

## Completed Questionnaire

**Uniform Certificate of Authority Application  
QUESTIONNAIRE**

Directions: Each "Yes" or "No" question is to be answered by marking an "X" in the appropriate space. All questions should be answered. If an applicant denotes a question as "Not Applicable" (N/A) an explanation must be provided. Other answers and additional explanations or details may be provided in writing attached to the questionnaire. Please complete this form and file it with the company's application for a Certificate of Authority.

- 1. I hold the position(s) of Senior Vice President, General Counsel & Secretary with the applicant.
- 2. A. Has the applicant transferred or encumbered any portion of its assets or business, or has its outstanding capital stock been directly or indirectly pledged?  
Yes \_\_\_ No X
- B. Has the applicant merged or consolidated with any other company within the last five Years?  
Yes \_\_\_ No X

If the answer to either question is yes, provide the details in writing and attach to the Questionnaire.

- 3. Is applicant presently negotiating for or inviting negotiations for any transaction described above?  
Yes \_\_\_ No X

If yes, provide the details in writing and attach to the Questionnaire.

- 4. Has the applicant ever changed its name?  
Yes X No \_\_\_

If Yes, attach copies of the instruments effecting such transaction certified by the Secretary over corporate seal as a true copy of the originals, including any official state regulatory approvals and filing data.

Please refer to Exhibit 6-4. Official state regulatory approvals and filing data were included with the applicant's UCAA Expansion Application, filed with the Iowa Insurance Division on January 14, 2014, as Exhibit 6-4, and are incorporated herein by reference.

- 5. A. Has the applicant undergone a change of management or control since the date of its latest annual statement filed in support of this application?  
Yes \_\_\_ No X
- B. Does the applicant contemplate a change in management or any transaction that would normally result in a change of management within the reasonably foreseeable future?  
Yes \_\_\_ No X

If the answer to either question is yes, provide the details in writing and attach to the Questionnaire.

- 6. Is applicant owned or controlled by a holding corporation?  
Yes X No \_\_\_

A. If yes, attach and make a part hereof an affidavit by an executive officer of the applicant who knows the facts listing the principal owners (10% or more of the outstanding shares) of such holding corporation by name and residence address, business occupation and business affiliations.

Please refer to Exhibit 6-6.

- 7. Is applicant owned, operated or controlled, directly or indirectly, by any other state, or province, district, territory or nation or any governmental subdivision or agency?  
Yes \_\_\_ No X

If yes, provide the details in writing and attach to the Questionnaire

- 8. A. Has the applicant's certificate of authority to do business in any state been suspended or revoked within the last ten years?  
Yes \_\_\_ No X
- B. Has its application for admission to any state been denied within the last ten years?  
Yes \_\_\_ No X

If the answer to either question is yes, provide the details in writing and attach to the Questionnaire.

- 9. Has any person who is presently an officer or director of applicant been convicted on, or pleaded guilty or nolo contendere to, an indictment or information in any jurisdiction charging a felony for theft, larceny or mail fraud or, of violating any corporate securities statute or any insurance statute?  
Yes \_\_\_ No X

If yes, provide the details in writing and attach to the Questionnaire.

- 10. Is applicant presently engaged in a dispute with any state or federal regulatory agency?  
Yes \_\_\_ No X

If yes, provide the details in writing and attach to the Questionnaire.

- 11. Is applicant a plaintiff or defendant in any legal action other than one arising out of policy claims?  
Yes \_\_\_ No X

If yes, provide a summary of each case and an estimate of company's probable liability, if any, and attach to the Questionnaire.

The applicant is not a plaintiff or defendant in any legal action other than arising out of policy claims.

- 12. Does the applicant purchase investment securities through any investment banking or brokerage house or firm from whom any of applicant's officers, directors, trustees, investment committee members or controlling stockholders receive a commission on such purchases?  
Yes \_\_\_ No X

If yes, provide the details in writing and attach to the Questionnaire.

- 13. Is applicant a
  - A. Bank,  
Yes \_\_\_ No X
  - B. Bank holding company, subsidiary or affiliate  
Yes \_\_\_ No X
  - C. Financial holding company  
Yes \_\_\_ No X
  - D. Other financial institution  
Yes \_\_\_ No X

If yes, identify the bank(s), bank holding company(ies) or financial institution and the affiliation of the applicant. Provide the details in writing and attach to the Questionnaire.

- 14. Has the applicant, within 18 months last preceding the date of this affidavit, done any of the following:?

- A. Made a loan to an entity owned or controlled directly or through a holding corporation by one or more of applicant's officers, directors, trustees or investment committee members, or to any such person?  
Yes \_\_\_ No X
- B. Sold or transferred any of its assets or property, real or personal, to any such entity or person?  
Yes \_\_\_ No X
- C. Had its outstanding capital stock directly or indirectly pledged for the debt of an affiliate?  
Yes \_\_\_ No X
- D. Purchased securities, assets or property of any kind from an entity owned or controlled by one or more of applicant's officers, directors, trustees, or any persons who have authority in the management of applicant's funds (including a controlling stockholder)?  
Yes \_\_\_ No X

If the answer to any of the last four questions is affirmative, did any officer, director, trustee or any person who had authority in the management of applicant's funds (including a controlling stockholder) receive any money or valuable thing for negotiating, procuring, recommending or aiding in such transaction?  
Yes \_\_\_ No \_\_\_

If yes, provide the details in writing and attach to the Questionnaire.

- 15. Attach an organizational depiction (in the format of a flow chart) showing the various executive management and directors offices and related material functions that require internal control oversight of the applicant, with the name and official title of those responsible for those offices/functions and the portions of the organization they oversee. Material functions should include, but are not limited, to underwriting, claims adjustment/payments, premium accounting, claims accounting, marketing, financial reporting, and investment management. Note any executive or key staff that have access to funds or bank accounts. Submit a map or narrative explaining where offices are geographically located and the approximate number of employees at each location.

Other than applicant's investment management function (discussed below), all material functions of the applicant are provided by applicant's direct parent company, Symetra Life Insurance Company ("SLIC") and SLIC's affiliates. For additional information concerning the office locations and material functions of SLIC, please refer to the UCAA Primary Application filed by SLIC in conjunction with its proposed redomestication to the state of Iowa.

- A. Designate any common facilities and/or any of the above functions that are shared with affiliates.  
  
The applicant shares common facilities with all of its affiliates. The material functions of the applicant provided by SLIC and its affiliates are shared among applicant's affiliates.
- B. Designate any of the above office/functions that are delegated to third parties;  
  
The applicant, together with its affiliates Symetra Financial Corporation, SLIC, First Symetra National Life Insurance Company of New York and TIF Invest III, LLC, has contracted with White Mountains Advisors LLC, a related party, to invest the majority of its investment portfolio.
- C. Attach copies of signed agreements for office functions delegated to either affiliates or third parties.

The following agreements are incorporated by reference as indicated:

Investment Management Agreement with White Mountains Advisors LLC      Incorporated by reference to Exhibit 6-15 to Applicant's UCAA Expansion Application, filed on January 14, 2014.

- D. As applicable, attach a separate chart reflecting any other management positions (if different than what was noted above) that exercise control over insurance operations in other jurisdiction where the applicant company is seeking admission.

Not applicable.

E. Attach any similar information that was submitted to lenders or investment partners.

No similar information has been provided to lenders or investment partners.

16. Provide a detailed description of the applicant's sales techniques. The description should include:

- A. Information regarding recruitment and training of sales representatives.
- B. Identification as to whether the applicant will be a direct writer or will use agents, brokers or a combination thereof.
- C. Explanation of the compensation and control to be provided by the applicant to its agents, brokers or sales personnel.
- D. Sample copies of any agreements entered into between the applicant and its agents or brokers.
- E. If the applicant will use a specific agency or managing general agent, identification of the agency or managing general agent and a copy of the agreement for this arrangement.
- F. Sample contract forms of all types used and remuneration schedule, including those for general agents, if any.

The applicant has not sold any new business since 1988, and has no current plans to begin selling new business. For additional information concerning the sales techniques of SLIC, please refer to the UCAA Primary Application filed by SLIC in conjunction with its proposed redomestication to the state of Iowa.

17. For each state in which the applicant is filing explain:

- A. The product lines currently sold or planned by the applicant,
- B. Specialty line or lines currently sold and planned,
- C. Captive business,
- D. The applicant's marketing plan, including a description of the financial, corporate or other connections productive of insurance,
- E. The applicant's current and expected competition (both regionally and nationally) and
- F. How each state in which admission has been requested fits into the marketing plan. General description of the classes to be transacted is not an adequate response. For example, if the applicant plans to market credit life and disability products tailored for use by credit unions, simply stating that it will transact credit life and disability is inadequate.

The applicant has not sold any new business since 1988, and has no current plans to begin selling new business. For additional information concerning the product lines and related marketing plan of SLIC, please refer to the UCAA Primary Application filed by SLIC in conjunction with its proposed redomestication to the state of Iowa.

18. If a parent, subsidiary and/or affiliated insurer is admitted for the classes of insurance requested in the pending application, please differentiate the products and/or markets of the applicant from those of the admitted insurer(s).

The applicant's direct parent, SLIC, is admitted for the classes of insurance for which the applicant is requesting authority. New business will continue to be written by SLIC. The applicant has no current plans to begin selling new business.

19. Provide a detailed description of the advertising that will be used by the applicant to market its products in each state. Include a detailed explanation as to how the applicant will develop, purchase, control and supervise its advertising.

The applicant has not sold any new business since 1988, and has no current plans to begin selling new business. For additional information concerning the advertising used by SLIC, please refer to the UCAA Primary Application filed by SLIC in conjunction with its proposed redomestication to the state of Iowa.

20. For each State, explain in detail the following:

A. How the applicant's policies will be underwritten, including the issuance of policies and endorsements,

The applicant has not sold any new business since 1988, and has no current plans to begin selling new business. For additional information concerning SLIC's underwriting, please refer to the UCAA Primary Application filed by SLIC in conjunction with its proposed redomestication to the state of Iowa.

B. How policies will be cancelled,

The applicant's process for cancelling policies and contracts is identical to SLIC's process, and will not change as a result of the redomestication.

The process for cancelling policies and contracts involves the following for all states:

- The applicant's policies contracts have been filed with termination and cancellation provisions and have been approved by the applicable regulatory authorities. Terminations and cancellations are processed according to the terms of these provisions by applicant's internal personnel working in applicant's offices located throughout the U.S.
- Upon receipt of a cancellation request form, a processor receives the form and reviews it to ensure that it is in good order (e.g., properly signed, contains all necessary information, and does not raise any other concerns). If the request is not in good order, a call is made to the client for the necessary information.
- If the cancellation request is received within the "free look" period specified within the policy or contract (or any longer period required by applicable law), and the cancellation request is in good order, it is processed according to the "free look" provisions, and the deposited funds and/or paid premiums are returned to the client without penalty.
- If the cancellation request is received beyond the "free look" period specified within the policy or contract (or any longer period required by applicable law), and the cancellation request is in good order, the processor evaluates the cancellation request based on the contractual agreement and handles according to applicable provisions in the policy or contract. Any funds owed to the client are sent directly to the client.
- All cancellations go through a quality assurance process and funds over certain thresholds need to be reviewed by a manager prior to processing.

C. How premiums and other funds will be handled and

The applicant's process for handling premium and other funds is identical to SLIC's process, and will not change as a result of the redomestication.

In general, the process for handling premium and other funds involves the following for all states:

- All physical checks from clients for premium and other funds are deposited promptly by applicant's or its designated third-party administrator's employees at the mail processing location where the physical check was received in a designated applicant bank account. The funds are then applied to client accounts by applicant's employees or by third-party administrators' employees.
- In certain lines of business, premiums may be processed electronically and all electronic payments are wired or otherwise electronically processed through the applicant's designated bank account and then applied to client accounts by applicant's employees or by third-party administrators' employees;
- Premiums and other funds related to applicant's medical stop-loss insurance, limited benefit medical insurance and group life and disability income (DI) insurance are collected via lock box located at a major U.S. bank where they are immediately deposited into applicant's suspense accounts and processed by applicant's internal personnel working in applicant's offices located throughout the U.S.

D. How personnel will be trained, supervised, and compensated.

The applicant's process for training, supervising and compensating personnel is identical to SLIC's process, and will not change as a result of its redomestication.

In general, the process for training, supervising and compensating personnel involves the following for all states:

- Training of applicant's personnel is done through the SLIC's human resources department, desk-level procedures and mentoring from managers within the Retirement Division, Life Division and Benefits Division, as applicable.
- Training encompasses, among other topics, Security, Anti-Money Laundering, Privacy, Non-Discrimination and Conflict of Interest guidelines as well as internal processing rules and procedures based upon those guidelines.
- All employees are located in the U.S. and are trained and supervised by management personnel located in the U.S.
- Compensation of personnel may be based upon hours worked, annual salary or annual salary plus sales incentives. Salaried employees (subject to certain eligibility requirements) are eligible to participate in an annual incentive bonus program.

21. Explain in detail how the applicant will adjust and pay claims.

A. Describe how you will train, supervise and compensate the personnel handling claims adjusting and claims payment.

The applicant's process for training, supervising and compensating personnel handling claims adjustment and claims payment is identical to SLIC's process, and will not change as a result of its redomestication.

In general, the process for training, supervising and compensating personnel handling claims adjustment and claims payment involves the following for all states:

- All personnel that are processing claims in an operational capacity are hourly non-exempt employees that report to a unit manager or department manager. All employees are located in the U.S. and are trained and supervised by management personnel located in the U.S.
- Training of applicant's personnel is done through SLIC's human resources department, desk-level procedures and mentoring from managers within the Retirement Division, Life Division and Benefits Division, as applicable.
- Training encompasses, among other topics, Security, Anti-Money Laundering, Privacy, Non-Discrimination and Conflict of Interest guidelines as well as internal processing rules and procedures based upon those guidelines.
- Compensation of Claims personnel may be based upon hours worked or annual salary. Salaried employees (subject to certain eligibility requirements) are eligible to participate in an annual incentive bonus program. Claims personnel compensation is not based on or related to claims experience or utilization.

B. Provide detailed information as to how and by whom claim reserves will be set and modified.

The following principles apply to the setting and modifying of claim reserves of the applicant and its insurance company affiliates:

- Claim reserves are computed in accordance with presently acceptable actuarial standards consistently applied and are fairly stated, in accordance with sound actuarial principles.
- Claim reserves are based on actuarial assumptions which produce reserves at least as great as those called for in any contract provision as to reserve basis and method, and are in accordance with other contract provisions.
- Claim reserves meet the requirements of the insurance laws and regulations of the state of domicile and are at least as great as the minimum aggregate amounts required by the state in which the statement is filed.
- Claim reserves are computed on the basis of assumptions consistent with those used in computing the corresponding items in the annual statement of each preceding year unless noted otherwise in the Actuarial Opinion.
- Claim reserves include provisions for all actuarial reserves and related statement items which ought to be established.

Claim reserves are set and modified by the actuarial expertise within the applicant and its affiliates and opined on by the appointed actuary.

- C. Does applicant pay any representative given discretion as to the settlement or adjustment of claims whether in direct negotiation with the claimant or in supervision of the person negotiating, a compensation which is in any way contingent upon the amount of settlement of such claims?

Yes \_\_\_ No X

22. Is applicant a member of a group of companies that shares any of the following:

- A. Common facilities with another company or companies

Yes X No \_\_\_

- B. Services (e.g. accounting personnel for financial statement preparation)

Yes X No \_\_\_

- C. Or, is a party to a tax allocation agreement in common with another company

Yes X No \_\_\_

If the answer to any of the above is Yes, explain the division of costs between participants. If costs are pro-rated, what is the basis for division? Attach a copy of relevant contracts and include a summary of any attached contract.

Cost-sharing Arrangements and Shared Services

- (1) The applicant is a party to a Services and Shared Expenses Agreement dated December 15, 2005, last amended February 22, 2012 whereby parties agree to provide and accept certain general services, including but not be limited to: (i) telecommunications and electronic data processing services, facilities and integration; (ii) marketing, public relations, advertising and sales promotion services; (iii) sales and distribution services; (iv) administration of agent and agency matters; (v) finance, accounting, data processing, tax, treasury, and auditing services; (vi) investment and related services; (vii) actuarial services; (viii) underwriting services; (ix) policy administration, claims, and customer support services; (x) purchasing and sourcing services; (xi) risk management and insurance procurement services; (xii) legal services; (xiii) human resources, personnel and payroll services; (xiv) general management and executive and miscellaneous consulting services; and (xv) recordkeeping.

Under the Agreement, the applicant's share of the common cost is determined in accordance with customary insurance accounting practices consistently applied, and based on internal cost distribution methodology including time and/or usage. The allocation method is reviewed on an annual basis and modified where necessary or appropriate to reflect fairly and equitably the actual incidence of costs for each party. Intercompany payable/receivable amounts will be settled within 30 days of the end of the month to which the payable/receivable applies. Each party may satisfy its payment obligation, in whole or in part, by offset of its right to receive a payment from a party.

A copy of the Services and Shared Expenses Agreement was included with the applicant's UCAA Expansion Application, filed with the Iowa Insurance Division on January 14, 2014, as Exhibit 6-22.1, and is incorporated herein by reference.

- (2) The applicant is party to an Intercompany Short-Term Borrowing Agreement with its parent, Symetra Life Insurance Company, and certain other affiliates within the insurance holding company system. The agreement was restated on August 2, 2004 and last amended May 22, 2009. Under this Agreement, no loan to or from the applicant or Symetra Life Insurance Company may equal or exceed 3.0% of admitted assets.

A copy of the Intercompany Short-Term Borrowing Agreement was included with the applicant's UCAA Expansion Application, filed with the Iowa Insurance Division on January 14, 2014, as Exhibit 6-22.2, and is incorporated herein by reference.

- (3) The applicant, together with Symetra Life Insurance Company and First Symetra National Life Insurance Company of New York, are parties to an Investment Management Agreement with White Mountains Advisors, LLC dated June 1, 2011 and subsequently amended retroactively to June 1, 2011, whereby White Mountains Advisors, LLC provides investment advisory services.

A copy of the Investment Management Agreement was included with the applicant's UCAA Expansion Application, filed with the Iowa Insurance Division on January 14, 2014, as Exhibit 6-15, and is incorporated herein by reference.

Tax Allocation Agreement

The applicant, together with SLIC and First Symetra National Life Insurance Company of New York, is party to an Agreement of Allocation of Payment of Federal Income Taxes restated August 2, 2004 ("Tax Agreement"). Allocation is based on separate return calculations, except that current credit for tax credits and net operating loss carryforwards are determined on the basis of the consolidated group. Intercompany tax balances are settled quarterly.

A copy of the Tax Agreement was included with the applicant's UCAA Expansion Application, filed with the Iowa Insurance Division on January 14, 2014, as Exhibit 6-22.3, and is incorporated herein by reference.

23. Does applicant have any reinsurance contracts which contracts that in effect provide that applicant will reimburse or indemnify the Reinsurer for losses payable there under?  
Yes \_\_\_ No X

If yes, provide the details in writing and attach to the Questionnaire.

24. Does any salaried employee or officer, exclusive of a director, presently have in force a license as an insurance broker issued by the Iowa Department of Insurance?  
(Name of Application State)  
Yes \_\_\_ No X

If yes, please identify his/her license and position held with applicant.

Please note that all personnel are employed by SLIC, and not by applicant. For a list of each salaried employee or officer of SLIC that presently has in force a license as an insurance broker issued by the Iowa Division of Insurance, and that has been appointed by Symetra Life Insurance Company as an insurance producer in the state of Iowa, please refer to the UCAA Primary Application filed by SLIC in conjunction with its proposed redomestication to the state of Iowa.

25. Does applicant have outstanding unexercised stock options?  
Yes \_\_\_ No X
- A. If so, to whom and in what number of shares?
- B. If options are outstanding for a number of shares greater than 10% of the number of shares presently issued and outstanding, a copy of the option form and of the plan pursuant to which they were granted are attached.
26. Are any of the applicant's policies being sold in connection with a mutual fund or investment in securities?  
Yes \_\_\_ No X Not Applicable \_\_\_

If Yes, supply details including all sales literature which refers to the insurance and mutual fund or other investment literature that refers to the insurance and mutual fund or other investment plan connection.

27. If applicant is applying for authority to write Variable Annuities, provide the following:
- Copy(ies) of any third party management or service contracts
  - Commission schedules
  - Five-year sales and expense projections
  - A statement from the insurer's actuary describing reserving procedures including the mortality and expense risks which the insurer will bear under the contract
  - Statement of the investment policy of the separate account
  - Copy of the variable annuity prospectus as filed with the SEC unless the separate account is not required to file a registration under the federal securities law
  - Copies of the variable annuity laws and regulations of the state of domicile

- h) Copy(ies) of the variable annuity contract(s) and application(s)
- i) A description of any investment advisory services contemplated relating to Separate Accounts
- j) Board of Directors resolution authorizing the creation of the separate account

The applicant is not applying for authority to write Variable Annuities.

28. If applicant is applying for authority to write Variable Life Insurance, provide the following:

- a) Copy(ies) of variable life policy(ies) the company intends to issue
- b) Name and experience of person(s) or firm(s) proposed to supply consulting, investments, administrative, custodial or distribution services to the company
- c) Disclose whether each investment advisor i) is registered under the Investment Advisers Act of 1940, or ii) is an investment manager under the Employee Retirement Income Security Act of 1974, or iii) whether the insurer will annually file required information and statements concerning each investment advisor as required by its domiciliary state
- d) Copy of the variable life prospectus as filed with the SEC unless the separate account is not required to file a registration under the federal securities law
- e) Statement of the investment policy of any separate account, and the procedures for changing such policy
- f) Copies of the variable life insurance laws and regulations of the state of domicile
- g) A statement from the insurer's actuary describing reserving procedures including the mortality and expense risks which the insurer will bear under the contract
- h) Standards of suitability or conduct regarding sales to policyholders
- i) Statement specifying the standards of conduct with respect to the purchase or sale of investments of separate accounts (i.e. Board resolution)
- j) Board of Directors resolution authorizing the creation of the separate account

The applicant is not applying for authority to write Variable Life Insurance.

29. If applicant is applying for authority to write Life Insurance, has applicant at any time in any jurisdiction while operating under its present management, or at any time within the last five years irrespective of changes in management, taught or permitted its agents to sell insurance by using any of the following devices, or representations resembling any of the following:

- A "Centers of influence" and "advisory board,"  
Yes \_\_\_ No \_\_\_
- B. A charter or founder's policy,  
Yes \_\_\_ No \_\_\_
- C. A profit sharing plan,  
Yes \_\_\_ No \_\_\_
- D. Only a limited number of a certain policies will be sold in any given geographical area;  
Yes \_\_\_ No \_\_\_
- E. "Profits" will accrue or be derived from mortality savings, lapses and surrenders, investment earnings, savings in administration;  
Yes \_\_\_ No \_\_\_
- F. A printed list of several large American or Canadian insurers showing the dollar amounts of "savings", "profits" or "earnings" they have made in such categories.  
Yes \_\_\_ No \_\_\_

If the answer to any of the above is yes, supply a complete set of all sales material including the sales manual, all company instructional material, brochures, illustrations, diagrams, literature, "canned" sales talks, copies of the policies which are no longer in use, list of states where such methods were used and the date (by year) when they were used, the approximate amount of insurance originally written in each state on each policy form thusly sold, the amount currently in force, and the lapse ratio on each form year by year and cumulatively in gross to the present date.

The applicant is not applying for authority to write Life Insurance.

30. Does the company pay, directly or indirectly, any commission to any officer, director, actuary, medical director or any other physician charged with the duty of examining risks or applications?  
Yes \_\_\_\_\_ No  Not Applicable \_\_\_\_\_

If yes, provide the details in writing and attach to the Questionnaire.

The following questions are to be completed only if the company is redomesticating to another state.

31. Does the company have any permitted practices allowed by its current state of domicile?  
Yes \_\_\_\_\_ No  Not Applicable \_\_\_\_\_

If yes, provide the details in writing and attach a copy of the state of domicile's approval to the Questionnaire.

32. Does the company's current state of domicile prescribe any practices of the company that are not in accordance with?  
a. Laws, regulations or bulletins of proposed state of domicile;  
Yes \_\_\_\_\_ No  Not Applicable \_\_\_\_\_

If yes, provide the details in writing and attach to the Questionnaire.

- b. Reserving requirements of proposed state of domicile; or  
Yes \_\_\_\_\_ No  Not Applicable \_\_\_\_\_

If yes, provide the details in writing and attach to the Questionnaire.

\* Washington and Iowa prescribe the use of different mortality tables and discount rates for certain periods of time, as set forth in the Life & Health Valuation Law Manual. Any increase or decrease in the applicant's reserves arising from such differences would not be material.

- c. NAIC guidelines  
Yes \_\_\_\_\_ No  Not Applicable \_\_\_\_\_

If yes, provide the details in writing and attach to the Questionnaire.

33. Will the company's investments comply with the investment laws, regulations or bulletins of the proposed state of domicile?  
Yes  No \_\_\_\_\_ Not Applicable \_\_\_\_\_

If no, provide the details in writing and attach to the Questionnaire.

34. Does the company have any outstanding surplus notes?  
Yes \_\_\_\_\_ No  Not Applicable \_\_\_\_\_

If yes, provide the details in writing and attach to the Questionnaire and attach copy(ies) of the surplus notes reflecting the state of domicile's approval.

Applicant Name: Symetra National Life Insurance Company

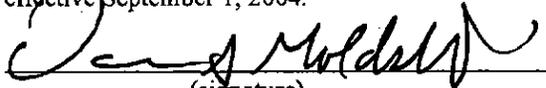
NAIC No. 90581  
FEIN: 91-1079693

6-04

Exhibit 6-4

**CERTIFICATION**

The undersigned hereby certifies that the attached is a true and correct copy of the Articles of Amendment to the Articles of Incorporation of Safeco National Life Insurance Company, which reflect the name change of the Applicant from "Safeco National Life Insurance Company" to "Symetra National Life Insurance Company," effective September 1, 2004.

  
(signature)

Date: 2-5-14

Name: David S. Goldstein  
Title: Senior Vice President, General  
Counsel & Secretary, Symetra  
National Life Insurance Company

ARTICLES OF AMENDMENT  
TO THE  
ARTICLES OF INCORPORATION  
OF  
SAFECO NATIONAL LIFE INSURANCE COMPANY

Safeco National Life Insurance Company, a Washington corporation, by its President and Secretary, certifies that:

1. The name of the corporation is: SAFECO NATIONAL LIFE INSURANCE COMPANY.

2. Article II of the corporation's Articles of Incorporation is amended in its entirety to read as follows:

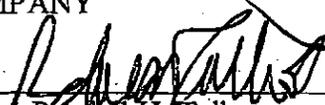
II

Effective September 1, 2004, the name of the company is Symetra National Life Insurance Company.

3. The aforementioned amendment to the Articles of Incorporation was adopted by the corporation's Board of Directors and duly approved by the corporation's sole shareholder on June 4, 2004, in accordance with the provisions of RCW 23B.10.030, 23B.08.210, and 48.07.070.

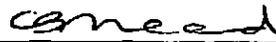
SAFECO NATIONAL LIFE INSURANCE  
COMPANY

By: \_\_\_\_\_

  
Randall H. Talbot

President

By: \_\_\_\_\_

  
Christine B. Mead

Secretary



*6-0p*

Exhibit 6-6

AFFIDAVIT

The undersigned hereby attests to the following:

Symetra National Life Insurance Company is a direct, wholly-owned subsidiary of Symetra Life Insurance Company, a Washington domiciled life insurance company, which is a direct, wholly-owned subsidiary of Symetra Financial Corporation, Inc., a Delaware corporation that is publicly traded on the New York Stock Exchange.

The ultimate controlling person with respect to Symetra Financial Corporation, Inc. is White Mountains Insurance Group, Ltd. ("White Mountains"), a Bermuda limited liability company. The home office address of White Mountains is 14 Wesley Street, 5th Floor, Hamilton HM 11, Bermuda. The principal executive office of White Mountains is 80 South Main Street, Hanover, NH 03755-2053. The principal business of White Mountains is that of an insurance holding company.

As of December 31, 2012, no person owns ten percent or more of any class of voting security of White Mountains other than as set forth below:

Franklin Mutual Advisers, LLC ("Franklin"), 101 JFK Parkway, Short Hills, NJ 07078, was beneficial owner of 1,456,457 common shares of White Mountains (the "Common Shares"). Franklin's holdings represented 22.1% of the total Common Shares outstanding and were acquired for investment purposes on behalf of client investment advisory accounts.

Franklin has furnished the State of Washington Office of Insurance Commissioner (the "OIC") with a Supplemental Disclaimer of Control for the purpose of assuring the OIC that it will not exercise or attempt to exercise a controlling influence over the management or policies of White Mountains or Symetra Financial Corporation, Inc. and its affiliates.

*David S. Goldstein*  
\_\_\_\_\_  
(signature)

Name: David S. Goldstein  
Title: Senior Vice President, General  
Counsel & Secretary, Symetra Life  
Insurance Company

Date: 2-5-14

*Ann Ernst*  
\_\_\_\_\_  
Notary Public

ANN ERNST  
Printed Notary Name

02-14-17  
My commission expires

