ste. 600

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

License Type Law License # 25253 Date Issued (MM/YY) 11/1995

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

Non-insurance Regulatory Phone Number (if known) (800) 945-9722

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 Registered Rep/Series 7 License # 4191618 Date Issued (MM/YY) 01/01

Date Expired (MM/YY) 06/05 Reason for Termination Voluntary

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

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 19th 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.

Jacqueline M. Veneziani
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 19 day of December, 2013 by Jacqueline M. Veneziani, 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>
01/98– present	Symetra Financial and subsidiaries

Current Offices/Positions Held

Clearscape Funding Corporation	Assistant Secretary (since 01/2012)
First Symetra National Life Insurance Company of New York	Vice President, Associate General Counsel and Assistant Secretary (since 11/2011)
Symetra Assigned Benefits Service Company	Secretary (since 01/2012)
Symetra Financial Corporation	Assistant Secretary (since 11/2011)
Symetra Life Insurance Company	Vice President, Associate General Counsel and Assistant Secretary (since 11/2010)
TIF Invest III, LLC	Secretary (since 01/2012)
WSF Receivables I, LLC	Secretary (since 01/2012)
Symetra Investment Management, Inc.	Secretary (since 10/2011)
Symetra National Life Insurance Company	Vice President, Associate General Counsel and Assistant Secretary (since 05/2012)

Organization/Issuer of License Washington State Department of Financial Institutions – Securities Division

Address P.O. Box 9033 City Olympia State/Province WA Country USA Postal Code 98507-9033

License Type Investment Adviser Representative License # 40019690 Date Issued (MM/YY) 04/01

Date Expired (MM/YY) 06/05 Reason for Termination Voluntary

Non-insurance Regulatory Phone Number (if known) (360) 902-8760

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.

Jacqueline Marie Veneziani, 6237 38th Ave NE, Seattle, WA 98115

(Printed Full Name and Residence Address)

Jacqueline M. Veneziani
(Signature)

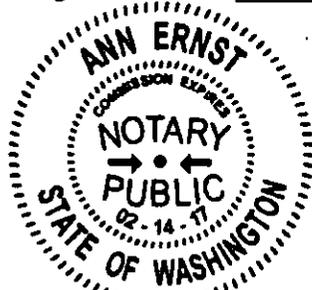
December 19, 2013
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 19 day of December, 2013 by Jacqueline M. Veneziani 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: John Middle: Stanley Last: Valickus

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 and Chief Underwriter

4. Affiant's business address:

Symetra Financial Attn: John Valickus; 130 Turner St., Building 3, Suite 225; Waltham, MA 02453

Business telephone: (781) 398-4514 Business Email: John.Valickus@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Villanova University</u>	<u>Villanova, PA</u>	<u>09/80-05/84</u>	<u>BS</u>

<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.

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): 04/13 - 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): 02/94 - 04/13 Employer's Name: Lincoln Financial

Address: 1 Granite Place City: Concord State/Province: NH

Country: USA Postal Code: 03010 Phone: (603) 226-5928 Offices/Positions Held: Divisional Chief Underwriter

Type of Business: Financial services Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY): 06/84 - 02/94 Employer's Name: Prudential Financial

Address: _____ City: Plymouth State/Province: MN

Country: USA Postal Code: _____ Phone: _____ Offices/Positions Held: Director of Underwriting

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.

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.

John S. Valickus
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 31st day of October, 2013 by John S. Valickus, 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>
04/13– 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

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.

John Stanley Valickus 38 Old Farm Rd., Bedford, NH 03110
(Printed Full Name and Residence Address)

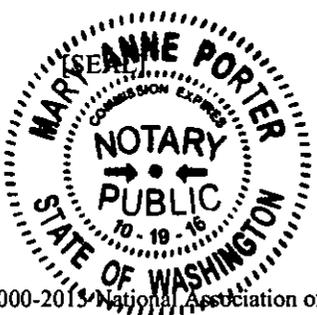
John Valickus
(Signature)

October 31, 2013
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 31st day of October, 2013 by John S. Valickus, 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: Marcus Middle: James Last: Wright

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 of Select Benefits for the Group Division

4. Affiant's business address:

Symetra Financial Attn: Marcus Wright, SC-7; 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: (425) 256-8540 Business Email: marcus.wright@symetra.com

5. Education and training:

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

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	University of Washington	Seattle, WA	09/01-06/02	Masters of Professional Accounting

<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.

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): 06/93 - 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 Michael Fry

Beginning/Ending

Dates (MM/YY): 06/02 - 09/02 Employer's Name: Unemployed (gap between finish graduate school and start job)

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?

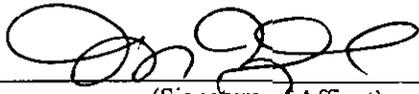
Yes No

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.

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.



(Signature of Affiant)

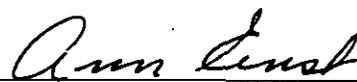
State of Washington County of King

The foregoing instrument was acknowledged before me this 19 day of December, 2013 by Marcus J. Wright, 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

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
06/93 – present	Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of New York Vice President (since 12/2010)

Symetra Life Insurance Company Vice President (since 12/2010)

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.

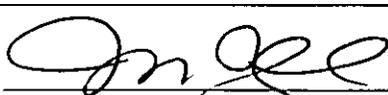
Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

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.

Marcus James Wright 15524 61st Avenue NE, Kenmore, WA 98028


(Signature)

(Printed Full Name and Residence Address)

December 9, 2013
(Date)

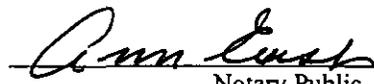
State of Washington County of King

The foregoing instrument was acknowledged before me this 19 day of December, 2013 by Marcus J. Wright, 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

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: Peter Middle: Sander Last: Burgess

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: Consultant

4. Affiant's business address:

117 S. Mill Dr.; Glastonbury, CT 06073

Business telephone: (860) 633-8878 Business Email: _____

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Lehigh University	Bethlehem, PA	09/60-06/64	B.S. of Business Administration

<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.

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
American Institute of Certified Public Accountants (AICPA)	Membership Office	220 Leigh Farm Rd. Durham, NC 27707	(888) 777-7077
Connecticut Society of Certified Public Accountants	Membership Office	716 Brook Street Suite 100 Rocky Hill, CT 06067-3433	(860) 258-4800

7. Present or proposed position with the applicant entity: Independent Director (Member of the Audit, Finance, and Nominating & Governance Committees) of Symetra Financial Corporation

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.

See Attachment A for directorates.

Beginning/Ending

Dates (MM/YY): 06/99 - Present Employer's Name: Peter S. Burgess, CPA

Address: 117 S. Mill Dr. City: Glastonbury State/Province: CT

Country: USA Postal Code: 06073 Phone: (860) 633-8878 Offices/Positions Held: Sole Proprietor

Type of Business: Consultant Supervisor / Contact N/A

Beginning/Ending

Dates (MM/YY): 06/64 - 06/99 Employer's Name: Arthur Andersen LLP

Address: One Financial Plaza City: Hartford State/Province: CT

Country: USA Postal Code: 06103 Phone: N/A Offices/Positions Held: Audit and Business Advisory Partner

Type of Business: Accounting Firm Supervisor / Contact N/A. Company no longer in business.

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: Connecticut State Board of Accountancy Address: 30 Trinity Street

City: Hartford State/Province: CT Country: USA Postal Code: 06106

License Type: Certified Public Accountant License #: 2105 Date Issued (MM/YY): 01/67

Date Expired (MM/YY): _____ Reason for Termination: N/A - License is current

Non-insurance Regulatory Phone Number (if known): (860) 509-6179

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. _____

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 9th day of Dec 2013 at 133. 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.

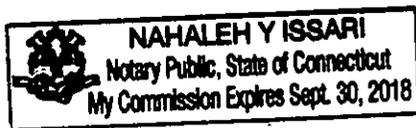
Peter S. Burgess
(Signature of Affiant)

State of Connecticut County of Hartford

The foregoing instrument was acknowledged before me this 9th day of Dec, 2013 by Peter S. Burgess, and:

- who is personally known to me, or
- who produced the following identification: CT Driver License

[SEAL]



Nahaleh Y Issari
Notary Public

Nahaleh Y Issari
Printed Notary Name

9-30-2018
My Commission Expires

Attachment A

Peter S. Burgess Directorates

Name of Company	Term
Symetra Financial Corporation	6/2010-Present
First Symetra National Life Insurance Company of New York	8/2010 - Present
Lincoln Educational Services Corporation J	7/2004 - Present
John Hancock Funds (240 mutual funds)	6/2005 - Present
PMA Capital Corporation	02/2004 - 9/2010

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.

Peter Sander Burgess 117 S. Mill Dr.; Glastonbury, CT 06073
(Printed Full Name and Residence Address)

Peter Sander Burgess
(Signature)

12/9/13
(Date)

State of Connecticut County of Hartford

The foregoing instrument was acknowledged before me this 9th day of Dec. 2013 by Peter S. Burgess, and:

- who is personally known to me, or
- who produced the following identification: CT Driver License

[SEAL]



Nahaleh Y Issari
Notary Public

Nahaleh Y Issari
Printed Notary Name
9-30-2018
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: Thomas Last: Foy

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: Chief Financial Officer, White Mountains Insurance Group, Ltd.

4. Affiant's business address:

200 Hubbard Road, Guilford, CT 06437

Business telephone: 203-458-5850 Business Email: dfoyl@whitemountains.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Rochester Institute of Technology</u>	<u>Rochester, NY</u>	<u>09/84-02/89</u>	<u>B.S.</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree 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
Society of Actuaries - Fellow		475 North Martingale Rd., Suite 600 Schaumburg, IL 60173	(847) 706-3500
American Academy of Actuaries - Member		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): 03/03- present Employer's Name: White Mountains Insurance Group, Ltd.

Address: 80 South Main Street City: Hanover State/Province: NH

Country: USA Postal Code: 03755 Phone: 603-640-2200 Offices/Positions Held: CFO

Type of Business: _____ Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY): 06/93 - 03/03 Employer's Name: Hartford Life Insurance Company

Address: Hartford Plaza City: Hartford State/Province: CT

Country: USA Postal Code: 06115 Phone: 860-547-5000 Offices/Positions Held: Senior VP, CFO, Treasurer, Director

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

- 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

Applicant Name (Company): Symetra Life Insurance Co

NAIC No. 1129-68608

FEIN: 91-0742147

Symetra National Life Insurance Co NAIC No. 1129-90581 FEIN: 91-1079693

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 22nd day of November 20 13 at Hamover, NH. 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.

David Thomas Foy
(Signature of Affiant)

State of: New Hampshire County of: Grafton

The foregoing instrument was acknowledged before me this 22nd day of November, 20 13 by

David Thomas Foy, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Nancy Leonard
Notary Public, New Hampshire
Printed Notary Name
My Commission Expires June 8, 2016
My Commission Expires

Applicant Name (Company): Symetra Life Insurance Co NAIC No. 1129-68608
FEIN: 91-0742147
Symetra National Life Insurance Co 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 Insurance Company & Symetra National 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 Julie M. Bodmer, VP & Associate General Counsel; Symetra Life Insurance Company and Affiliates; 777 108th Avenue NE, Suite 1200; Bellevue, WA 98004 (425) 256-6013

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 T. Foy, 6 Billow Road, Old Saybrook, CT 06575

(Printed Full Name and Residence Address)

[Signature]
(Signature)

November 22, 2013
(Date)

State of: New Hampshire County of: Grafton

The foregoing instrument was acknowledged before me this 22nd day of November, 20 13 by

David T. Foy, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

[Signature]
Notary Public
NANCY LEONARD

Printed Notary Name, New Hampshire
My Commission Expires June 8, 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: Lois Middle: Weingart Last: Grady

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: Retired Insurance Executive

4. Affiant's business address:

Business telephone: _____ Business Email: _____

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Connecticut	Storrs, CT	09/63-06/65	None
Southern Connecticut State University	New Haven, CT	09/65-05/67	B.S.

<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.

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: Independent Director (Chair of Compensation Committee) of Symetra Financial Corporation

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.

See Attachment A for directorates.

Beginning/Ending

Dates (MM/YY): 08/83 - 03/04 Employer's Name: Hartford Financial Services Group

Address: 200 Hopmeadow Street City: Simsbury State/Province: CT

Country: USA Postal Code: 06013 Phone: (860) 843-8964 Offices/Positions Held: Executive Vice President

Type of Business: Financial services Supervisor / Contact Tom Marra

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: _____

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: Series 6 License #: _____ Date Issued (MM/YY): 12/94

Date Expired (MM/YY): 12/03 Reason for Termination: Did not renew at expiration - retired

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.

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. _____

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 5th day of Dec., 2013 at W.P. Webster Bank. 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.

Lois W. Grady
(Signature of Affiant)

State of Connecticut County of Litchfield

The foregoing instrument was acknowledged before me this 5th day of Dec., 2013 by Lois W. Grady, and:

who is personally known to me, or

who produced the following identification: Florida Drivers License # [REDACTED]

[SEAL]

Maria Salomone
Notary Public

Printed Notary Name
MARIA C. SALOMONE
NOTARY PUBLIC

MY COMMISSION EXPIRES MAY 31, 2014
My Commission Expires

Attachment A

Lois W. Grady Directorates

Name of Company	Term
Symetra Financial Corporation	8/2004 - Present
First Symetra National Life Insurance Company of New York	8/2004 - Present
One Beacon Insurance Group, Ltd.	12/2006 - Present

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.

Lois Weingart Grady 4 Wyndham Lane; Burlington, CT 06013
(Printed Full Name and Residence Address)

Lois Weingart Grady
(Signature)

12/05/2013
(Date)

State of Connecticut County of Litchfield

The foregoing instrument was acknowledged before me this 5th day of Dec., 2013 by Lois W. Grady, and:

who is personally known to me, or

who produced the following identification: Florida Drivers License

[SEAL]

Maria Salomone
Notary Public

Maria Salomone
Printed Notary Name
MARIA C. SALOMONE
NOTARY PUBLIC
MY COMMISSION EXPIRES MAY 31, 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

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: Sander Middle: Morton Last: Levy

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: _____

4. Affiant's business address:

Bridge Growth Partners, LLC; 787 Seventh Avenue, 34th Floor; New York, NY 10019

Business telephone: _____ Business Email: _____

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Wharton School, University of Pennsylvania	Philadelphia, PA	09/80-05/83	B.S.

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	Columbia Business School	New York, NY	09/85-05/87	MBA

<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: Independent Director (Chairman of the Audit Committee, Member of the Compensation, Finance, and Nominating & Governance Committees) of Symetra Financial Corporation

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.

See Attachment A for directorates.

Beginning/Ending
 Dates (MM/YY): 04/13 - present Employer's Name: Bridge Growth Partners, LLC
 Address: 787 Seventh Avenue, 34th Floor City: New York State/Province: NY
 Country: USA Postal Code: 10019 Phone: (212) 728-8454 Offices/Positions Held: Managing Principal
 Type of Business: Private equity firm Supervisor / Contact _____

Beginning/Ending
 Dates (MM/YY): 04/88 - 4/13 Employer's Name: Vestar Capital Partners
 Address: 245 Park Avenue City: New York State/Province: NY
 Country: USA Postal Code: 10167 Phone: (212) 351-1610 Offices/Positions Held: Managing Director
 Type of Business: Private equity firm 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: _____

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.

not in last 20 years

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

Date Expired (MM/YY): _____ 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

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

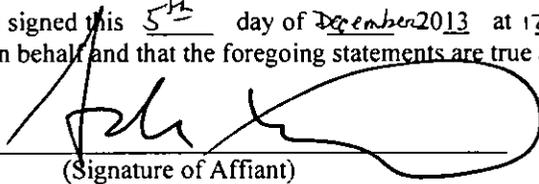
c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

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 5th day of December 2013 at 12:30pm. 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)

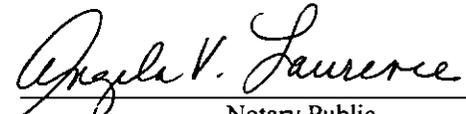
State of New York County of New York

The foregoing instrument was acknowledged before me this 5th day of Dec., 2013 by Sander M. Levy, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]


Notary Public
Angela V. Lawrence
Printed Notary Name
July 31, 2014
My Commission Expires

ANGELA V. LAWRENCE
Notary Public, State of New York
No. 01LA4715081
Qualified in Bronx County
Certificate Filed in New York County
Commission Expires July 31, 2014

Attachment A

Sander M. Levy Directorates

Name of Company	Term
Symetra Financial Corporation	8/2004 - Present
First Symetra National Life Insurance Company of New York	8/2004 - Present
Duff& Phelps Corporation	2007 - Present 4/13
Wilton Re Holdings Limited	2005 - Present 4/13
Triton Container International Limited	5/2011 - Present 4/13
Validus Holdings, Ltd.	2005 - 5/2012
St. John Knits, Inc.	1999 - 2007
Gleason Corporation	2000 - 2006
Gold Toe Corp. (fka Cluett Americian)	1998 - 2006

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.

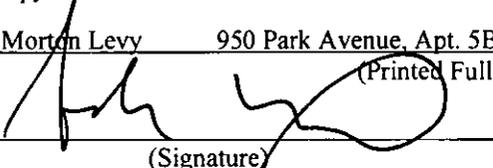
Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

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.

Sander Morton Levy 950 Park Avenue, Apt. 5B; New York, NY 10028
(Printed Full Name and Residence Address)


(Signature)

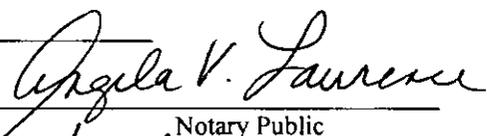
12/5/13
(Date)

State of New York County of New York

The foregoing instrument was acknowledged before me this 5th day of Dec., 2013 by Sander M. Levy, and:

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

[SEAL]


Notary Public
Angela V. Lawrence
Printed Notary Name
July 31, 2014

ANGELA V. LAWRENCE
Notary Public, State of New York
No. 01LA4715081
Qualified in Bronx County
Certificate Filed In New York County
Commission Expires July 31, 2014
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: Robert Middle: Raymond Last: Lusardi

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

Yes X No

b. Are you a citizen of any other country?

Yes No X

If yes, what country? _____

3. Affiant's occupation or profession: Executive _____

4. Affiant's business address:

1221 Avenue of the Americas; Suite 4200; New York, NY 10020

Business telephone: 212-899-5597 Business Email: rlusardi@prmre.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 Oxford	Oxford, England 01865279440 ph.	10/75-6/78	<u>BA,MA</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	Harvard University	Cambridge, MA	9/78-6/80	MBA

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

Applicant Name (Company) _____

NAIC No. _____

FEIN: _____

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.

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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: Independent Director (Member of Audit and Compensation Committees) of Symetra Financial Corporation

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.

See Attachment A for directorates.

Beginning/Ending
Dates (MM/YY): 02/10- present Employer's Name: PremieRe Holdings LLC

Address: 1221 6th Ave. City: NYC State/Province: NY

Country: US Postal Code: 10020 Phone: 212-899-5597 Offices/Positions Held: Managing Member

Type of Business: Financial Supervisor / Contact Me

Beginning/Ending
Dates (MM/YY): 02/05-02/10 Employer's Name: White Mountains Financial

Address: 810 Seventh Ave. City: NYC State/Province: NY

Country: US Postal Code: 10019 Phone: No longer exists Offices/Positions Held: CEO

Type of Business: Insurance Supervisor / Contact CEO White Mountains Insurance Group Ltd, Hamilton Bermuda

Beginning/Ending
Dates (MM/YY): 02/98- 02/05 Employer's Name: XL Capital Ltd/Group plc

Address: XL House City: Hamilton State/Province: _____

Country: Bermuda Postal Code: HM01 Phone: 441-292-8515 Offices/Positions Held: Group CFO; CEO – Fin Prod and Services

Type of Business: Insurance Supervisor / Contact CEO XL Group, Hamilton Bermuda

Beginning/Ending
Dates (MM/YY): 07/80 – 02/98 Employer's Name: Lehman Brothers

Address: World Financial Center City: NYC State/Province: NY

Country: US Postal Code: _____ Phone: _____ Offices/Positions Held: Managing Director

Type of Business: Investment Banking Supervisor / Contact N/A

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FEIN: 91-1079693

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 _____

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 _____

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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: NASD Address: ? _____

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

License Type: Series 7,63 License #: ? Date Issued (MM/YY): 1981 or 82? _____

Date Expired (MM/YY): 1998 Reason for Termination: Left the securities industry to become CFO of XL _____

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

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- 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.

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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 Maybe X

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

I may own more than 10% of a newly formed Bermuda Holding Company in 2014 which may in turn form and own a Bermuda Insurance Company regulated by the Bermuda Monetary Authority. Will not know until mid 2014 _____

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 X

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 X

- 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 X

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FEIN: 91-1079693

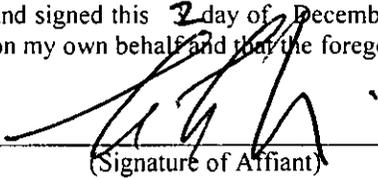
c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

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 2 day of December 2013 at New York, NY. 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 NEW YORK County of NEW YORK

The foregoing instrument was acknowledged before me this 2 day of December, 2013 by Robert R. Lusardi, and:

who is personally known to me, or

who produced the following identification: UTAH DRIVER LICENSE

[SEAL]



Notary Public
NORMA H. GOWEN
NOTARY PUBLIC, STATE OF NEW YORK
QUALIFIED IN NEW YORK COUNTY
REG. #01G05060171
MY COMM. EXP. 05/13/2014
My Commission Expires