

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: Christine Middle: Ann Last: Katzmar Holmes

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Human Resources

4. Affiant's business address:

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

Business telephone: 425-256-8103 Business Email: chris.katzmarholmes@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Miami University	Oxford, OH	08/77-05/81	B.S. - Business Administration

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
Seattle University Executive Leadership Program	Seattle, WA	09/00-04/01	Executive Leadership Certificate

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: Senior Vice President

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

Beginning/Ending

Dates (MM/YY): 03/01 - present Employer's Name: Symetra Financial Corporation and subsidiaries

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

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

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

Beginning/Ending

Dates (MM/YY): 1991 - 03/01 Employer's Name: Safeco Insurance Company

Address: Safeco Plaza City: Seattle State/Province: WA

Country: USA Postal Code: 98185 Phone: _____ Offices/Positions Held: Assistant Vice President (06/99-03/01), Director (10/98-06/99), Human Resources Manager (1994-06/99), Personnel Development Analyst (1991-1994)

Type of Business: Insurance 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.

None

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

None

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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

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

Yes No

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

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608
FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581
FEIN: 91-1079693

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

Yes No

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

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

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

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

CAH
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 12th day of September, 2013 by Christine Katzmar Holmes, and:

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

[SEAL]



Ann Ernst

Notary Public

Ann Ernst

Printed Notary Name

2/14/2017

My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
03/01– present	Symetra Financial and subsidiaries

Current Offices/Positions Held

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

Symetra Financial Corporation 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.

Christine Katzmar Holmes 9607 SE 15th Street; Bellevue, WA 98004
(Printed Full Name and Residence Address)

CAK
(Signature)

September 12, 2013
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 12th day of September, 2013 by Christine Katzmar Holmes, 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: Joel Middle: Carmine Last: Kneisley

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: VP Information Technology

4. Affiant's business address:

Symetra Financial Attn: Joel C. Kneisley; SC-3, 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: 425-256-5020 Business Email: joel.kneisley@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Ohio University	Athens, Ohio	09/82 - 08/86	BBA

<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

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>Project Management Institute</u>	<u>Mark Langley</u>	<u>14 Campus Boulevard; Newtown Square, PA 19073</u>	<u>610-356-4600</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) 08/11 - 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 George N. McKinnon

Beginning/Ending

Dates (MM/YY) 01/08 - present Employer's Name Vegas Venture Enterprises, Inc.

Address 8480 Via De Bellasidra Ct. City Las Vegas State/Province NV

Country USA Postal Code 89123 Phone (702) 538-5301 Offices/Positions Held Owner & President

Supervisor / Contact self

Beginning/Ending

Dates (MM/YY) 01/08 - 08/11 Employer's Name CloudWise Consulting Group, LLC

Address 8480 Via De Bellasidra Ct. City Las Vegas State/Province NV

Country USA Postal Code 89123 Phone (702) 582-5683 Offices/Positions Held Managing Partner

Supervisor / Contact self

Beginning/Ending

Dates (MM/YY) 07/92 - 07/07 Employer's Name Microsoft Corporation

Address One Microsoft Way City Redmond State/Province WA

Country USA Postal Code 98052 Phone (425) 882-8080 Offices/Positions Held General Manager

Supervisor / Contact Neil Leslie

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Beginning/Ending

Dates (MM/YY) 05/90 - 07/92 Employer's Name Fox Software, Inc.

Address One Microsoft Way City Redmond State/Province WA

Country USA Postal Code 89052 Phone (425) 882-8080 Offices/Positions Held Channel Account Manager

Supervisor / Contact Chris Williams

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 None Address _____

City _____ State/Province _____ Country _____ Postal Code _____

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

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

Non-insurance Regulatory Phone Number (if known) _____

Organization/Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

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

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

Non-insurance Regulatory Phone Number (if known) _____

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

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

Court: King Co Superior Ct
Case Number: 07-2-06566-1
Filed 02-22-07

Appellate Court Case Summary
Case Number: 606336
Filing Date: 09-21-2007
Coa, Division I

These cases were over a financial dispute regarding escrow monies in a real estate transaction during the sale of my Clyde Hill residence (see below). Both courts dismissed the other's parties claim to the escrow monies and awarded that the other party pay my attorneys fees.

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

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

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

Yes No

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
Yes No
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
Yes No
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?
Yes No

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

N/A

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

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

Joel C. Kneisley
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 19 day of December, 2013 by Joel C. Kneisley, and:

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

[SEAL]



Ann Ernst
Notary Public

Ann Ernst
Printed Notary Name

02/14/2017
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
08/11 – present	Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of New York	Vice President (since 09/2011)
Symetra Life Insurance Company	Vice President (since 08/2011)

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.

Joel Carmine Kneisley, 10710 NE 10th Street, #502, Bellevue, WA 98004

(Printed Full Name and Residence Address)

Joel C Kneisley
(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 Joel C. Kneisley 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: Richard Middle: George Last: LaVoice

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Insurance and annuity sales and marketing management

4. Affiant's business address:

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

Business telephone: 425-256-5366 Business Email: Rich.LaVoice@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 Massachusetts	Amherst, MA	09/77-01/82	B.S. Legal Studies

<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: Executive Vice President

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

Beginning/Ending

Dates (MM/YY): 09/10 - present Employer's Name: Symetra Financial Corporation and subsidiaries

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

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

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

Beginning/Ending

Dates (MM/YY): 09/09 - 09/10 Employer's Name: Self Employed

Address: 126 Woodford Hills Dr. City: Avon State/Province: CT

Country: USA Postal Code: 06001 Phone: (310) 994-8754 Offices/Positions Held: _____

Type of Business: _____ Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY): 10/05 - 08/09 Employer's Name: MassMutual Financial Group

Address: 100 Bright Meadow Blvd. City: Enfield State/Province: CT

Country: USA Postal Code: 06082 Phone: (860) 562-1000 Offices/Positions Held: Vice President, Retirement Income Group

Type of Business: _____ Supervisor / Contact Andrew Dickey, Phone (413) 744-5100

Beginning/Ending

Dates (MM/YY): 06/05 - 10/05 Employer's Name: Unemployed

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

Beginning/Ending

Dates (MM/YY): 03/03 – 06/05 Employer's Name: UBS Financial Services, Inc.

Address: 2029 Century Park East, Suite 3000 City: Century City State/Province: CA

Country: USA Postal Code: 90067 Phone: (310) 772-7000 Offices/Positions Held: Senior Vice President

Type of Business: _____ Supervisor / Contact No longer at company

Beginning/Ending

Dates (MM/YY): 01/02 – 02/03 Employer's Name: Unemployed

Address: _____ City: Santa Monica State/Province: CA

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

Type of Business: _____ Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY): 02/01 – 12/01 Employer's Name: SunAmerica Retirement Markets, Inc.

Address: 21650 Oxnard St. City: Woodland Hills State/Province: CA

Country: USA Postal Code: 91367 Phone: (800) 445-7862 Offices/Positions Held: Executive Vice President

Type of Business: _____ Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY): 10/95 – 01/01 Employer's Name: Bear Stearns & Co., Inc.

Address: 1 Sansome Street, Floor 39 City: San Francisco State/Province: CA

Country: USA Postal Code: 94104-4448 Phone: (415) 288-2300 Offices/Positions Held: Senior Marketing Director

Type of Business: _____ Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY): 01/82 – 10/95 Employer's Name: Shearson (formerly Smith Barney now Morgan Stanley)

Address: _____ City: _____ State/Province: _____

Country: USA Postal Code: _____ Phone: _____ Offices/Positions Held: Various, last position was National Sales Manager, Insurance & Annuities

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: Financial Industry Regulatory Authority (FINRA) Address: 9513 Key West Avenue

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

License Type: _____ License #: 1106045 Date Issued (MM/YY): Series 8 (02/88), Series 24 (8/97), Series 3 (6/03), Series 7 (03/83), Series 15 (07/84), Series 63 (03/83)

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

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

Organization/Issuer of License California Department of Insurance, Producer Licensing Bureau

Address 320 Capitol Mall City Sacramento State/Province CA Country USA Postal Code 95814

License Type Resident Insurance Producer (Accident and Health, Life, Variable Contracts) License # 0A01208

Date Issued (MM/YY) 04/89 Date Expired (MM/YY) 02/07 Reason for Termination Did not renew

Non-insurance Regulatory Phone Number (if known) _____

See attachment for additional information

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.

11(h) In 2005, my wife and I were sued in connection with a real estate transaction. The plaintiff entered into a confidential settlement agreement, dropping the suit and paying a settlement to my wife and me.

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 9 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.

Richard G. LaVoice
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 9th day of December, 2013 by Richard G. LaVoice 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>
- present	Symetra Financial and subsidiaries
Current Offices/Positions Held	
	First Symetra National Life Insurance Company of New York Executive Vice President
	Symetra Investment Services, Inc. Director
	Symetra Life Insurance Company Executive Vice President
	Symetra National Life Insurance Company Executive Vice President
	Symetra Securities, Inc. Director

Attachment to Question 10: Professional Licenses

Organization/Issuer of License State of Connecticut Insurance Department, Licensing Unit Address P.O. Box 816

City Hartford State/Province CT Country USA Postal Code 06142-0816

License Type Resident Producer (Accident & Health, Credit Products, Life, Travel Accident & Baggage, Variable Annuity, Variable Life) License # 002278014 Date Issued (MM/YY) 03/07

Date Expired (MM/YY) 03/08 Reason for Termination Did not renew

Non-insurance Regulatory Phone Number (if known) _____

Organization/Issuer of License: Washington State Office of the Insurance Commissioner Address: P.O. Box 40255

City: Olympia State/Province: WA Country: USA Postal Code: 98504-0255

License Type: Producer License #: 797899 Date Issued (MM/YY): _____

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

Non-insurance Regulatory Phone Number (if known): (360) 586-2019

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 G. LaVoice 708 2nd Street, Kirkland, WA 58033

(Printed Full Name and Residence Address)

Richard G. LaVoice
(Signature)

December 9, 2013
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 9th day of December, 2013 by Richard G. LaVoice, 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

Revised 04/16/13

FORM 11

BIOGRAPHICAL AFFIDAVIT

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

(Print or Type)

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

Symetra Life Insurance Company
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: Elliott Last: Manning Jr.

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: Underwriting Vice President

4. Affiant's business address:
Symetra Life Insurance Co. Attn: David Manning; 1699 King Street, Suite 300; Enfield, CT 06082

Business telephone: (860) 746-7182 Business Email: David.Manning@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Boston University	Boston, MA	1978 - 1982	BA

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

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

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

6. List of memberships in professional societies and associations:

<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): 09/04 - 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): 12/97 - 08/04 Employer's Name: Hartford Life Insurance Company
 Address: 200 Hopemeadow St. City: Simsbury State/Province: CT
 Country: USA Postal Code: 06089 Phone: (860) 843-8466 Offices/Positions Held: Director of Underwriting
 Type of Business: Life insurance Supervisor / Contact Michael Wosney

Beginning/Ending
 Dates (MM/YY): 1996 - 1997 Employer's Name: ING
 Address: _____ City: Braintree State/Province: MA
 Country: USA Postal Code: _____ Phone: _____ Offices/Positions Held: Account Executive
 Type of Business: Insurance, financial services Supervisor / Contact Jack McCullough

Beginning/Ending
 Dates (MM/YY): 1994 - 1995 Employer's Name: LDG
 Address: 401 Edgewater Place City: Wakefield State/Province: MA
 Country: USA Postal Code: 01880 Phone: _____ Offices/Positions Held: NE Regional Director of Sales
 Type of Business: Reinsurance Supervisor / Contact Craig Chandor

See attachment for information about additional job positions

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: Massachusetts Division of Insurance Address: One South Station, 5th Floor

City: Boston State/Province: MA Country: USA Postal Code: 02110-2208

License Type: Agent License - Life & Health Insurance License #: _____ Date Issued (MM/YY): 1994

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

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

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

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

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

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

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

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

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

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

N/A

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

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

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

Yes No

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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

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

Yes No

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

Yes No

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

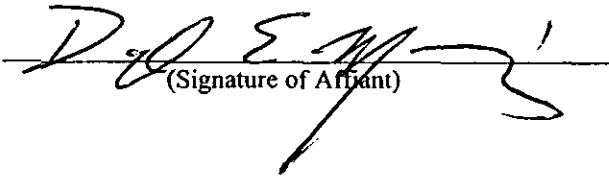
Yes No

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

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

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

Dated and signed this 16th day of October 2013 at Enfield, CT. 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)

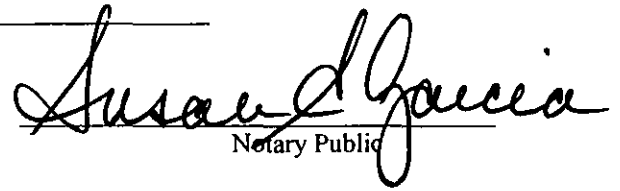
State of Connecticut County of Hartford

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

who is personally known to me, or

who produced the following identification: _____

[SEAL]


Notary Public

Printed Notary Name
Susan E Garcia
My Commission Expires
8/31/2018



Attachment to Question 8: Employment History

Date 09/04— 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

Continued from page 2

Beginning/Ending

Dates (MM/YY) 1988 - 1994 Employers' Name Medical Risk Managers

Address _____ City South Windsor State/Province CT

Country USA Postal Code _____ Phone _____ Offices/Positions Held AVP Underwriting

Supervisor / Contact Mike McLean

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.

David Elliott Manning Jr. 81 Thrall Rd., Broad Brook, CT 06016
(Printed Full Name and Residence Address)

David Elliott Manning Jr.
(Signature)

October 16, 2013
(Date)

State of Connecticut County of Hartford

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

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

[SEAL]

Susana Garcia
Notary Public
Printed Notary Name
8/31/2018
My Commission Expires
8/31/2018
NOTARY PUBLIC
STATE OF CONNECTICUT
Revised 4/16/13
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: Thomas Middle: Michael Last: Marra

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Insurance Executive

4. Affiant's business address:

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

Business telephone: 425-256-8245 Business Email: Tom.Marra@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
St. Bonaventure	Olean, NY	09/76-05/80	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>
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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: Director, 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): 06/10 - present Employer's Name: Symetra Financial Corporation and subsidiaries

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

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

Type of Business: Life insurance, other financial services Supervisor / Contact Chris Katzmar Holmes

Beginning/Ending

Dates (MM/YY): 10/09 - 05/10 Employer's Name: Boston Consulting Group

Address: Exchange Place, 31st Floor City: Boston State/Province: MA

Country: USA Postal Code: 02109 Phone: (617) 850-3700 Offices/Positions Held: Senior Advisor

Type of Business: Consulting Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY): 06/80 - 07/09 Employer's Name: The Hartford Financial Services Group, Inc.

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

Country: USA Postal Code: 06155 Phone: (860) 547-5000 Offices/Positions Held: Various, including President and Chief Operating Officer of Hartford Life, Inc. (beginning in 2002) and President and Chief Operating Officer of The Hartford Financial Services Group (2007-2009)

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

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

License Type: Series 7, 24 License #: 2248648 Date Issued (MM/YY): 03/09

Date Expired (MM/YY): 07/09 Reason for Termination: Voluntary 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.

(h) See Attachment

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

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

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

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

Yes No

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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

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

Yes No

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

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608
FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581
FEIN: 91-1079693

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

Yes No

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

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

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

Dated and signed this 14th day of August 2013 at Bellevue, WA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 14th day of August, 2013 by Thomas M. Marra, 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>
06/10– present	Symetra Financial and subsidiaries
	Current Offices/Positions Held
	First Symetra National Life Insurance Company of New York Director, President
	Symetra Financial Corporation Director, Member of Finance Committee, President, Chief Executive Officer
	Symetra Life Insurance Company Director, President
	Symetra Mutual Funds Trust Chairman, Trustee
	Symetra National Life Insurance Company Director, President

Attachment to Question 11(h)

In my former capacity as an officer or director of The Hartford Financial Services Group, Inc. and certain of its subsidiaries, I was, from time to time, named as a defendant in civil litigation brought by policyholders or shareholders of The Hartford. These matters, generally, were defended by The Hartford, and none resulted in a judgment against me, individually. Two such civil actions remain pending: (i) In re Hartford Fin. Svc. Group, Inc. ERISA Litigation, a putative ERISA class action filed in the District of Connecticut on behalf of participants in The Hartford's 401(k) Plan, and (ii) City of Monroe v. The Hartford Fin. Svc. Group, Inc., a putative securities class action filed in the Southern District of New York on behalf of Hartford shareholders. Both cases arise from a decline in the share price of Hartford's common stock in 2008 and early 2009. Additional information about these matters may be found in the Commitments and Contingencies section of The Hartford Financial Services Group, Inc.'s Form 10-Q for the first quarter of 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."

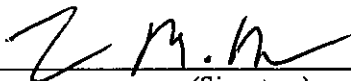
AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company,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

Thomas Michael Marra 820 NE Bay Isle Drive Boca Raton, FL 33487

(Printed Full Name and Residence Address)



(Signature)

August 14, 2013

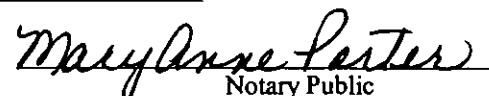
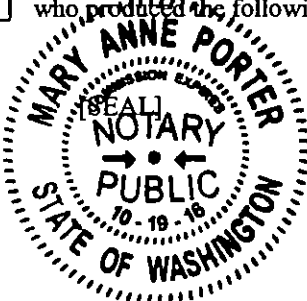
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 14th day of August, 2013 by Thomas M. Marra, 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: Brent Middle: Patrick Last: Martonik

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: Brent Martonik, SC-06; 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: 425-256-6306 Business Email: Brent.Martonik@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	09/83-06/86	B.S. 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>
Society of Actuaries	Schaumburg, IL	05/00	FSA

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

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	Greg Heidrich, Executive Director	475 North Martingale Rd., Suite 600 Schaumburg, IL 60173	(847) 706-3500
American Academy of Actuaries	Mark Cohen, Director of Communications	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 Dan Guilbert

Beginning/Ending

Dates (MM/YY): 02/03 - 05/11 Employer's Name: Surema, Inc.

Address: 14415 3rd Ave. NW City: Seattle State/Province: WA

Country: USA Postal Code: 98177 Phone: (206) 306-0708 Offices/Positions Held: Secretary, Treasurer

Type of Business: Consulting Supervisor / Contact Henning Hasle

Beginning/Ending

Dates (MM/YY): 10/99 - 02/03 Employer's Name: Safeco Financial Products

Address: Two Union Square City: Seattle State/Province: WA

Country: USA Postal Code: _____ Phone: _____ Offices/Positions Held: VP, Treasurer & Actuary

Type of Business: Insurance, other financial services Supervisor / Contact Henning Hasle

Beginning/Ending

Dates (MM/YY): 06/86 - 10/99 Employer's Name: Safeco Life Insurance Co. (now Symetra Life Insurance Company)

Address: _____ City: Redmond State/Province: WA

Country: USA Postal Code: _____ Phone: _____ Offices/Positions Held: Assistant Actuary

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

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 8th day of August 2013 at Bellevue, WA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Brent P. Martonik
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 8th day of August, 2013 by Brent P. Martonik, 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.

Brent Patrick Martonik 8822 121st St E, Puyallup, WA 98373

(Printed Full Name and Residence Address)

Brent Patrick Martonik

(Signature)

August 8, 2013

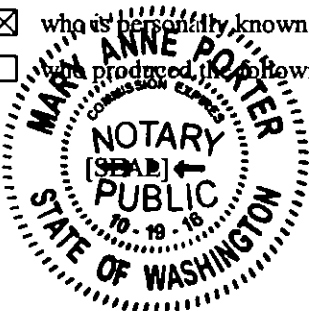
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 8th day of August, 2013 by Brent P. Martonik, and:

who is personally known to me, or

who produced the following identification: _____



Mary Anne Porter
Notary Public

Mary Anne Porter

Printed Notary Name

10/19/2016

My Commission Expires

Revised 04/16/13

FORM 11

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

BIOGRAPHICAL AFFIDAVIT

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

(Print or Type)

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

Symetra Life Insurance Company

Symetra National Life Insurance Company

777 108th Avenue NE, Suite 1200

Bellevue, WA 98004-5135

(800) 796-3872

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

1. Affiant's Full Name (Initials Not Acceptable): First: George Middle: Neil Last: McKinnon

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: Chief Information Officer

4. Affiant's business address:

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

Business telephone: 425-256-5353 Business Email: George.McKinnon@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 New Hampshire	Durham, NH	09/76-06/80	BSEE

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Business	West Coast College	Los Angeles, CA	09/81-06/83	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: Senior Vice President

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

Beginning/Ending

Dates (MM/YY): 03/11 - present Employer's Name: Symetra Financial Corporation and subsidiaries

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

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

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

Beginning/Ending

Dates (MM/YY): 05/09 - 03/11 Employer's Name: Bleum Inc.

Address: _____ City: Shanghai State/Province: _____

Country: PRC Postal Code: _____ Phone: _____ Offices/Positions Held: SVP Engineering

Type of Business: IT and Software Outsourcing Supervisor / Contact Eric Rongley, CEO

Beginning/Ending

Dates (MM/YY): 01/09 - 05/09 Employer's Name: Sabatical

Address: _____ City: Woodinville State/Province: WA

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

Type of Business: _____ Supervisor / Contact _____

Beginning/Ending

Dates (MM/YY): 08/06 - 01/09 Employer's Name: PointB/Expedia

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

Country: USA Postal Code: 98004 Phone: _____ Offices/Positions Held: IT Consultant / VP Technology

Type of Business: Travel Supervisor / Contact Pierre Samec, CTO

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): 06/05 – 06/06 Employer's Name: Microsoft

Address: One Microsoft Way City: Redmond State/Province: WA

Country: USA Postal Code: 98052-6399 Phone: 1-800-Microsoft Offices/Positions Held: IT General Manager

Type of Business: Technology - Software Supervisor / Contact Stuart Scott, CIO

Beginning/Ending

Dates (MM/YY): 10/04 – 05/05 Employer's Name: Heritage Christian Church

Address: 7413 Maxtown Rd. City: Westerville State/Province: OH

Country: USA Postal Code: 43082 Phone: (614) 898-9412 Offices/Positions Held: Director Operations

Type of Business: Church Supervisor / Contact Jim Zippay, Sr. Pastor

Beginning/Ending

Dates (MM/YY): 06/98 – 08/04 Employer's Name: Nationwide Insurance

Address: One Nationwide Plaza City: Columbus State/Province: OH

Country: USA Postal Code: 43215-2220 Phone: (800) 882-2822 Offices/Positions Held: VP CIO

Type of Business: Insurance Supervisor / Contact Galen Barnes, CEO

Beginning/Ending

Dates (MM/YY): 10/95 – 06/98 Employer's Name: Wausau Insurance

Address: 2000 Westwood Drive City: Wausau State/Province: WI

Country: USA Postal Code: 54401 Phone: (800) 435-4401 Offices/Positions Held: VP CIO

Type of Business: Insurance Supervisor / Contact Dwight Davis, CEO

Beginning/Ending

Dates (MM/YY): 09/80 – 10/95 Employer's Name: Hewlett Packard

Address: 3000 Hanover Street City: Palo Alto State/Province: CA

Country: USA Postal Code: 94304-1185 Phone: (650) 857-1501 Offices/Positions Held: IT Manager

Type of Business: Technology - Computers Supervisor / Contact Jim Jenke, CFO

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 9th 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.

George N. McKinnon
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 9th day of December, 2013 by George N. McKinnon 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>
03/11– present	Symetra Financial and subsidiaries
	Current Offices/Positions Held
	First Symetra National Life Insurance Company of New York Senior Vice President
	Symetra Financial Corporation 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.

George N. McKinnon 19525 228th Ave. NE Woodinville, WA 98077

(Printed Full Name and Residence Address)

George N. McKinnon
(Signature)

December 9, 2013

(Date)

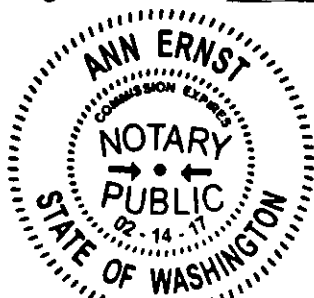
State of Washington County of King

The foregoing instrument was acknowledged before me this 9th day of December, 2013 by George N. McKinnon, 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

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: Margaret Middle: Alice Last: Meister

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: Chief Financial Officer, Actuary

4. Affiant's business address:

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

Business telephone: 425-256-5185 Business Email: Margaret.Meister@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Whitman College	Walla Walla, WA	08/82-05/86	B.A.

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Math	Washington State University	Pullman, WA	08/86-05/88	None

<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
Society of Actuaries	Dorothy Pedroza	475 North Martingale #600 Schaumburg, IL 60173	(847) 706-3500
American Academy of Actuaries	Susan Steinbach	1100 Seventeenth St. NW 7 th Floor Washington, DC 20036	(202) 223-8196

7. Present or proposed position with the applicant entity: Director, Executive Vice President, Chief Financial 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): 05/88 - 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): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor / Contact _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor / Contact _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor / Contact _____

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

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

Yes No

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

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

Yes No

If yes, give details: N/A

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

NONE

Organization/Issuer of License: _____ Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

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

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

N/A

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

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

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

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

Yes No

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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

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

Yes No

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

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

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

Yes No

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

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

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

Dated and signed this 8th day of August 2013 at Bellevue, WA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Margaret A. Meister
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 8th day of August, 2013 by Margaret A. Meister, and:

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



Mary Anne Porter
Notary Public

Mary Anne Porter
Printed Notary Name

10/19/2016
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

Attachment to Question 8: Employment History

Date
05/88– present

Employer
Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of New York	Director, Executive Vice President, Chief Financial Officer
Health Network Strategies, LLC	Manager
Medical Risk Managers, Inc.	Director
Symetra Administrative Services, Inc.	Director
Symetra Assigned Benefits Service Company	Director
Symetra Financial Corporation	Executive Vice President, Chief Financial Officer
Symetra Investment Management, Inc.	Director
Symetra Investment Services, Inc.	Chairman of the Board
Symetra Life Insurance Company	Director, Executive Vice President, Chief Financial Officer
Symetra National Life Insurance Company	Director, Executive Vice President, Chief Financial Officer
Symetra Securities, Inc.	Chairman of the Board
TIF Invest III, LLC	Manager, President
WSF Receivables I, LLC	Manager

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 Alice Meister 842 Kirkland Avenue; Kirkland, WA 98033
(Printed Full Name and Residence Address)

Margaret Alice Meister
(Signature)

August 8, 2013
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 8th day of August, 2013 by Margaret A. Meister, 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: Colleen Middle: Mary Last: Murphy

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: Controller, Certified Public Accountant

4. Affiant's business address:

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

Business telephone: 425-256-8189 Business Email: Colleen.Murphy@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Southern Illinois University	Carbondale, IL	08/80-12/83	BS Accounting

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

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 License #: 24413 Date Issued (MM/YY): 01/04

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

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 CPAs		Main Office (New York) American Institute of Certified Public Accountants 1211 Avenue of the Americas New York, NY 10036-8775	Tel. (212) 596-6200 Fax: (212) 596-6213
Washington Society of CPAs		902 140 th Avenue NE Bellevue, WA 98005-3480	Tel. (425) 644-4800

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

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): 07/90 - present Employer's Name: Symetra Financial Corporation and subsidiaries

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

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

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

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor / Contact _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor / Contact _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor / Contact _____

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

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

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

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

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

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

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

Yes No

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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

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

Yes No

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

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

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

Yes No

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

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

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

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

Colleen Murphy
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 13th day of September, 2013 by Colleen M. Murphy, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Ann Ernst

Notary Public

Ann Ernst

Printed Notary Name

2/14/2017

My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
07/90– present	Symetra Financial and subsidiaries

Current Offices/Positions Held

Clearscape Funding Corporation	Assistant Secretary
First Symetra National Life Insurance Company of New York	Senior Vice President, Controller, Treasurer
Health Network Strategies, LLC	Vice President
Medical Risk Managers, Inc.	Vice President
Symetra Administrative Services, Inc.	Assistant Secretary
Symetra Assigned Benefits Service Company	Assistant Secretary
Symetra Financial Corporation	Senior Vice President, Controller, Assistant Secretary
Symetra Investment Management, Inc.	Controller, Treasurer
Symetra Life Insurance Company	Senior Vice President, Controller, Treasurer
Symetra Mutual Funds Trust	Principal Financial and Accounting Officer
Symetra National Life Insurance Company	Senior Vice President, Controller, Treasurer
Symetra Securities, Inc.	Chief Financial Officer
WSF Receivables I, LLC	Assistant Secretary

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

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

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

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

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

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

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

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

Colleen Mary Murphy 4328 SW Henderson Street; Seattle, WA 98136

(Printed Full Name and Residence Address)

Colleen Murphy
(Signature)

September 13, 2013

(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 13th day of September, 2013 by Colleen M. Murphy, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Ann Ernst
Notary Public

Ann Ernst
Printed Notary Name

2/14/2017
My Commission Expires

Revised 04/16/13

FORM 11

BIOGRAPHICAL AFFIDAVIT

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

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).
Symetra Life Insurance Company
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: Harish Middle: None Last: Nanda

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, Information Technology

4. Affiant's business address:

Symetra Financial Attn: Harish Nanda; SC-03, 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: 425-256-6072 Business Email: harish.nanda@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Karnataka University	SDM College of Engineering & Technology Dhavalgiri, Dharwad Karnataka, India	06/89-06/93	Bachelor of Engineering

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Johnson School	Cornell University	Ithaca, NY	07/10-05/12	MBA

<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

6. List of memberships in professional societies and associations:

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

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

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

Beginning/Ending

Dates (MM/YY) 01/12 - 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 George N. McKinnon

Beginning/Ending

Dates (MM/YY) 12/07 - 01/12 Employer's Name Point B

Address 1420 Fifth Avenue, Suite 2200 City Seattle State/Province WA

Country USA Postal Code 98101 Phone (206) 517-5000 Offices/Positions Held Senior Associate

Supervisor / Contact Geeta McCormack

Beginning/Ending

Dates (MM/YY) 03/03 - 11/07 Employer's Name Microsoft Corporation

Address One Microsoft Way City Redmond State/Province WA

Country USA Postal Code 98052 Phone (425) 882-8080 Offices/Positions Held Sr. Director

Supervisor / Contact Steve Rogizinski

Beginning/Ending

Dates (MM/YY) 09/96 - 02/03 Employer's Name Congruent Software

Address 4205 148th Avenue NE, #100 City Bellevue State/Province WA

Country USA Postal Code 98007 Phone (425) 460-0172 Offices/Positions Held Consultant

Supervisor / Contact Mani Krishnamurthy

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

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

Yes No

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

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

Yes No

If yes, give details: N/A

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

None

Organization/Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

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

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

Non-insurance Regulatory Phone Number (if known) _____

Organization/Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

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

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

Non-insurance Regulatory Phone Number (if known) _____

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

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

Yes No

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

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

N/A

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

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

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

Yes No

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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

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

Yes No

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

Yes No

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

Yes No

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

N/A

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

Dated and signed this 18 day of December 2013 at Bellevue, WA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Handwritten Signature]
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 18 day of December, 2013 by Harish Nanda, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



[Handwritten Signature]
Notary Public

Ann Ernst
Printed Notary Name

02/14/2017
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
1/12 – present	Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of New York	Vice President (since 05/2012)
Symetra Life Insurance Company	Vice President (since 01/2012)

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.

Harish Nanda 211 Ward Street, Seattle, WA 98109

(Printed Full Name and Residence Address)

Harish Nanda
(Signature)

December 18 2013
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 18 day of December, 2013 by Harish Nanda 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

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: Floyd Middle: Ernest Last: Orum Jr

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, Information Technology

4. Affiant's business address:

Symetra Financial Attn: Jay Orum, SC-03; 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: (425) 256-8279 Business Email: Jay.Orum@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>Seattle Pacific University</u>	<u>Seattle, WA</u>	<u>09/83 to 06/87</u>	<u>B.S. Computer Science</u>

<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): 10/06 - 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 George McKinnon

Beginning/Ending
 Dates (MM/YY): 07/87 - 03/06 Employer's Name: Safeco Insurance Company
 Address: 1001 4th Ave City: Seattle State/Province: WA
 Country: USA Postal Code: 98154 Phone: 206-545-5000 Offices/Positions Held: Director, Information Technology
 Type of Business: Insurance Supervisor / Contact Craig Baughn

Beginning/Ending
 Dates (MM/YY): _____ - _____ Employer's Name: _____
 Address: _____ City: _____ State/Province: _____
 Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____
 Type of Business: _____ Supervisor / Contact _____

Beginning/Ending
 Dates (MM/YY): _____ - _____ Employer's Name: _____
 Address: _____ City: _____ State/Province: _____
 Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____
 Type of Business: _____ Supervisor / Contact _____

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

Yes No

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

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

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

N/A

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

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

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

Yes No

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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

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

Yes No

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

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

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

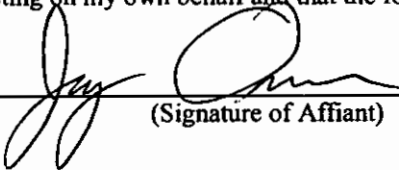
Yes No

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

N/A

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

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

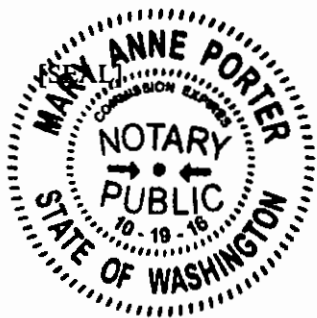


(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 4th day of November, 2013 by Jay Orum, 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

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
10/06– present	Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of New York Vice President

Symetra Life Insurance Company Vice President

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

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

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

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

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

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

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

Floyd Ernest Orum Jr 7602 127th St Ct E Puyallup, WA 98373
(Printed Full Name and Residence Address)

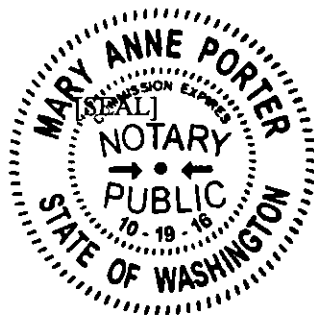
Jay Orum
(Signature)

November 4, 2013
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 4th day of November, 2013 by Jay Orum, 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: James Middle: Dwyer Last: Pirak

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Insurance

4. Affiant's business address:

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

Business telephone: 425-256-8284 Business Email: Jim.Pirak@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	1989-1993	BA-Business Administration

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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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
CFA Institute		560 Ray C Hunt Dr. Charlottesville, VA 22903-2981	(800) 247-8132

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): 1998 - present Employer's Name: Symetra Financial Corporation and subsidiaries

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

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

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

Beginning/Ending

Dates (MM/YY): 1994 - 1998 Employer's Name: Safeco Insurance Company

Address: Safeco Plaza City: Seattle State/Province: WA

Country: USA Postal Code: 98185 Phone: _____ Offices/Positions Held: Marketing Manager

Type of Business: _____ Supervisor / Contact _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor / Contact _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor / Contact _____

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

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

Yes No

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

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

Yes No

If yes, give details: N/A

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

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

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

License #: CRD #2365347 License Type and Date Issued (MM/YY): Series 6 (06/93), Series 7 (11/93), Series 24 (12/93), Series 63 (08/93), Series 65 (01/94)

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: Washington State Office of the Insurance Commissioner Address: P.O. Box 40255

City: Olympia State/Province: WA Country: USA Postal Code: 98504-0255

License Type: Agent License #: [REDACTED] Date Issued (MM/YY): 1993

Date Expired (MM/YY): 1995 Reason for Termination: Voluntarily terminated

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

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

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

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

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

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

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

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

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

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

Yes No

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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

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

Yes No

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

Yes No

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608
FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581
FEIN: 91-1079693

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

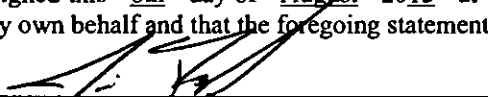
Yes No

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

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

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

Dated and signed this 8th day of August 2013 at Bellevue, WA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

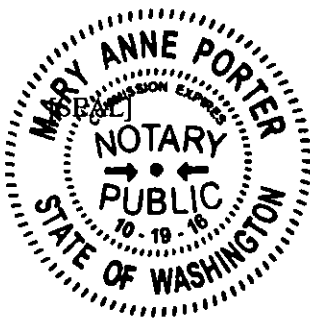


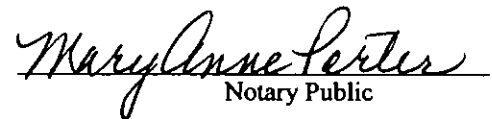
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 8th day of August, 2013 by James D. Pirak, and:

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




Notary Public

Mary Anne Porter
Printed Notary Name

10/19/2016
My Commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

FEIN: 91-1079693

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
1998– present	Symetra Financial and subsidiaries

Current Offices/Positions Held

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

Symetra Financial Corporation 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.

James Dwyer Pirak 4612 E Mercer Way; Mercer Island, WA 98040

(Printed Full Name and Residence Address)

(Signature)

August 8, 2013

(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 8th day of August, 2013 by James D. Pirak, 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

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: Kevin Middle: William Last: Rabin

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Vice President, Retirement Product Management

4. Affiant's business address:

Symetra Financial Attn: Kevin Rabin, SC-08; 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: (425) 256-8006 Business Email: kevin.rabin@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 Illinois at Urbana-Champaign	Urbana, IL	1/1997-5/2000	BS, Actuarial Science

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

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	N/A	475 North Martingale Rd., Suite 600 Schaumburg, IL 60173	847.706.3500
American Academy of Actuaries	N/A	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): 04/06 - 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 Dan Guilbert

Beginning/Ending

Dates (MM/YY): 06/00 - 04/06 Employer's Name: Allstate Financial

Address: 2775 Sanders Road City: Northbrook State/Province: IL

Country: USA Postal Code: 60062 Phone: 847-402-5000 Offices/Positions Held: Actuarial Student

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

Beginning/Ending

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

Address: City: State/Province:

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

Type of Business: Supervisor / Contact

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

Yes No

If any claims were made on the bond, give details: _____

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: N/A Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

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

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. N/A

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

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 19th day of Dec. 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.

Kevin W. Rabin
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 19 day of December, 2013 by Kevin W. Rabin, 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

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>	
04/06– present	Symetra Financial and subsidiaries	
	Current Offices/Positions Held	
	First Symetra National Life Insurance Company of New York	Vice President (since 11/2013)
	Symetra Life Insurance Company	Vice President (since 11/2013)
Previous offices/positions held	First Symetra National Life Insurance Company of New York	First Symetra National Life Insurance Company of New York
	Symetra Life Insurance Company	First Symetra National Life Insurance Company of New York

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. ("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.

Kevin W. Rabin, 2015 12th Ct. NE, Issaquah, WA 98029

(Printed Full Name and Residence Address)

Kevin W. Rabin
(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 Kevin W. Rabin, 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

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: John Middle: Robert Last: Rafferty

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: Insurance/Retirement Services

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

Business telephone: (425) 256-8498 Business Email: John.Rafferty@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Colby College	Waterville, Maine	8/82-5/86	B.A.

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	Trinity College	Hartford, CT	9/90-5/94	M.A.

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
Kellogg Executive Education	Evanston, IL	4/03	Weeklong program/Consumer Marketing

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
Insured Retirement Institute		1101 New York Avenue, NW Suite 825 Washington, DC	(202) 469-3000

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): 7/12 - 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 Jim Pirak

Beginning/Ending

Dates (MM/YY): 05/08 - 06/12 Employer's Name: AIG/American General Life Companies

Address: 2929 Allen Parkway City: Houston State/Province: TX

Country: USA Postal Code: _____ Phone: _____ Offices/Positions Held: Vice President, Independent Distribution Marketing

Type of Business: Insurance Supervisor / Contact Erik Baden (Supervisor no longer at firm)

Beginning/Ending

Dates (MM/YY): 11/94 - 05/08 Employer's Name: Massachusetts Mutual Life Insurance Company

Address: _____ City: Springfield State/Province: MA

Country: ISA Postal Code: _____ Phone: _____ Offices/Positions Held: Assistant Vice President, Annuity Marketing

Type of Business: Insurance Supervisor / Contact John Carlson (Supervisor no longer at firm)

Beginning/Ending

Dates (MM/YY): 3/87 - 11/94 Employer's Name: Aetna Life Insurance and Annuity Company

Address: 151 Farmington Avenue City: Hartford State/Province: CT

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

Type of Business: _____ Supervisor / Contact _____

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

Yes No

If any claims were made on the bond, give details: 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: State of CT Insurance Dept Address: 153 Market Street

City: Hartford State/Province: CT Country: USA Postal Code: 06103

License Type: Life and Health License #: unknown Date Issued (MM/YY): 6/89

Date Expired (MM/YY): 12/89 Reason for Termination: Left firm

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

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 #: 1804454 License Type and Date Issued (MM/YY): Series 6 (01/93) and Series 26 (08/94)

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

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

- 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 16th 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 R. Rafferty
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 16th day of October, 2013 by John R. Rafferty, 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

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
7/12- present	Symetra Financial and subsidiaries

Current Offices/Positions Held

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

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

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

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

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

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

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

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

John Robert Rafferty 14 Glentrace Circle, The Woodlands, TX 77382
(Printed Full Name and Residence Address)

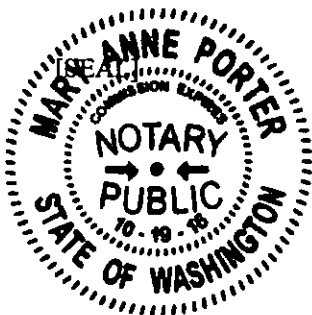
John R. Rafferty
(Signature)

October 16, 2013
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 16th day of October, 2013 by John R. Rafferty, 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: Craig Middle: Rodolph Last: Raymond

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: Craig Raymond; 30 Waterside Drive, Suite 301; Farmington, CT 06032

Business telephone: (860) 269-2421 Business Email: Craig.Raymond@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 Pennsylvania	Philadelphia, PA	09/79-05/82	BS 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:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Society of Actuaries	Stacy Lin	475 North Martingale Rd. Suite 600 Schaumburg, IL 60173	(847) 706-3500
American Academy of Actuaries	Mary McCracken	1850 M Street NW Suite 300 Washington, DC 20036	(202) 223-8196

7. Present or proposed position with the applicant entity: Director, 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): 09/12 - 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 Tom Marra

Beginning/Ending

Dates (MM/YY): 08/09 - 09/12 Employer's Name: John Hancock Financial Services

Address: 600 Congress St. City: Boston State/Province: MA

Country: USA Postal Code: 02210 Phone: (617) 663-3000 Offices/Positions Held: Director, SVP, Chief Actuary, CRO

Type of Business: Insurance Supervisor / Contact Rahim Hirji

Beginning/Ending

Dates (MM/YY): 04/89 - 07/09 Employer's Name: Hartford Financial Services

Address: Asylum Ave City: Hartford State/Province: CT

Country: USA Postal Code: 06105 Phone: (860) 547-5000 Offices/Positions Held: SVP

Type of Business: Insurance Supervisor / Contact Alan Kreczko

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 14th day of August 2013 at Bellevue, WA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

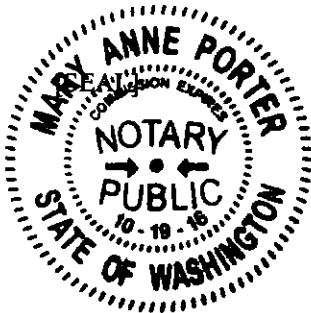
[Signature]
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 14th day of August, 2013 by Craig R. Raymond, 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>
09/12-- 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 Director, Senior Vice President

Symetra National Life Insurance Company Director, 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.

Craig Rodolph Raymond 4 Grant Estate Dr. West Simsbury, CT 06092
(Printed Full Name and Residence Address)


(Signature)

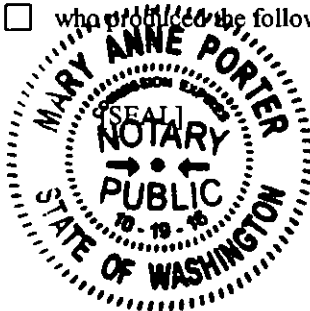
August 14, 2013
(Date)

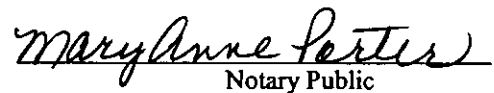
State of Washington County of King

The foregoing instrument was acknowledged before me this 14th day of August, 2013 by Craig R. Raymond, 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

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: Dawn Middle: Marie Last: Reyes

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: IT Executive

4. Affiant's business address:

Symetra Financial Attn: Dawn Reyes; 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135

Business telephone: (425) 256-6360 Business Email: Dawn.Reyes@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Western Washington University	Bellingham, WA	09/86-06/90	BS, 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>
University of Washington	Seattle, WA	Approx: 09/94-06/95	Certificate, Software Product Management

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

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
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): 08/09 - 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 George McKinnon

Beginning/Ending
 Dates (MM/YY): 06/08 - 08/09 Employer's Name: The Hartford
 Address: One Hartford Plaza City: Hartford State/Province: CT
 Country: USA Postal Code: 06155 Phone: (860) 547-5000 Offices/Positions Held: Assistant Vice President
 Type of Business: Life and Property Casualty Insurance Supervisor / Contact Michael Kim

Beginning/Ending
 Dates (MM/YY): 08/90 - 04/08 Employer's Name: Safeco Insurance
 Address: 1001 4th Avenue, #800 City: Seattle State/Province: WA
 Country: USA Postal Code: 98154 Phone: (206) 545-5000 Offices/Positions Held: Assistant Vice President
 Type of Business: Property Casualty Insurance Supervisor / Contact Bob Ingram

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 _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor / Contact _____

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

Yes No

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

- 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: 1996, Personal

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.

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 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.

Dawn Reyes
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 22nd day of October, 2013 by Dawn Reyes, and:

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



Mary Anne Porter
Notary Public

Mary Anne Porter
Printed Notary Name

October 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

<u>Date</u>	<u>Employer</u>
08/09– present	Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of New York Vice President

Symetra Life Insurance Company Vice President

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

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

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

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

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

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

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

Dawn Marie Reyes

8815 SE 36th St.

Mercer Island, WA 98040

(Printed Full Name and Residence Address)

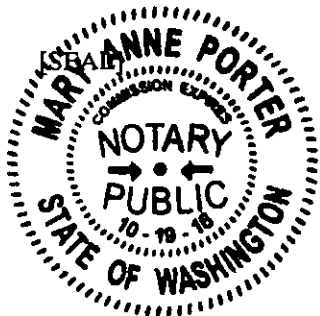
Dawn Marie Reyes
(Signature)

October 22 2013
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 22nd day of October, 2013 by Dawn Reyes, and:

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



Mary Anne Porter
Notary Public

Mary Anne Porter
Printed Notary Name

October 19, 2016
My Commission Expires

BIOGRAPHICAL AFFIDAVIT

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

(Print or Type)

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

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

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

1. Affiant's Full Name (Initials Not Acceptable): First: Dawn Middle: Marie Last: Reyes
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: IT Executive
4. Affiant's business address:
Symetra Financial Attn: Dawn Reyes; 777 108th Ave NE, Suite 1200; Bellevue, WA 98004-5135
 Business telephone: (425) 256-6360 Business Email: Dawn.Reyes@symetra.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Western Washington University	Bellingham, WA	09/86-06/90	BS, 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>
University of Washington	Seattle, WA	Approx: 09/94-06/95	Certificate, Software Product Management

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): 08/09 - 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 George McKinnon

Beginning/Ending
Dates (MM/YY): 06/08 - 08/09 Employer's Name: The Hartford
Address: One Hartford Plaza City: Hartford State/Province: CT
Country: USA Postal Code: 06155 Phone: (860) 547-5000 Offices/Positions Held: Assistant Vice President
Type of Business: Life and Property Casualty Insurance Supervisor / Contact Michael Kim

Beginning/Ending
Dates (MM/YY): 08/90 - 04/08 Employer's Name: Safeco Insurance
Address: 1001 4th Avenue, #800 City: Seattle State/Province: WA
Country: USA Postal Code: 98154 Phone: (206) 545-5000 Offices/Positions Held: Assistant Vice President
Type of Business: Property Casualty Insurance Supervisor / Contact Bob Ingram

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 _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor / Contact _____

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

Yes No

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

- 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: 1996, Personal

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.

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 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.

Dawn Reyes
(Signature of Affiant)

State of Washington County of King

The foregoing instrument was acknowledged before me this 22nd day of October, 2013 by Dawn Reyes, and:

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



Mary Anne Porter
Notary Public

Mary Anne Porter
Printed Notary Name

October 19, 2016
My Commission Expires

Attachment to Question 8: Employment History

<u>Date</u>	<u>Employer</u>
08/09- present	Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of New York Vice President

Symetra Life Insurance Company Vice President

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

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

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

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

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

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

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

Dawn Marie Reyes 8815 SE 36th St. Mercer Island, WA 98040

(Printed Full Name and Residence Address)

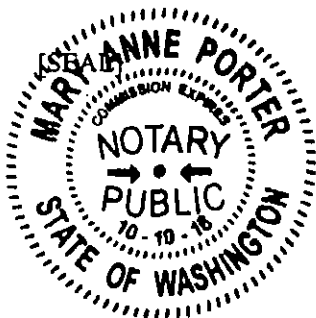
Dawn Marie Reyes
(Signature)

October 22, 2013
(Date)

State of Washington County of King

The foregoing instrument was acknowledged before me this 22nd day of October, 2013 by Dawn Reyes, and:

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



Mary Anne Porter
Notary Public

Mary Anne Porter
Printed Notary Name

October 19, 2016
My Commission Expires