Applicant Name (Company)	Symetra Life Insurance Company		1129-68608 91-0742147	
Applicant Name (Company)	Symetra National Life Insurance Company	NAIC No. FEIN:	1129-90581 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)

Symetra Symetra 777 108	(Do Not Life Insu National	Use Group urance Com	Names) pany nce Company				ographical statement is being
(800) 79							
hereinaf	ter set fo	rth. (Attach					nformation about myself as aswer any question fully.) IF
ı.	Affiant's	s Full Name	(Initials Not Accept	otable): First: <u>C</u>	<u>uristine</u> Middle:	Ann Last:	Katzmar Holmes
2.	a.	Are you a	citizen of the United	i States?			
		Yes 🛛	No 🔲				
	b.	Are you a	itizen of any other	country?			
		Yes 🔲	No 🖂				
		If yes, wha	t country? N/A				
3.	Affiant's	s occupation	or profession: Hu	ıman Resources			
4.		s business a		Holmes, SC-14;	777 108 <sup>th</sup> Ave N	E, Suite 1200;	Bellevue, WA 98004-5135
	Busines	s telephone:	425-256-8103	Business Email:	chris.katzmarho	lmes@symetra	a.com
5.	Education	on and traini	ng:				
	<u>/Universi</u> Jniversity		City/State Oxford, OH		es Attended (MM 77-05/81		Degree Obtained  3.S Business Administration
Graduat	e Studies	<u>C</u>	ollege/University	City/State	Dates Atte	ended (MM/Y)	Y) Degree Obtained
Seattle U	raining: N University hip Progr	Executive	<u>City/State</u> Seattle, V		es Attended (MN) 09/00-04/01	<u>4/YY) Da</u>	egree/Certification Obtained Executive Leadership Certificate

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

Applica	nt Name (Company) Symetr	a Life Insurance Company		NAIC No. FEIN:	1129-68608 91-0742147			
Applica	nt Name (Company) Symetr	a National Life Insurance C	ompany	NAIC No. FEIN:	1129-90581 91-1079693			
6.	List of memberships in prof	essional societies and associ	iations:					
	Name of Society/Association	Contact Name	Address of Society/Association	n (	Telephone Number of Society/Association			
	None							
		_						
7.	Present or proposed position	n 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.							
	ng/Ending MM/YY): <u>03/01</u> - <u>present</u>	Employer's Name: Symet	ra Financial Corporation	and subsidi	aries			
Address	: 777 108 <sup>th</sup> Avenue NE, Sui	te 1200 City: Bellevue	State/Province: WA					
Countra	: <u>USA</u> Postal Code: <u>9800</u>	M-5135 Phone: (200) 70	6-3872 Offices/Positiv	one Walde S	ee Attachment			
Country	. DJA 108tal Code. <u>2800</u>	54-5135 1 Hone. (800) 13	0-3872 Offices 1 08/110	nis rieid. <u>s</u>	ce Attachment			
Type of	Business: <u>Life insurance</u> , of	ther financial services Supe	ervisor / Contact Tom	Магта				
Beginnin	ng/Ending							
Dates (1	MM/YY): <u>1991</u> – <u>03/01</u> E	mployer's Name: <u>Safeco I</u>	nsurance Company					
Address	: <u>Safeco Plaza</u> City: <u>Seat</u>	tle State/Province: WA						
	: <u>USA</u> Postal Code: <u>981</u> (10/98-06/99), Human Reso							
Type of	Business: <u>Insurance</u> Super	visor / Contact						
Beginnin	ng/Ending							
Dates (I	MM/YY):	Employer's Name:						
Address	: City: St	ate/Province:	······································					
Country	Postal Code:	Phone: Office	ces/Positions Held:					
Type of	Business: Supervise	or / Contact		<u>.</u>	<del></del>			
	ng/Ending MM/YY):	Employer's Name:						
Address:	City: St	ate/Province:						
Country:	Postal Code:	Phone: Office	ces/Positions Held:					
Type of	Business: Superviso	or / Contact						

Applica	nt Name	(Company) Sy	metra Lite Insurai	nce Company		NAIC No. FEIN:	<u>1129-68608</u> <u>91-0742147</u>
Applica	nt Name	(Company) <u>Sy</u>	metra National Li	fe Insurance Compan	ıχ	NAIC No. FEIN:	1129-90581 91-1079693
9.	a.	Have you ever	been in a position	n which required a fic	lelity bond?		
		Yes 🛚	No 🗌				
		If any claims v	were made on the	bond, give details: N	/ <u>/A</u>		·····
	b.	Have you eve revoked?	r been denied an	individual or position	on schedule fideli	ty bond, or	had a bond canceled or
		Yes 🗌	No 🛚				
		If yes, give de	tails: N/A				
10.	or gover in the pa the licer number are reas represer	rnmental licensiast. For any nonnsing authority is your Social Sonably identifianted by your SS	ing agency or regulation regulation regulatory body Security Number (able as your SSN,	platory authority or litery issuer, identify a having jurisdiction (SSN) or embeds you then write SSN for , "SSN", "12-SSN-3	censing authority nd provide the nar over the license (s r SSN or any sequent that portion of the	that you pre me, address s) issued. If uence of more e profession	ies) issued by any public esently hold or have held and telephone number of your professional license re than five numbers that al license number that is igits)). Attach additional
Organiz	ation/Iss	uer of License:	Address	:			
City: _	s	tate/Province:	Country:	Postal Cod	e:		
License	Туре: _	License	:#: Date	Issued (MM/YY):			
Date Ex	pired (M	M/YY):	_ Reason for Ter	mination:			
Non-ins	urance R	egulatory Phone	e Number (if knov	vn):			
Organiz	ation/Iss	uer of License:	Address	•			
City: _	s	tate/Province:	Country:	Postal Cod	e:	*··	
License	Туре: _	License	:#: Date	Issued (MM/YY):			
Date Ex	pired (M	M/YY):	_ Reason for Ter	mination:			
Non-ins	urance R	egulatory Phone	e Number (if knov	vn):			
11.				ord has been sealed of ant may respond "no			s personally verified that ver:
	a.			rofessional, or vocat vernmental licensing		ermit by any	regulatory authority, or
		Yes 🗌	No 🗵				

Applicant N	ame (Company)	Symetra Life Insurance	Company	NAIC No. FEIN:	<u>1129-68608</u> <u>91-0742147</u>
Applicant N	ame (Company)	Symetra National Life In	nsurance Company	NAIC No. FEIN:	1129-90581 91-1079693
ъ.			, or vocational license or ory, or disciplinary action		eve held, been subject to
	Yes 🗌	No 🛛			
c.			ine levied against you or ministrative, regulatory, o		fessional, or vocational
	Yes 🗌	No 🛛	·		
d.	Been charge	ed with, or indicted for,	any criminal offense(s) o	ther than civil traffic o	ffenses?
	Yes 🗌	No 🛛			
e.	Pled guilty, offenses?	, or nolo contendere, o	or been convicted of, ar	ny criminal offense(s)	other than civil traffic
	Yes 🗌	No 🛛			
f.		or been pardoned, fined	had a sentence imposed of d, or placed on probatio		ouncement of a sentence fense(s) other than civil
	Yes 🗌	No 🛛			
g.	administrative, regulating the b	egulatory, or disciplinar ousiness of insurance, s		any federal, state law of from carrying out ar	nanently, in any judicial, r law of another country ny particular practice or
	Yes 🗌	No 🛛	•		
h.	Been, within th	· · ·	party to any civil action	on involving dishones	ty, breach of trust, or a
	Yes 🗌	No 🛛			
i,	provisions of sn	nall loan laws, banking	or of any state or the Fe or trust company laws, of the Comptroller of any st	or credit union laws, o	r that you have violated
	Yes 🗌	No 🔀			
j.	Had a lien or for	reclosure action filed aga	ainst you or any entity wh	nile you were associate	d with that entity?
	Yes	No 🔀			
			s yes, please provide deta adjudication or settlemen		cations, disposition, etc.
	N/A				

Appli	cant Nam	e (Company)	Symetra Life Insurance Company	NAIC No. FEIN:	1129-68608 91-0742147
Appli	cant Nam	ne (Company)	Symetra National Life Insurance Company	NAIC No. FEIN:	1129-90581 91-1079693
12.	posses person or non office holds other	'control'' (inclussion, direct or a, whether throm-management held by the powith the power person. None	ct to regulation by an insurance regulatory authority ading the terms "controlling," "controlled by" and indirect, of the power to direct or cause the direct ugh the ownership of voting securities, by contract services, or otherwise, unless the power is the resurson. Control shall be presumed to exist if any pet to vote, or holds proxies representing, ten percent (	"under common cotion of the manage other than a commult of an official porson, directly or in 10%) or more of the	control with") means the gement and policies of a ercial contract for goods osition with or corporate directly, owns, controls,
	If any	of the stock is	pledged or hypothecated in any way, give details. h	I/A	
13.	or of regula	record, 10% or tory authority,	mbers of your immediate family individually or cur r more of the outstanding shares of stock of any e or its affiliates? An "affiliate" of, or person "affiliate through one or more intermediaries, controls, or is ified.	ntity subject to reg ted" with, a specific	gulation by an insurance c person, is a person that
	Yes [	] No			
		, please identify tstanding votin	the company or companies in which the cumulative securities.	ve stock holdings re	epresent 10% or more of
	If any	of the shares o	f stock are pledged or hypothecated in any way, give	e details.	
	None				
14.	Have	you ever been a	djudged a bankrupt?		
	Yes [	] No	$\boxtimes$		
	If yes,	provide details	s: <u>N/A</u>		
15.	comm		has any company or entity for which you were key management employee or controlling stockhol uch capacity?		
	a.	Been refuse licensing ag	d a permit, license, or certificate of authority by a ency?	any regulatory autl	nority, or governmental-
		Yes 🗌	No 🛛		
	b.	to any judi	nit, license, or certificate of authority suspended, recial, administrative, regulatory, or disciplinary acceptance, conservatorship, federal bankruptcy proceeding, eeding)?	ction (including re	habilitation, liquidation,
		Yes 🗌	No 🛚		

Applicant Name	(Company) Symetra Life Insurance Company	NAIC No. FEIN:	1129-68608 91-0742147
Applicant Name	(Company) Symetra National Life Insurance Company	NAIC No. FEIN:	1129-90581 91-1079693
c.	Been placed on probation or had a fine levied against it or a authority in any civil, criminal, administrative, regulatory, or disc		license, or certificate of
	Yes 🛛 No 🗌		
	nswer to any of the above is yes, please indicate and give details. should also include any events within twelve (12) months after his		
and to (\$2,500	a result of state examinations, Symetra Life Insurance Company Florida (\$9,000), in 2011 to Oregon (\$10,000), in 2010 to Illino), Pennsylvania (\$90,000), and to Washington (\$25,000). First Syork paid a fine in 2006 to New York (\$100,000).	nois (\$21,000), ai	nd in 2006 to Kentucky
Note:	If an affiant has any doubt about the accuracy of an answer, the cand an explanation provided.	question should be	answered in the positive
am acting on my	d this 12th day of September 2013 at Bellevue, WA. I he was behalf and that the foregoing statements are true and correct (Signature of Affiant)		
State of Washin	ngton County of King		
and:	ustrument was acknowledged before me this 12th day of Septem on ally known to me, or	<u>mber,</u> 20 <u>13</u> by <u>C</u>	Christine Katzmar Holmes
who produc	ed the following identification:		
[SEAL]	NOTARY	<u> 14/2017</u>	Notary Public  Inted Notary Name  Commission Expires
	WASTONIA		

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN:

91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-9058I

FEIN:

91-1079693

Attachment to Question 8: Employment History

Date

Employer

03/01-present

Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of Senior Vice President

New York

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		1129-68608 91-0742147
Applicant Name (Company)	Symetra National Life Insurance Company	NAIC No.	1129-90581

# 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 Stree	; Bellevue, WA 98004
(Printed Full	Name and Residence Address)
CAR	September 12, 2013
(Signature)	(Date)
State of Washington County of King	<u></u>
The foregoing instrument was acknowledged before m	e this 12th day of September, 2013 by Christine Katzmar Holmes, and
who is personally known to me, or	
who produced the following identification:	
WAN BOATT	
True Contract of the Contract	Can line
[SEAL]	Notary Public
NOTARY	Ann Ernst
a Pinic /-	Printed Notary Name
7, 9, 4	2/14/2017
OF MAISHING.	My Commission Expires
The state of the s	D : 104/1/40

NAIC No. <u>1129-68608</u> FEIN: 91-0742147

### **BIOGRAPHICAL AFFIDAVIT**

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

# (Print or Type)

				e present or proposed e			
Syme	tra Life Ins	surance Con	npany				· · · · · · · · · · · · · · · · · · ·
<u>777 1</u>	08 <sup>th</sup> Avenu	e NE, Suite					
		<u>8004-5135</u>	-				
<u>(800)</u>	<u>796-3872</u>						•
hereir	nafter set f	orth. (Attac	ove-named entity, h addendum or sep DNE," SO STATE.	I herewith make representate sheet if space he	esentations and suppercon is insufficient	ply information to answer any	n about myself as question fully.) IF
1.	Affiant	's Full Nam	e (Initials Not Acce	ptable): First: <u>Joel</u> M	iddle: <u>Carmine</u> Las	st: <u>Kneisley</u>	
2.	a.	Are you a	citizen of the United	d States?		•	
		Yes 🛚	No 🗌				
	b.	Are you a	citizen of any other	country?	•		
		Yes 🗌	No 🖾				
-		If yes, wh	at country? N/A				
3.	Affiant	's occupation	n or profession: VP	Information Technolog	gy		
4.		's business a etra Financia		sley; SC-3, 777 108 <sup>th</sup> A	ve NE, Suite 1200; l	Bellevue, WA	98004-5135
	Busines	ss telephone	: 425-256-5020	Business Email: joel.k	neisley@symetra.co	m	
5.	Educati	ion and train	ing:				
	g <u>e/Univers</u> University		<u>City/State</u> Athens, Ohio		Attended (MM/YY) /82 - 08/86		Degree Obtained BBA
<u>Gradı</u>	ıate Studie	<u>s</u> <u>C</u>	College/University	<u>City/State</u>	Dates Attend	ded (MM/YY)	Degree Obtained
Other	Training:	<u>Name</u>	City/State	Dates Attended (	MM/YY)	Degree/Certi	fication Obtained

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

#### Applicant Name (Company) Symetra Life Insurance Company

NAIC No. <u>1129-68608</u>

FEIN:

91-0742147

6. List of memberships in professional societies and associations:

Project Management Mark Langley 14 Campus Boulevard; 610-	
	56-4600
Institue Newtown Square, PA 19073	

- 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

Applica	nt Name	(Company) <u>S</u> y	metra Life Insuran	ce Company		NAIC No. FEIN:	<u>1129-68608</u> <u>91-0742147</u>	
	ng/Endin MM/YY)		' 2 Employer's Nar	ne <u>Fox Softw</u>	are, Inc.	·		
Address	One M	icrosoft Way	City Redmond	State/Province	<u>WA</u>			
Country	<u>USA</u>	Postal Code	89052 Phone (42	5) 882-8080	Offices/Positions Hel	d Channel /	Account Mana	<u>iger</u>
Supervi	sor / Con	tact <u>Chris Wi</u>	llia <u>ms</u>					
9.	a.	Have you eve	r been in a position	which required	l a fidelity bond?			
		Yes 🗌	No 🛛	•				
		If any claims	were made on the b	ond, give detai	ls: None		<del></del>	
	b.	Have you evereworked?	er been denied an i	ndividual or p	osition schedule fidel	ity bond, or	had a bond c	anceled or
		Yes 🗌	No 🛛					
		If yes, give de	tails: <u>N/A</u>					<del></del>
10.	or gover in the pa the licer number are rease represen	rnmental licens ast. For any non sing authority is your Social onably identifi ited by your S	ing agency or regulated in-insurance regulated or regulatory body Security Number (Sable as your SSN, to the security Number (Sable as your SSN), to the securit	atory authority bry issuer, iden having jurisdic SN) or embed hen write SSN	es (including licenses to or licensing authority if y and provide the nation over the license (s your SSN or any seq for that portion of the SN-345" or "1234-SS"	that you preame, address a (s) issued. If you wence of more professional	esently hold or and telephone your profession re than five numal license num	r have held number of onal license ambers that ober that is
Organiz	ation/Issu	uer of License	None Address				_	<u> </u>
City _	St	ate/Province	Country _	Postal C	code			
License	Туре	License	# Date Is	sued (MM/YY	)			
Date Ex	pired (M	M/YY)	Reason for Term	ination	_			•
Non-ins	urance R	egulatory Phor	e Number (if know	n)			_	
Organiz	ation/Issu	uer of License	Address	<del></del>			,	
City	St	ate/Province	Country _	Postal C	Code			
License	Туре	License	# Date Is	sued (MM/YY	)			
Date Ex	pired (M	M/YY)	Reason for Term	ination	-			
Non-ins	urance R	egulatory Phor	e Number (if know	n)				

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: Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or a. any public administrative, or governmental licensing agency? No 🖂 Yes  $\square$ Had any occupational, professional, or vocational license or permit you hold or have held, been subject to b. any judicial, administrative, regulatory, or disciplinary action? Yes | | No X Been placed on probation or had a fine levied against you or your occupational, professional, or vocational c. license or permit in any judicial, administrative, regulatory, or disciplinary action? Yes No 🖂 Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? d. Yes  $\square$ No 🖂 Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic e. offenses? No 🖂 Yes 🗌 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  $\square$ No 🖂 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? No X Yes | Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No  $\square$ Yes 🖂 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? . No 🖂 Yes | | Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

NAIC No. 1129-68608

FEIN:

91-0742147

Yes | |

No 🛛

Applicant Name (	(Company)	Symetra Life	Insurance	Company

NAIC No.	1129-68608
FEIN:	91-0742147

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 attornies 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.
•	<u>N/A</u>
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

while you served in such capacity?

committee member, key management employee or controlling stockholder, had any of the following events occur

a.	Been refused licensing age		ficate of authority by	y any regulato	ory authority, or governmental-
	Yes 🗌	No 🖂			
b.	to any judio	cial, administrative, regulat conservatorship, federal b	ory, or disciplinary	action (include	eled, non-renewed, or subjected ling rehabilitation, liquidation, ency, supervision or any other
,	Yes 🗌	No 🛛			
c.		on probation or had a fin any civil, criminal, administi			ermit, license, or certificate of tion?
	Yes 🗌	No 🛚			
		of the above is yes, please in clude any events within twel			onding to questions (b) and (c) arture from the entity.
<u>N/A</u>	<del></del>				
Note:		has any doubt about the acconation provided.	uracy of an answer, th	he question sho	ould be answered in the positive
		nd that the foregoing statem			y under penalty of perjury that of my knowledge and belief.
State of Washi	ington	County of King			
who is pers	sonally known	acknowledged before me th to me, or ng identification:	is <u>19</u> day of <u>Dec</u>	<u>cember</u> , 20 <u>13</u>	by Joel C. Kneisley, and:
.[SEAL	.]	ANN ERAS		Ann Ernst	Notary Public
•		NOTARY			Printed Notary Name
	57	PUBLIC		02/14/2017	My Commission Expires

NAIC No. 1129-68608

91-0742147

FEIN:

NAIC No. 1129-68608 FEIN:

Attachment to Question 8: Employment History

Date\_ Employer

08/11 - present Symetra Financial and subsidiaries

Current Offices/Positions Held

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

New York

Vice President (since 08/2011) Symetra Life Insurance Company

NAIC No. <u>1129-68608</u> FEIN: 91-0742147

#### 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 Residen	nce Address)
( bel C Knewly	December 9, 2013
(Signature)	(Date)
tate of Washington County of King	
he foregoing instrument was acknowledged before me this day of	of <u>December</u> , 20 <u>13</u> by Joel C. Kneisley and:
who is personally known to me, or	
who produced the following identification:	
[SEAL]	ann and
[SEAL]	Notary Public
	Ann Ernst
NOIARY	Printed Notary Name
o Public /	02/14/2017
74. 10. 14. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	My Commission Expires
Oc world in	•

Applicant Name (Company)	Symetra Life Insurance Company	1129-68608 91-0742147
Applicant Name (Company)	Symetra National Life Insurance Company	1129-90581 91-1079693

# **BIOGRAPHICAL AFFIDAVIT**

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

Full name, address and telephone number of the present or proposed entity under which this biographical statement is bei required (Do Not Use Group Names).  Symetra Life Insurance Company  Symetra National Life Insurance Company  777 108 <sup>th</sup> 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 hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) 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   ho I  b. Are you a citizen of any other country?  Yes No I  If yes, what country?					(Print or T	ype)		
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 hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) 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   No   No   No   Yes No  No   No   No   No   No   No   No	require	ed (Do No	ot Use Group	Names)	present or propos	ed entity under whic	h this biograph	ical statement is being
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 hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.)  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 \( \sum \) No \( \sum \)  b. Are you a citizen of any other country?  Yes \( \sum \) No \( \sum \)	<u>Symet</u>	<u>ra Life In</u>	surance Con	npany	,			
Relievue, WA 98004-5135	Symetr	ra Nation	al Life Insur	ance Company	<del></del>		<del></del>	<del></del>
In connection with the above-named entity, I herewith make representations and supply information about myself hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) 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   No   No   No   Yes   No   No   No   No   Yes   No   No   No   Yes   No   No   Yes   No   No   Yes   No   No   No   Yes   No   No   No   Yes   No   No   Yes   No   No   Yes   No   No   No   No   Yes   No   No   No   Yes   No   No   No   No   No   No   No   N	7// IU Ballav	W Aveni	ue NE, Suite 28004-5135	1200				
In connection with the above-named entity, I herewith make representations and supply information about myself hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.)  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 \( \sum \) No \( \sum \)  b. Are you a citizen of any other country?  Yes \( \sum \) No \( \sum \)	(800)	796-3872	0004-5155					
2. a. Are you a citizen of the United States?  Yes No □  b. Are you a citizen of any other country?  Yes □ No ⊠	herein	after set i	forth. (Attac	h addendum or sepa				
Yes No No  b. Are you a citizen of any other country?  Yes No No	1.	Affiant	t's Full Nam	e (Initials Not Accep	table): First: Ric	hard Middle: <u>Georg</u>	ge Last: <u>LaV</u>	oice
b. Are you a citizen of any other country?  Yes \( \sum \) No \( \sum \)	2.	a.	Are you a	citizen of the United	States?			
Yes No 🗵			Yes 🔀	No 🗌				
		b.	Are you a	citizen of any other c	ountry?			•
If yes, what country?			Yes 🗌	No 🖾				
			If yes, wh	at country?				<del></del>
3. Affiant's occupation or profession: <u>Insurance and annuity sales and marketing management</u>	3.	Affiant	t's occupation	n or profession: <u>Ins</u>	urance and annuit	y 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	4.				ice, SC-14; 777 1	08 <sup>th</sup> Ave NE, Suite 12	200; Bellevue, V	WA 98004-5135
Business telephone: 425-256-5366 Business Email: Rich.LaVoice@symetra.com		Busine	ss telephone	: <u>425-256-5366</u> B	Business Email: <u>I</u>	Rich.LaVoice@symet	ra.com	·
5. Education and training:	5.	Educat	tion and train	ing:				
					<u>D</u>		<u>(Y)</u>	<u>Degree Obtained</u> B.S. Legal Studies
Graduate Studies College/University City/State Dates Attended (MM/YY) Degree Obtaine	<u>Gradu:</u>	ate Studie	<u>es</u> <u>Ç</u>	College/University	City/State	Dates Attended	(MM/YY)	Degree Obtained
Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtaine	Other '	Training:	Name	City/State	Dates Attend	ed (MM/YY)	Degree/C	Certification Obtained

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

Applica	ant Name (Company) Symet	ra Life Insurance Company		NAIC No. FEIN:	1129-68608 91-0742147
Applica	ant Name (Company) Symet	ra National Life Insurance C	<del></del>		1129-90581 91-1079693
6.	List of memberships in pro	fessional societies and associ	ations:		
	Name of Society/Association	Contact Name	Address of Society/Association	1 (	Telephone Number of Society/Association
	None				
7.	Present or proposed position	n with the applicant entity: ]	Executive Vice President		
8.	including present jobs, pos officerships). Please list the necessary to provide teleph	record for the past twenty itions, partnerships, owner or most recent first. Attach ad one numbers and supervisory	f an entity, administrato ditional pages if the space	r, manager, ce provided	operator, directorates or is insufficient. It is only
	ing/Ending (MM/YY): <u>09/10</u> - <u>present</u>	Employer's Name: Symetr	ra Financial Corporation	and subsid	aries
Addres	s: 777 108th Avenue NE, Su	ite 1200 City: Bellevue	State/Province: WA		
Country	y: <u>USA</u> Postal Code: <u>980</u>	04-5135 Phone: (800) 79	6-3872 Offices/Position	ns Held: S	ee Attachment
Туре о	f Business: <u>Life insurance, c</u>	other financial services Supe	ervisor / Contact <u>Dan G</u>	uilbert	
	ing/Ending (MM/YY): <u>09/09</u> – <u>09/10</u>	Employer's Name: Self Em	ployed		
Addres	s: 126 Woodford Hills Dr.	City: Avon State/Province	ce: CT		
Country	y: <u>USA</u> Postal Code: <u>060</u>	01 Phone: (310) 994-875	4 Offices/Positions Hel	d:	
Туре о	f Business: Supervis	sor / Contact			
	ing/Ending (MM/YY): <u>10/05</u> – <u>08/09</u>	Employer's Name: MassM	utual Financial Group		
Addres	s: 100 Bright Meadow Blvd	. City: <u>Enfield</u> State/Pro	ovince: <u>CT</u>		
	y: <u>USA</u> Postal Code: <u>0</u> e Group	6082 Phone: (860) 562-	000 Offices/Positions	Held: <u>V</u>	ce President, Retirement
Туре о	f Business: Supervis	sor / Contact Andrew Dicke	y, Phone (413) 744-5100		
_	ing/Ending (MM/YY): <u>06/05</u> – <u>10/05</u>	Employer's Name: <u>Unempl</u>	oyed	,	
Addres	s: City: S	tate/Province:			
Country	y: Postal Code:	Phone: Office	ces/Positions Held:		
Туре о	f Business: Supervis	or / Contact			

Applicant Name (Company) Symetra Life Insurance Company		91-0742147
Applicant Name (Company) Symetra National Life Insurance Company	NAIC No.	1129-90581 91-1079693
Beginning/Ending		<del> </del>
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 V	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 Mark	kets, Inc.	
Address: 21650 Oxnard St. City: Woodland Hills State/Province: CA		·
Country: USA Postal Code: 91367 Phone: (800) 445-7862 Offices/Positions	Held: <u>Executi</u>	ve 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 Office Director	es/Positions H	eld: Senior Marketing
Type of Business: Supervisor / Contact		
Beginning/Ending  Dates (MM/YY): 01/82 - 10/95 Employer's Name: Shearson (formerly Smith Ba		
Address: City: State/Province:		
Country: <u>USA</u> Postal Code: Phone: Offices/Positions Held: <u>V</u> Manager, Insurance & Annuities	arious, last pos	ition was National Sales
Type of Business: Supervisor / Contact		

Applic	ant Name	(Company) Symetra	Life Insurance Company	NAIC No. FEIN:	1129-68608 91-0742147
Applica	ant Name	(Company) Symetra	National Life Insurance Company	NAIC No. FEIN:	1129-90581 91-1079693
9.	a.	Have you ever been	in a position which required a fidelity bo	nd?	
		Yes No [	$\boxtimes$		
		If any claims were m	ade on the bond, give details: N/A	<u> </u>	
	b.	Have you ever been revoked?	denied an individual or position sched	lule fidelity bond, or	had a bond canceled or
		Yes No No	$\boxtimes$		
		If yes, give details: ]	N/A		
10.	or gove in the p the lice number are rea represe	rnmental licensing age ast. For any non-insur- nsing authority or regu- is your Social Securit conably identifiable as	sional and vocational licenses (including ency or regulatory authority or licensing ance regulatory issuer, identify and provious	authority that you pre- ide the name, address license (s) issued. If your rany sequence of mo- tion of the profession	esently hold or have held and telephone number of your professional license re than five numbers that al license number that is
Organi	zation/Iss	uer of License: <u>Finan</u>	cial Industry Regulatory Authority (FIN	RA) Address: 9513	Key West Avenue
City:	Rockville	State/Province: M	D Country: <u>USA</u> Postal Code: <u>2085</u>	50	
	e Type: 7 (03/83)	License #: ] Series 15 (07/84), Ser	106045 Date Issued (MM/YY): Seri	ies <u>8 (02/88), Series 2</u>	4 (8/97), Series 3 (6/03),
Date E	xpired (N	[M/YY): Rea	ason for Termination: N/A - Still active	<u> </u>	
Non-in	surance l	legulatory Phone Num	ber (if known): (301) 590-6500		
Organi	zation/Is:	uer of License Califo	mia Department of Insurance, Producer	Licensing Bureau	
Addres	s <u>320 C</u>	apitol Mall City Sac	cramento State/Province <u>CA</u> Country	y <u>USA</u> Postal Code	95814
License	е Туре ј	tesident Insurance Pro	ducer (Accident and Health, Life, Variab	ole Contracts) Licens	se # <u>0A01208</u>
Date Is	sued (MI	M/YY) <u>04/89</u> Date I	Expired (MM/YY) <u>02/07</u> Reason for T	Termination <u>Did not</u>	renew
Non-in	surance l	tegulatory Phone Num	ber (if known)		
See att	achment	for additional informat	ion		
11.			g, if the record has been sealed or expunginged, an affiant may respond "no" to the		
	a.		upational, professional, or vocational licative, or governmental licensing agency?		regulatory authority, or
		Yes □ No [	⊠.		

Applicant Nar	ne (Company)	Symetra Life Insurance Company	NAIC No. FEIN:	<u>1129-68608</u> <u>91-0742147</u>
Applicant Na	ne (Company)	Symetra National Life Insurance Company	NAIC No. FEIN:	1129-90581 91-1079693
b.		ccupational, professional, or vocational license of administrative, regulatory, or disciplinary action		ave held, been subject to
	Yes 🗌	No 🛛		
c.		d on probation or had a fine levied against you or ermit in any judicial, administrative, regulatory, or		fessional, or vocational
	Yes 🗌	No 🛚	,	
, d.	Been charg	ed with, or indicted for, any criminal offense(s) o	ther than civil traffic o	ffenses?
	Yes 🗌	No 🛛		
e.	Pled guilty offenses?	, or nolo contendere, or been convicted of, at	ny criminal offense(s)	other than civil traffic
	Yes 🗌	No 🛚		
f.		cation of guilt withheld, had a sentence imposed or been pardoned, fined, or placed on probationses?		
	Yes 🗌	No 🛚		
1	administrative, regulating the l	a cease and desist letter or order, or enjoined, either gulatory, or disciplinary action, from violating abusiness of insurance, securities or banking, or course of the business of insurance, securities or letters or letters.	any federal, state law o from carrying out an	r law of another country
	Yes 🗌	No 🛚		
	Been, within th inancial dispute	ne last ten (10) years, a party to any civil action?	on involving dishoness	y, breach of trust, or a
	Yes 🛛	No 🗌		
1	provisions of sr	nade by the Comptroller of any state or the Fe nall loan laws, banking or trust company laws, of lation lawfully made by the Comptroller of any st	or credit union laws, o	r that you have violated
	Yes 🗌	No 🛚		
j. I	Had a lien or fo	reclosure action filed against you or any entity wh	hile you were associate	d with that entity?
	Yes 🗌	No 🛛		
		to any question above is yes, please provide det f the complaint and filed adjudication or settleme		cations, disposition, etc.
		my wife and I were sued in connection with a re		

	ini ivaine	(Company) 5	ymetra <u>Life Insurance Company</u>	NAIC No. FEIN:	<u>1129-68608</u> <u>91-0742147</u>
Applica	int Name	(Company) Sy	ymetra National Life Insurance Company	NAIC No. FEIN:	1129-90581 91-1079693
12.	term "c possess person, or non- office h holds w	control" (includion, direct or in whether through management so neld by the per	to regulation by an insurance regulatory authority ling the terms "controlling," "controlled by" and indirect, of the power to direct or cause the direct of the ownership of voting securities, by contract of the control shall be presumed to exist if any per o vote, or holds proxies representing, ten percent (1	"under common c tion of the manag other than a comm lt of an official po rson, directly or in	ontrol with") means the gement and policies of a ercial contract for goods osition with or corporate directly, owns, controls,
	If any o	of the stock is p	ledged or hypothecated in any way, give details. N.	/A	
13.	or of regulate directly	ecord, 10% or or ory authority, o	bers of your immediate family individually or cummore of the outstanding shares of stock of any errits affiliates? An "affiliate" of, or person "affiliate through one or more intermediaries, controls, or is fied.	ntity subject to reg ed" with, a specific	gulation by an insurance c person, is a person that
	Yes [	] No	oxtimes		
		standing voting	the company or companies in which the cumulativ securities.	e stock holdings re	epresent 10% or more of
	If any o	of the shares of	stock are pledged or hypothecated in any way, give	details.	
	<u>N</u> /A				<del> </del>
14.	Have y	ou ever been ad	ljudged a bankrupt?		
	Yes [	] No	$\boxtimes$		
	If yes, p	provide details:	N/A		
15.	commit		nas any company or entity for which you were a ey management employee or controlling stockhold ch capacity?		
	a.	Been refused licensing ager	a permit, license, or certificate of authority by a	my regulatory auth	nority, or governmental-
			<b>-</b>		
		Yes 📙	No 🛛		
	b.	Had its permi	it, license, or certificate of authority suspended, reval, administrative, regulatory, or disciplinary acconservatorship, federal bankruptcy proceeding,	tion (including re	habilitation, liquidation,

Applicant Name	(Company) Symetra Life	Insurance Company		AIC No. IN:	<u>1129-68608</u> <u>91-0742147</u>
Applicant Name	(Company) Symetra Natio	onal Life Insurance Company		AIC No. IN:	<u>1129-90581</u> <u>91-1079693</u>
c.		n or had a fine levied agains ninal, administrative, regulator			license, or certificate of
	Yes 🛛 No 🗌				
		is yes, please indicate and give ents within twelve (12) months			
	result of state examination florida (\$9,000), and in 201	ons, Symetra Life Insurance Co 11 to Oregon (\$10,000).	ompany paid fines	in 2012	to Connecticut (\$6,000)
Note:	If an affiant has any doub and an explanation provid	ot about the accuracy of an answel	wer, the question s	hould be	answered in the positive
Dated and signe am acting on my	own behalf and that the fo	cember 20 <u>13</u> at <u>Bellevue, Veregoing statements are true and the statements are true are true and the statements are true and the statements are true are true and the statements are true are true</u>			
<del></del>		ed before me this 9 th day	of December 20	13 hv	Richard G.L. aVoice and
who is pers	onally known to me, or ed the following identificat		or <u>December</u> , 20	<u>15</u> by	Richard G.Lavoice and.
[SEAL	STATE OF THE PARTY	NS /	Ann Ernst	nn	Ernst Notary Public
	NOTAL PUBL		02/14/2017		nted Notary Name
	OF WA	SHIMP.		My C	Commission Expires

Applicant Name (Company) Symetra Life Insurance Company	NAIC No. FEIN:	1129-68608 91-0742147
Applicant Name (Company) Symetra National Life Insurance Company	NAIC No	1129-90581
Applicant Name (Company) Symetra National Effe historance Company	FEIN:	91-1079693
Attachment to Question 8: Employment History		
Date Employer		
<ul> <li>present Symetra Financial and subsidiaries</li> </ul>		
Current Offices/Positions Held First Symetra National Life Insurance Company of New York	Executive Vice Preside	nt
Symetra Investment Services, Inc.	Director	
Symetra Life Insurance Company	Executive Vice Preside	nt
Symetra National Life Insurance Company	Executive Vice Preside	nt
Symetra Securities, Inc.	Director	•
Attachment to Question 10: Professional Licenses		
Organization/Issuer of License State of Connecticut Insurance Department,	Licensing Unit Addre	ss P.O. Box 816
City <u>Hartford</u> State/Province <u>CT</u> Country <u>USA</u> Postal Code <u>06142</u> .	<u>-0816</u>	
License Type Resident Producer (Accident & Health, Credit Products, Life Variable Life) License # 002278014 Date Issued (MM/YY) 03/07	, Travel Accident & Ba	ggage, Variable Annuity,
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 C	commissioner Address	P.O. Box 40255
City: Olympia State/Province: WA Country: USA Postal Code: 98	504-0255	
License Type: Producer License #: 797899 Date Issued (MM/YY): _		
Date Expired (MM/YY): Reason for Termination: N/A - Still act	ive	
Non-insurance Regulatory Phone Number (if known): (360) 586-2019		

Applicant Name (Company)	Symetra Life Insurance Company	1129-68608 91-0742147
Applicant Name (Company)	Symetra National Life Insurance Company	1129-90581 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. ("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 hav	e the same force and effect as the signed original.
Richard G. LaVoice 708 2nd Street, Kirkland, WA 58033	
(Printed Full Name and Resident	ence Address)
Killed / Nove.	December <b>9</b> , 2013
(Signature)	(Date)
State of Washington County of King	_
The foregoing instrument was acknowledged before me this $949$	lay of December, 2013 by Richard G. LaVoice, and:
who is personally known to me, or	
who produced the following identification:	
[SEAL]	Rotary Public
NOTARY	Ann Ernst Printed Notary Name
PUBLIC	02/14/2017  My Commission Expires
S Or wealth is	Revised 04/16/13

NAIC No. 1129-68608

FEIN:

91-0742147

#### **BIOGRAPHICAL AFFIDAVIT**

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

# (Print or Type)

require	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						
Symetr	a Lite Ins	surance Comp	oany 1200				
	96-3872	0004-3133					
(600) 7	(800) /96-38/2						
hereina	ifter set f	orth. (Attach			representations and supp ce hereon is insufficient t		
1.	Affiant	's Full Name	(Initials Not Accept	ptable): First: <u>Da</u>	vid Middle: Elliott Las	t: Manning J	<u>r.</u>
2.	a.	Are you a c	itizen of the United	d States?			
		Yes 🛚	No 🗌				
	<b>b.</b>	Are you a c	itizen of any other	country?			
		Yes 🗌	No 🛛				
		If yes, what	country?				<del></del>
3.	Affiant	's occupation	or profession: U	nderwriting Vice I	President		
4.		's business ac metra Life In		David Manning; 1	699 King Street, Suite 300	; Enfield, CT	06082
	Busines	ss telephone:	(860) 746-7182	Business Email:	David.Manning@symetr	a.com	
5.	Educati	on and traini	ng:				
	e/Univers Universi		City/State Boston, MA	<u>1</u>	<u>Dates Attended (MM/YY)</u> 1978 - 1982		Degree Obtained BA
Gradua	te Studie	s <u>C</u> c	ollege/University	City/State	Dates Attended (MM	<u>1/YY)</u>	Degree Obtained
Other T	<u>Fraining: `</u>	Name	City/State	Dates Atten	ded (MM/YY)	Degree/Cert	ification Obtained
				<del></del>			

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

FORM 11

			FEIN	91-0/4214/
6.	List of memberships in prof	Sessional societies and associated	ciations:	
	Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	None	Conditivation	30010ty/213300144011	of goolety/2 issociation
7.	Present or proposed position	n with the applicant entity:	Vice President	
8.	including present jobs, pos officerships). Please list the	itions, partnerships, owner most recent first. Attach a	y (20) years, whether compens of an entity, administrator, mar additional pages if the space pro ry information for the past ten (	ager, operator, directorates or vided is insufficient. It is only
	ing/Ending (MM/YY): 09/04 - present	Employer's Name: Syme	etra Financial Corporation and su	ubsidiaries
Addres	s: 777 108 <sup>th</sup> Avenue NE, Su	ite 1200 City: Bellevue	State/Province: WA	
Country	y: <u>USA</u> Postal Code: <u>980</u>	04-5135 Phone: (800) 7	96-3872 Offices/Positions He	d: See Attachment
Type of	f Business: <u>Life insurance, c</u>	ther financial services Su	pervisor / Contact Michael Fry	
	ing/Ending (MM/YY): <u>12/97</u> – <u>08/04</u>	Employer's Name: <u>Hartfo</u>	rd Life Insurance Company	
Addres	s: 200 Hopemeadow St. C	ity: Simsbury State/Prov	vince: CT	
Countr	y: <u>USA</u> Postal Code: <u>060</u>	89 Phone: (860) 843-84	66 Offices/Positions Held: D	irector of Underwriting
Туре о	Business: <u>Life insurance</u>	Supervisor / Contact Mich	nael Wosney	
Beginn Dates	ing/Ending (MM/YY): <u>1996</u> - <u>1997</u> E	mployer's Name: ING		
Addres	s: City: Braintree	State/Province: MA		
			ces/Positions Held: Account E	
Туре о	f Business: <u>Insurance, finance</u>	cial services Supervisor / 0	Contact Jack McCullough	
	ing/Ending (MM/YY): <u>1994</u> - <u>1995</u> E	mployer's Name: <u>LDG</u>		
Addres	s: 401 Edgewater Place C	ity: <u>Wakefield</u> State/Pro	vince: MA	
Countr	y: <u>USA</u> Postal Code: <u>018</u>	80 Phone: Offi	ces/Positions Held: NE Region	al Director of Sales
Туре о	f Business: <u>Reinsurance</u> Su	pervisor / Contact Craig (	Chandor	

See attachment for information about additional job positions

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

Applica	ınt Name	(Company) <u>S</u>	ymetra Life Insurance Company	NAIC No. FEIN:	1129-68608 91-0742147
9.	a.	Have you eve	r 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 everevoked?	er been denied an individual or position so	chedule fidelity bond, or	had a bond canceled or
		Yes 🗌	No 🛚		
		If yes, give de	etails: N/A		
10.	or gove in the p the lice number are reas	ernmental licens least. For any no least, For any no least, For any no least, For any least, For	occupational and vocational licenses (including agency or regulatory authority or licens in-insurance regulatory issuer, identify and proor regulatory body having jurisdiction over Security Number (SSN) or embeds your SSI able as your SSN, then write SSN for that page 18. (For example, "SSN", "12-SSN-345" or ided is insufficient.	ing authority that you pre rovide the name, address the license (s) issued. If N or any sequence of mor portion of the professions	esently hold or have held and telephone number of your professional license than five numbers that al license number that is
Organiz	zation/Iss	uer of License:	Massachusetts Division of Insurance Add	dress: One South Station	ı, 5 <sup>th</sup> Floor
City: <u>I</u>	<u>Boston</u>	State/Province:	MA Country: USA Postal Code: 021	10-2208	
License	Туре:	Agent License	Life & Health Insurance License #:	Date Issued (MM/Y)	Y): <u>1994</u>
Date Ex	pired (M	IM/YY):	Reason for Termination: <u>Expired - No</u>	n-renewal	
Non-ins	surance R	Regulatory Phor	ne Number (if known):		
Organiz	ation/Iss	suer of License:	Address:		
City: _	\$	State/Province:	Country: Postal Code: _		
License	Туре:	Licens	e #: Date Issued (MM/YY):		
			Reason for Termination:		
			ne Number (if known):		
11.			llowing, if the record has been sealed or expor expunged, an affiant may respond "no" to		
	<b>a</b> .		an occupational, professional, or vocational ministrative, or governmental licensing agen		regulatory authority, or
		Yes 🗌	No 🛚		

t N	ame (Company) Sy	metra Life Insurance Company	NAIC No. FEIN:	<u>1129-68608</u> <u>91-0742147</u>
b.		pational, professional, or vocational license or permit y dministrative, regulatory, or disciplinary action?	ou hold or ha	ave held, been subject to
	Yes 🗌	No 🛛	•	
c.		n probation or had a fine levied against you or your occi nit in any judicial, administrative, regulatory, or discipli		fessional, or vocational
	Yes 🗌	No 🖾		
d.	Been charged	with, or indicted for, any criminal offense(s) other than	civil traffic o	ffenses?
	Yes 🗌	No 🖾		
e.	Pled guilty, o offenses?	r nolo contendere, or been convicted of, any crimin	al offense(s)	other than civil traffic
	Yes 🔲	No 🖾		
f.		ion of guilt withheld, had a sentence imposed or suspend been pardoned, fined, or placed on probation, for any s?		
	Yes 🔲	No 🖂		
g.	administrative, reg regulating the bus	lease and desist letter or order, or enjoined, either temporulatory, or disciplinary action, from violating any federaliness of insurance, securities or banking, or from cause of the business of insurance, securities or banking?	al, state law o	r law of another country
	Yes 🗌	No 🛚		
h.	Been, within the linancial dispute?	last ten (10) years, a party to any civil action involv	ing dishones	ty, breach of trust, or a
	Yes 🔲	No 🖾		
i.	provisions of smal	de by the Comptroller of any state or the Federal Go I loan laws, banking or trust company laws, or credit is ion lawfully made by the Comptroller of any state or the	union laws, o	r that you have violated
	Yes 🗌	No 🖂		
j.	Had a lien or forec	losure action filed against you or any entity while you w	vere associate	d with that entity?
	Yes 🗌	No 🖂		
	-	any question above is yes, please provide details include complaint and filed adjudication or settlement as appr	-	cations, disposition, etc.

N/A

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 ☒

COMMISSION EXPIRES

8 33 2018

CONNECTION

Printed Notary Name

Commission Expires

who produced the following identification:

[SEAL]

Applicant Name (C	ompany) Symetra Life Insurance Company	NAIC No. FEIN:	1129-68608 91-0742147				
Attachment to Q	Question 8: Employment History						
Date	Employer						
09/04- 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					
Continued from pag	ge 2						
Beginning/Ending	1000 1004 F1 N-4:1 B:1 M						
Dates (MM/YY) 1988 - 1994 Employers' Name Medical Risk Managers							
Address	Address City South Windsor State/Province CT						
Country USA Postal Code Phone Offices/Positions Held AVP Underwriting							

Supervisor / Contact Mike McLean

NAIC No. <u>1129-68608</u> FEIN:

91-0742147

#### DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

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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.

13 Date)
Date)
lanning, and:
Journey Public
Notary Name  State Research

Applic	ant Name	(Company)	Symetra Life Insi	urance Company		AIC No. IN:	91-0742147
Applic	ant Name	(Company)	Symetra National	Life Insurance Comp	-	AIC No. EIN;	1129-9058I 91-1079693
			ВІ	OGRAPHICAL A	FFIDAVIT		
To the	extent pe	rmitted by lav	w, this affidavit w	ill be kept confidentia	by the state insurance	regulator	y authority.
				(Print or Typ	e)		
Symetr Symetr 777 10 Bellev (800) 7	d (Do No a Life Ins a Nationa 8th Avenu ue, WA 9 96-3872 nection v ofter set f	t Use Group surance Comp al Life Insura- te NE, Suite 1 8004-5135 with the abo- orth. (Attach	Names)	I herewith make reparate sheet if space	presentations and supp	ly inform	
ANSW			NE," SO STATE.  (Initials Not Acco		as Middle: <u>Michael</u>	Last: M	(arra
2.	a.		` itizen of the Unite	•		_	
		Yes 🖂	No 🗌				
	ь.	Are you a c	itizen of any other	r country?			
		Yes 🗍	No 🏻	Ž			
		_	_				
3.	Affiant	•		· · · · · · · · · · · · · · · · · · ·			
4.		's business ac metra Financi		rra, SC-14; 777 108 <sup>th</sup> /	Ave NE, Suite 1200; Be	llevue, V	VA 98004-5135
	Busines	s telephone:	<u>425-256-8245</u>	Business Email: Ton	n.Maгта@symetra.com	[	
5.	Educati	on and traini	ng:				
_	e/Univers aventure	ity	<u>City/State</u> Olean, NY		es Attended (MM/YY) 09/76-05/80		Degree Obtained B.S.
Gradua	te Studies	<u>Co</u>	llege/University	City/State	Dates Attended (MM	<u>I/YY)</u>	Degree Obtained
Other T	raining: 1	Name	City/State	Dates Attended	(MM/YY)	Degree	/Certification Obtained

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

Applica	nt Name (Company) Symetra Life Insurance Company		NAIC No. FEIN:	1129-68608 91-0742147		
Applica	nt Name (Company) Symetra National Life Insurance	Company		1129-90581 91-1079693		
6.	List of memberships in professional societies and association	ciations:				
	Name of Society/Association Contact Name	Address of Society/Association		Telephone Number of Society/Association		
	Society of Actuaries	475 North Martingale R Suite 600 Schaumburg, IL 60173	kd. (84°	7) 706-3500		
	American Academy of Actuaries	1850 M Street NW Suite 300 Washington, DC 20036	•	2) 223-8196		
7.	Present or proposed position with the applicant entity:					
8.	List complete employment record for the past twent including present jobs, positions, partnerships, owner officerships). Please list the most recent first. Attach a necessary to provide telephone numbers and superviso	of an entity, administrato additional pages if the spa	r, manager, ce provided	operator, directorates or is insufficient. It is only		
	ng/Ending MM/YY): <u>06/10</u> - <u>present</u> Employer's Name: <u>Syme</u>	etra Financial Corporation	and subsidi	aries		
Address	: 777 108th Avenue NE, Suite 1200 City: Bellevue	State/Province: WA				
Country	: <u>USA</u> Postal Code: <u>98004-5135</u> Phone: <u>(800) 7</u>	96-3872 Offices/Positio	ns Held: <u>S</u>	ee Attachment		
Type of	Business: <u>Life insurance, other financial services</u> Su	pervisor / Contact Chris	Katzmar Ho	lmes		
	ng/Ending MM/YY): 10/09 – 05/10 Employer's Name: <u>Bostor</u>	n Consulting Group				
Address	: Exchange Place, 31st Floor City: Boston State/P	rovince: MA		· · · · · · · · · · · · · · · · · · ·		
Country	: <u>USA</u> Postal Code: <u>02109</u> Phone: <u>(617) 850-37</u>	00 Offices/Positions He	ld: <u>Senior</u>	Advisor		
Type of	Business: Consulting Supervisor / Contact					
v	ng/Ending MM/YY): <u>06/80 – 07/09</u> Employer's Name: <u>The H</u>	artford Financial Services	Group, Inc.			
Address	: One Hartford Plaza City: Hartford State/Province	ce: <u>CT</u>	<b></b> .			
and Chie	Country: <u>USA</u> Postal Code: <u>06155</u> Phone: <u>(860) 547-5000</u> Offices/Positions Held: <u>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)</u>					
Type of	Business: <u>Insurance</u> Supervisor / Contact					
Beginnin Dates (N	ng/Ending MM/YY): Employer's Name:					
Address	: City: State/Province:		<del>.</del>			
Country	: Postal Code: Phone: Off	fices/Positions Held:				
Type of	Business: Supervisor / Contact					

Applica	int Name	(Company) Sy	metra Life Insuran	ce Company		NAIC No. FEIN:	1129-68608 91-0742147
Applica	ant Name	(Company) Sy	metra National Lif	e Insurance Company	:	NAIC No. FEIN:	1129-90581 91-1079693
9.	<b>a</b> .	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 de	etails: <u>N/A</u>				
10.	or gove in the pa the lices number are reas represen	st any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of elicensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license mber is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that e reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is presented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional ges if the space provided is insufficient.					
Organiz	zation/Iss	uer of License:	Financial Industry	y Regulatory Authorit	y (FINRA) A	idress: <u>9513</u>	Key West Avenue
City: 1	Rockville	State/Province	ce: <u>MD</u> Country:	USA Postal Code	20850		
License	Type: §	Series 7, 24 L	icense #: 2248648	B Date Issued (MM/	YY): <u>03/09</u>		
Date Ex	cpired (M	M/YY): <u>07/09</u>	Reason for Terr	nination: Voluntary	termination		
Non-ins	surance R	Regulatory Phon	e Number (if know	n): (301) 590-6500			
Organiz	zation/lss	uer of License:	Address:				
City:	s	State/Province:	Country:	Postal Code	÷		
License	туре:	License	e #: Date	Issued (MM/YY): _			
Date Ex	cpired (M	IM/YY):	_ Reason for Ter	mination:			
Non-ins	surance R	egulatory Phon	ne Number (if know	л):			
11.				ord has been sealed or iant may respond "no"			s personally verified that ver:
	a. Been refused an occupational, professional, or vocational license or permit by any regulatory authoriany public administrative, or governmental licensing agency?						
		Yes 🗌	No 🛛				

Applicant Na	Applicant Name (Company) Symetra Life Insurance Company			1129-68608 91-0742147	
Applicant Na	ame (Company) <u>S</u>	ymetra National Life Insurance Company	NAIC No. FEIN:	1129-90581 91-1079693	
b.	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.		on probation or had a fine levied against you or yo mit in any judicial, administrative, regulatory, or c		fessional, or vocational	
	Yes	No 🖾			
d.	Been charged	with, or indicted for, any criminal offense(s) other	er than civil traffic of	ffenses?	
	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 financial dispute?	last ten (10) years, a party to any civil action	involving dishonest	ry, breach of trust, or a	
	Yes 🛛	No 🗌			
í,	provisions of sma	ide by the Comptroller of any state or the Feder Il loan laws, banking or trust company laws, or of tion lawfully made by the Comptroller of any state	credit union laws, o	r that you have violated	
	Yes 🗌	No 🛛			
j.	Had a lien or forec	closure action filed against you or any entity while	e you were associate	d with that entity?	
	Yes 🗌	No 🖾			
		any question above is yes, please provide details he complaint and filed adjudication or settlement a		cations, disposition, etc.	
	(h) See Attachmer	ıt			

Applicant Name (Company) Symetra Lite Insurance Company		FEIN:	91-0742147		
Appli	cant Nam	e (Company) <u>S</u>	NAIC No. FEIN:	1129-90581 91-1079693	
12.	term ' posses person or nor office holds other	'control" (inclussion, direct or n, whether through-management sheld by the pewith the power person. None	t to regulation by an insurance regulatory authorized the terms "controlling," "controlled by" a indirect, of the power to direct or cause the dight he ownership of voting securities, by control services, or otherwise, unless the power is the services. Control shall be presumed to exist if any to vote, or holds proxies representing, ten percent	and "under common colirection of the manage act other than a common result of an official postperson, directly or in the (10%) or more of the	ontrol with") means the ement and policies of a ercial contract for goods osition with or corporate directly, owns, controls,
	If any	of the stock is p	pledged or hypothecated in any way, give details	. <u>N/A</u>	
13.	or of regula	record, 10% or tory authority, o	nbers of your immediate family individually or more of the outstanding shares of stock of an or its affiliates? An "affiliate" of, or person "affi through one or more intermediaries, controls, of fied.	y entity subject to regiliated" with, a specific	gulation by an insurance c person, is a person that
	Yes [	] No			
		please identify tstanding voting	the company or companies in which the cumul securities.	lative stock holdings re	epresent 10% or more of
	If any	of the shares of	stock are pledged or hypothecated in any way,	give details.	
	N/A				
14.	Have	you ever been a	djudged a bankrupt?		
	Yes [	] No			
	If yes,	provide details	: N/A	·	
15.	comm		has any company or entity for which you we key management employee or controlling stock ach capacity?		
	a.	Been refused licensing age	l a permit, license, or certificate of authority lency?	by any regulatory auth	nority, or governmental-
		Yes 🔲	No 🖂		
	b.	to any judio	nit, license, or certificate of authority suspended cial, administrative, regulatory, or disciplinary conservatorship, federal bankruptcy proceeding ceding)?	action (including re	habilitation, liquidation,
		Yes 🗌	No 🛛		

Applicant Name	(Company) Symetra Life Insurance Company	NAIC No. FEIN:	1129-68608 91-0742147
Applicant Name	(Company) Symetra National Life Insurance Company	NAIC No. FEIN:	1129-90581 91-1079693
c.	Been placed on probation or had a fine levied against it o authority in any civil, criminal, administrative, regulatory, or		license, or certificate of
	Yes No 🗌		
	swer to any of the above is yes, please indicate and give deta hould also include any events within twelve (12) months after		
(c) As a and to F	result of state examinations, Symetra Life Insurance Compariorida (\$9,000), in 2011 to Oregon (\$10,000), and in 2010 to I	ny paid fines in 2012 llinois (\$21,000).	to Connecticut (\$6,000)
Note:	If an affiant has any doubt about the accuracy of an answer, the and an explanation provided.	he question should be	answered in the positive
acting on my own	this 14th day of August 2013 at Bellevue, WA. I he behalf and that the foregoing statements are true and correct to M. M. Signature of Affiant)		
State of Washin	gton County of King		
_	strument was acknowledged before me this 14th day of Au	gust, 20 <u>13</u> by <u>Thon</u>	nas M. Marra, and:
	nally known to me, or  d the following identification:		
ANN NOT PUB 19 OF W	LIC ASHING THE	10/19/2016	Notary Public  ted Notary Name  commission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608
FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581
FEIN: 91-1079693

#### Attachment to Question 8: Employment History

Date
06/10- present

Symetra Financial and subsidiaries

Current Offices/Positions Held
First Symetra National Life Insurance Company of New York

Symetra Financial Corporation
Director, President
Director, Member of Finance Committee, President, Chief Executive Officer

Symetra Life Insurance Company
Director, President
Symetra Mutual Funds Trust
Chairman, Trustee

Director, President

Symetra National Life Insurance Company

#### 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	
1 1	(Printed Full Name and Re	esidence Address)	
1/h.h		August 14, 2013	
(Signature)		(Date)	
State of Washington	County of King	<del></del>	
The foregoing instrument was ackno	wledged before me this 14th	day of August, 2013 by Thomas M. Marra, and	d:
who is personally known to me,	. or		
who produced the following ide	ntification:		
ANNE POP		mary Part	• 4 )
A ISEALIARY TO		Maryanne Parte Notary Public	
→•←		Mary Anne Porter	
PUBLIC (8)		Printed Notary Name	;
19		10/19/2016	
WASHING		My Commission Expir	es

Applicant Name (Company)	Symetra Life Insurance Company		1129-68608 91-0742147
Applicant Name (Company)	Symetra National Life Insurance Company	<del>-</del>	1129-90581 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)

							ical statement is being
Syme	tra Life I	nsurance Com	names)				
		ue NE, Suite					
Belle	vue, WA	98004-5135					
<u>(800)</u>	<u>796-3872</u>	2					
hereir	nafter set	forth. (Attacl					ation about myself as any question fully.) IF
1.	Affiar	ıt's Full Name	(Initials Not Acceptal	ble): First: <u>B</u> ı	ent Middle: Patrick	Last: Marton	<u>ik</u>
2.	a.	Are you a	citizen of the United S	tates?			
		Yes 🛚	No 🗌				
	b.	Are you a	citizen of any other co	untry?			
		Yes	No 🔀				
		If yes, wha	t country?			· · · · · · · · · · · · · · · · · · ·	
3.	Affiar	nt's occupation	n or profession: Actua	агу			
4.		nt's business a ymetra Financ		nik, SC-06; 77	7 108 <sup>th</sup> Ave NE, Suite	1200; Bellevue,	WA 98004-5135
	Busin	ess telephone:	<u>425-256-6306</u> Bu	siness Email:	Brent.Martonik@sym	etra.com	
5.	Educa	tion and train	ing:				
	ge/Univer	<u>rsity</u> Vashington	<u>City/State</u> Seattle, WA		Dates Attended (MM/) 09/83-06/86	<u>YY)</u>	Degree Obtained B.S. Mathematics
Gradu	iate Studi	es C	ollege/University	City/State	Dates Attended	(MM/YY)	Degree Obtained
	Training ty of Actu		<u>City/State</u> Schaumburg, IL	Dates Atter 05/00	ided (MM/YY)	<u>Degree/C</u> FSA	Certification Obtained

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

Applica	nt Name (Company) Syme	etra Life Insurance Company		NAIC No. FEIN:	<u>1129-68608</u> 91-0742147
Applica	nt Name (Company) Symo	etra National Life Insurance C	отрапу		1129-90581 91-1079693
6.	List of memberships in pr	ofessional societies and assoc		rem.	91-10/9093
0.		oressional societies and assoc			m
	Name of Society/Association	Contact Name	Address of Society/Associa		Telephone Number of Society/Association
	Society of Actuaries	Greg Heidrich, Executive	475 North Martingale R		
		Director	Schaumburg, IL 60173		
	American Academy of	Mark Cohen, Director of	1850 M Street NW, Suit	te 300	(202) 223-8196
	Actuaries	Communications	Washington, DC 20036		
7.	Present or proposed positi	ion with the applicant entity:	Vice President		
8.	including present jobs, po officerships). Please list the	nt record for the past twenty ositions, partnerships, owner of the most recent first. Attach ac whone numbers and supervisor	of an entity, administrator Iditional pages if the space	r, manager, ce provided	operator, directorates or is insufficient. It is only
	ng/Ending MM/YY): <u>05/11</u> - <u>present</u>	Employer's Name: Symet	ra Financial Corporation	and subsidia	nries
Address	: 777 108 <sup>th</sup> Avenue NE, S	uite 1200 City: Bellevue	State/Province: WA		
Country	: <u>USA</u> Postal Code: 98	8004-5135 Phone: (800) 79	6-3872 Offices/Position	ns Held: <u>Se</u>	ee Attachment
Type of	Business: <u>Life insurance</u> ,	other financial services Sup	ervisor / Contact <u>Dan G</u>	uilbert	
	ng/Ending MM/YY): <u>02/03</u> – <u>05/11</u>	Employer's Name: Surema	, Inc.		
Address	: <u>14415 3<sup>rd</sup> Ave. NW</u> C	ity: <u>Seattle</u> State/Province:	WA		
Country	: <u>USA</u> Postal Code: 98	3177 Phone: (206) 306-070	8 Offices/Positions Hel	d: <u>Secretar</u>	y, Treasurer
Type of	Business: Consulting Su	pervisor / Contact Henning	Hasle		
	ng/Ending MM/YY): 10/99 – 02/03	Employer's Name: Safeco	Financial Products		
Address	: Two Union Square Cit	ty: Seattle State/Province:	WA		
Country	: <u>USA</u> Postal Code:	Phone: Office	es/Positions Held: <u>VP, T</u>	reasurer &	Actuary
Type of	Business: <u>Insurance</u> , othe	r financial services Supervis	or / Contact Henning Ha	isle	<del> </del>
_	ng/Ending MM/YY): <u>06/86</u> – <u>10/99</u>	Employer's Name: Safeco Li	fe Insurance Co. (now Sy	metra Life	Insurance Company)
Address	: City: Rednion	d State/Province: WA		<u> </u>	
Country	: <u>USA</u> Postal Code:	Phone: Office	es/Positions Held: Assis	tant Actuary	7
Type of	Business: <u>Life insurance</u> ,	other financial services Sup-	ervisor / Contact Mike K	Cinzer	

Applica	int Name	(Company) Sy	netra Life Insurance Company		NAIC No. FEIN:	1129-68608 91-0742147
Applica	int Name	(Company) Sy	metra National Life Insurance Company		NAIC No. FEIN:	1129-90581 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 revoked?	r been denied an individual or position sci	hedule fidelity	bond, or	had a bond canceled or
		Yes 🗌	No 🛛			
		If yes, give de	tails: <u>N/A</u>	······································		
10.	or gove in the p the lice number are reas represer	emmental licens ast. For any nor using authority is your Social is sonably identifiented by your Si	ccupational and vocational licenses (including agency or regulatory authority or licensed in agency or regulatory issuer, identify and proper regulatory body having jurisdiction over Security Number (SSN) or embeds your SSN albel as your SSN, then write SSN for that properties of the properties of t	ing authority the rovide the name the license (s) N or any seque portion of the	nat you pre e, address issued. If y nce of mon profession	esently hold or have held and telephone number of your professional license re than five numbers that al license number that is
				<del></del>	· .	
Organia	zation/Iss	uer of License:	Address:			
City:	S	State/Province:	Country: Postal Code: _		·····	
License	Туре:	License	#: Date Issued (MM/YY):			
Date Ex	pired (M	IM/YY):	Reason for Termination:			
Non-in	surance R	Regulatory Phon	e Number (if known):			
Organiz	zation/Iss	uer of License:	Address:			
City:	s	State/Province:	Country: Postal Code: _			
License	Туре:	License	#: Date Issued (MM/YY):			
Date Ex	pired (M	IM/YY):	Reason for Termination:			
Non-in:	surance R	Regulatory Phon	e Number (if known):			
11.			lowing, if the record has been sealed or exp r expunged, an affiant may respond "no" to		affiant ha	s personally verified that
	a.		an occupational, professional, or vocational ministrative, or governmental licensing agend		mit by any	regulatory authority, or
		Yes 🗌	No 🛛			

Applicant N	ame (Company) <u>S</u>	NAIC No. FEIN:	1129-68608 91-0742147	
Applicant N	ame (Company) <u>S</u>	ymetra National Life Insurance Company	NAIC No. FEIN:	1129-90581 91-1079693
b.		upational, professional, or vocational license or administrative, regulatory, or disciplinary action		we held, been subject to
	Yes 🗌	No 🖾		
c.		on probation or had a fine levied against you or mit in any judicial, administrative, regulatory, o		fessional, or vocational
	Yes 🗌	No 🖾		
d.	Been charged	with, or indicted for, any criminal offense(s) of	ther than civil traffic of	Tenses?
	Yes	No 🔯		
e.	Pled guilty, offenses?	or nolo contendere, or been convicted of, an	y criminal offense(s)	other than civil traffic
	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.	administrative, repregulating the bu	cease and desist letter or order, or enjoined, eith gulatory, or disciplinary action, from violating a siness of insurance, securities or banking, or surse of the business of insurance, securities or b	ny federal, state law o from carrying out an	r law of another country
	Yes 🗌	No 🖾		
h.	Been, within the financial dispute?	last ten (10) years, a party to any civil actio	n involving dishonest	y, breach of trust, or a
	Yes 🗌	No 🖾		
i.	provisions of sma	nde by the Comptroller of any state or the Fed Il loan laws, banking or trust company laws, o tion lawfully made by the Comptroller of any sta	or credit union laws, or	that you have violated
	Yes	No 🔀		
j.	Had a lien or fores	closure action filed against you or any entity wh	ile you were associated	d with that entity?
	Yes	No 🔀		
		any question above is yes, please provide deta he complaint and filed adjudication or settlemen		cations, disposition, etc.
	N/A			

Applicant Name (Company) Symetra Lite Insurance Company		NAIC No. FEIN:	91-0742147					
Applio	cant Nam	e (Company) 5	NAIC No. FEIN:	1129-90581 91-1079693				
12.	term " posses person or non office holds	control" (inclusion, direct or , whether throu-management; held by the pe	ot to regulation by an insurance regulatory authorized the terms "controlling," "controlled by" indirect, of the power to direct or cause the cugh the ownership of voting securities, by controlled services, or otherwise, unless the power is the erson. Control shall be presumed to exist if any to vote, or holds proxies representing, ten percentage.	and "under common of direction of the manager act other than a common result of an official poor y person, directly or in	ontrol with") means the ement and policies of a ercial contract for goods osition with or corporate directly, owns, controls,			
	If any	of the stock is	pledged or hypothecated in any way, give details	s. <u>N/A</u>				
13.	Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, benefit or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurregulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common or with, the person specified.				gulation by an insurance person, is a person that			
	Yes [	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	f stock are pledged or hypothecated in any way,	give details.				
	N/A							
14.	Have y	ou ever been a	djudged a bankrupt?					
	Yes [	] No	$\boxtimes$					
	If yes,	provide details	: <u>N/A</u>					
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 or while you served in such capacity?							
	a.	Been refused licensing age	d a permit, license, or certificate of authority ency?	by any regulatory auti	nority, or governmental-			
		Yes 🗌	No 🛛					
	b.	to any judio	nit, license, or certificate of authority suspended cial, administrative, regulatory, or disciplinary, conservatorship, federal bankruptcy proceedi eeding)?	y action (including re	habilitation, liquidation,			
		Yes 🗌	No 🛛					

Applicant Name	(Company) Symetra Life Insurance Company	NAIC No. FEIN:	1129-68608 91-0742147
Applicant Name	(Company) Symetra National Life Insurance Company	NAIC No. FEIN:	1129-90581 91-1079693
c.	Been placed on probation or had a fine levied against it or against authority in any civil, criminal, administrative, regulatory, or disciplin		license, or certificate of
	Yes No		
	swer to any of the above is yes, please indicate and give details. When hould also include any events within twelve (12) months after his or he		
	result of state examinations, Symetra Life Insurance Company paid forida (\$9,000), and in 2011 to Oregon (\$10,000).	ines in 2012	to Connecticut (\$6,000)
Note:	If an affiant has any doubt about the accuracy of an answer, the questi and an explanation provided.	on should be	answered in the positive
acting on my own	this 8th day of August 2013 at Bellevue, WA. I hereby certain behalf and that the foregoing statements are true and correct to the best signature of Affiant)		
State of Washin	gton County of King		
The foregoing ins	strument was acknowledged before me this 8th day of August, 2013	by Brent	P. Martonik, and:
who is perso	nally known to me, or		
☐ who produce	d the following identification:		
ANN NOTALI NOTALI STACK	ARV S	016	Notary Public ted Notary Name
7771111	11111111.	муС	ommission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN:

FEIN:

91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

<u>91-1079693</u>

Attachment to Question 8: Employment History

Date

**Employer** 

05/11- present

Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of Vice President

New York

Symetra Life Insurance Company

Vice President

Symetra National Life Insurance Company

Vice President

FORM 11

Applicant Name (Company)	Symetra Life Insurance Company	NAIC No. FEIN:	1129-68608 91-0742147	
Applicant Name (Company)	Symetra National Life Insurance Company	NAIC No. FEIN:	1129-90581 91-1079693	

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

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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.

A due copy of this Disclosure	and Admonization shan be valid	and have the same force and effect as the signed original.
Brent Patrick Martonik	8822 121st St E, Puyallup, WA	98373
Ke tille to	(Printed Full Name and	,
(Signatu	re)	<u>August 8, 2013</u> (Date)
(Oigimita	10)	(Date)
State of Washington	County of King	
who is personally known		th day of August, 2013 by Brent P. Martonik, and:
NOTARY PUBLIC		Mary anne Parter Notary Public
19.11		Mary Anne Porter Printed Notary Name
OF WASHING		10/19/2016
		My Commission Expires

Applicant Name (Company)	Symetra Life Insurance Company		1129-68608 91-0742147
Applicant Name (Company)	Symetra National Life Insurance Company	_	1129-90581 91-1079693

#### **BIOGRAPHICAL AFFIDAVIT**

To the ext	tent perm	nitted by law,	this affidavit wi	Il be kept confider	ntial by th	ie state insurance i	egulatory auth	iority.
				(Print or 7	Гуре)			
required (I Symetra L Symetra N 777 108 <sup>th</sup> Bellevue, (800) 796. In connect	Do Not life Insurational Avenue WA 980 -3872	Use Group Na rance Compar Life Insurance NE, Suite 120 004-5135	e Company 00 -named entity,	I herewith make	represer	tations and supp	ly information	
			E," SO STATE.					4-050000 1400y.y 11
1. A	Affiant's	Full Name (In	nitials Not Acce	ptable): First: Ge	eorge M	iddle: <u>Neil</u> Last:	<u>McKinnon</u>	
2. a	ı <b>.</b> ,	Are you a citiz	zen of the United	d States?				
	,	Yes 🛚	No 🗌					
b	<b>).</b> .	Are you a citi:	zen of any other	country?				
	•	Yes 🗍	No 🛛					
	!	If yes, what co	ountry?					
3.	Affiant's	occupation or	r profession: <u>C</u>	hief Information (	Officer			
4. A		business addr etra Financial		(cKinnon, SC-14;	777 108 <sup>t</sup>	Ave NE, Suite 12	200; Bellevue,	WA 98004-5135
E	Business	telephone: 4	<u>25-256-5353</u>	Business Email:	George.l	McKinnon@symet	ra.com	<del></del>
5. E	Education	n and training						
College/U University		Y Hampshire	City/State Durham, NH			ended (MM/YY) -06/80		Degree Obtained BSEE
Graduate : Business	Studies	College/L West Coa	<u>Jniversity</u> ast College	City/State Los Angeles,	CA	<u>Dates Attended (1</u> 09/81-06/83	MM/YY)	<u>Degree Obtained</u> MBA
Other Tra	ining: N	ame (	City/State	Dates Atter	aded (MM	VYY)	Degree/Certi	fication Obtained

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. FEIN:	1129-68608 91-0742147	
Applica	ant Name (Company) Symetr	a National Life Insurance Co	mpany		1129-90581 91-1079693	
6.	List of memberships in prof	essional societies and associa	itions:			
	Name of Society/Association	Contact Name	Address of Society/Associatio	n (	Telephone Number of Society/Association	
	None					
7.	Present or proposed position	n with the applicant entity: S	enior Vice President			
8.	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.					
	ing/Ending (MM/YY): 03/11 - present	Employer's Name: Symetra	a Financial Corporation	and subsid	aries	
Addres	s: 777 108th Avenue NE, Su	te 1200 City: Bellevue	State/Province: <u>WA</u>			
Country	y: <u>USA</u> Postal Code: <u>980</u>	04-5135 Phone: (800) 796	5-3872 Offices/Positic	ns Held: S	ee Attachment	
Type o	f Business: <u>Life insurance, o</u>	ther financial services Supe	rvisor / Contact <u>Marg</u> a	aret Meister		
	ing/Ending (MM/YY): 05/09 – 03/11	Employer's Name: <u>Bleum Ir</u>	nc.			
Addres	s: City: Shanghai	State/Province:				
Country	y: PRC Postal Code:	Phone: Offices	s/Positions Held: <u>SVP</u>	Engineering	3	
Type o	f Business: IT and Software	Outsourcing Supervisor / Co	ontact Eric Rongley, C	CEO		
	ing/Ending (MM/YY): 01/09 - 05/09	Employer's Name: Sabatica	l			
Addres	s: City: Woodinvi	lle State/Province: WA				
Countr	y: Postal Code:	Phone: Offic	es/Positions Held:			
Type o	f Business: Supervis					
	ing/Ending (MM/YY): <u>08/06</u> – <u>01/09</u>					
Addres	s: 333 108 <sup>th</sup> Avenue NE C	ity: <u>Bellevue</u> State/Provin	ce: WA			
Countr	y: <u>USA</u> Postal Code: <u>980</u>	04 Phone: Office	s/Positions Held: <u>IT C</u>	onsultant / '	VP Technology	
Type o	f Business: Travel Supervis	sor / Contact Pierre Samec.	сто			

Applicant Name (Company) Symetra Life Insurance Company	NAIC No. FEIN:	1129-68608 91-0742147			
Applicant Name (Company) Symetra National Life Insurance Company	NAIC No. FEIN:	1129-90581 91-1079693			
		<u></u>			
Beginning/Ending Dates (MM/YY): 06/05 - 06/06 Employer's Name: Microsoft	<del>-</del> -				
Address: One Microsoft Way City: Redmond State/Province: WA		,			
Country: <u>USA</u> Postal Code: <u>98052-6399</u> Phone: <u>1-800-Microsoft</u> Offices/Posit	ions Held:	T 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		<del></del>			
Country: USA Postal Code: 43082 Phone: (614) 898-9412 Offices/Positions H	eld: <u>Directo</u>	or 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	-	<del></del>			
Country: <u>USA</u> Postal Code: <u>43215-2220</u> Phone: <u>(800) 882-2822</u> Offices/Positive	ons Held: <u>V</u>	P CIO			
Type of Business: Insurance Supervisor / Contact Galen Barnes, CEO	- <del></del>				
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					

Applica	ant Name	(Company) Sy	ymetra Life Insurance	: Company	NAIC No. FEIN:	1129-68608 91-0742147
Applica	ant Name	(Company) Sy	ymetra National Life	Insurance Company	NAIC No. FEIN:	1129-90581 91-1079693
9.	a.	Have you eve	r been in a position w	hich required a fidelity bo	ond?	
		Yes 🗌	No 🛛			
		If any claims	were made on the bor	nd, give details: N/A		<del>-</del> ,
	b.	Have you ever revoked?	er been denied an ind	dividual or position sche	dule fidelity bond, or	had a bond canceled or
		Yes 🗌	No 🛛			
		If yes, give de	etails: <u>N/A</u>			
10.  NONE	or gove in the p the lice number are reas represe	ernmental licens ast. For any not nsing authority is your Social sonably identifinted by your S	sing agency or regulation- in-insurance regulatory or regulatory body has Security Number (SS able as your SSN, the	ational licenses (including tory authority or licensing y issuer, identify and provaving jurisdiction over the N) or embeds your SSN oen write SSN for that por SSN", "12-SSN-345" or	g authority that you provide the name, address to license (s) issued. If or any sequence of most tion of the profession	esently hold or have held and telephone number of your professional license re than five numbers that al license number that is
_						
City: _		State/Province:	Country: _	Postal Code:		
License	Type:	Licens	e #: Date Is	sued (MM/YY):		
Date Ex	cpired (M	IM/YY):	_ Reason for Termi	ination:		
Non-ins	surance R	Regulatory Phor	ne Number (if known)	):		
Organia	zation/Iss	uer of License:	Address:			
City: _	s	State/Province:	Country: _	Postal Code:		
License	: Type:	Licens	e #: Date Is.	sued (MM/YY):		
Date Ex	cpired (M	(M/YY):	_ Reason for Termi	nation:		
Non-in	surance R	Regulatory Phor	ne Number (if known)	):		
11.				has been sealed or expun nt may respond "no" to the		
	a.			fessional, or vocational lic		regulatory authority, or
		Yes 🗌	No 🛛			

Applicant Na	ame (Company)	Symetra Life Insurance Company	NAIC No. FEIN:	<u>1129-68608</u> <u>91-0742147</u>
Applicant Na	ame (Company)	Symetra National Life Insurance Company	NAIC No. FEIN:	1129-90581 91-1079693
b.		ccupational, professional, or vocational license or placed license		eve held, been subject to
	Yes 🗌	No 🛛		
c.		d on probation or had a fine levied against you or y permit in any judicial, administrative, regulatory, or		fessional, or vocational
	Yes 🗌	No 🛛		
d.	Been charg	ed with, or indicted for, any criminal offense(s) oth	ner than civil traffic of	ffenses?
	Yes 🗌	No 🛛		
e.	Pled guilty offenses?	, or nolo contendere, or been convicted of, any	criminal offense(s)	other than civil traffic
	Yes 🗌	No 🖂		
f.	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 financial disput	ne last ten (10) years, a party to any civil action e?	n involving dishonest	ry, breach of trust, or a
	Yes 🗌	No 🗵		
i.	provisions of s	made by the Comptroller of any state or the Fed mall loan laws, banking or trust company laws, or tlation lawfully made by the Comptroller of any sta	credit union laws, o	r that you have violated
	Yes 🗌	No 🛛		
j.	Had a lien or fo	reclosure action filed against you or any entity whi	le you were associate	d with that entity?
	Yes 🗌	No 🛛		
		to any question above is yes, please provide detail of the complaint and filed adjudication or settlement		cations, disposition, etc.
	N/A			

Applic	ant Name	(Company) Sy	ymetra Life Insurance Company		NAIC No. FEIN:	<u>1129-68608</u> <u>91-0742147</u>
Applic	ant Name	(Company) <u>S</u>	ymetra National Life Insurance Com	<u>ipany</u>	NAIC No. FEIN:	<u>1129-90581</u> <u>91-1079693</u>
12.	term "c possess person, or non- office l holds w other p	control" (includation, direct or in whether through-management so the ld by the per with the power therson. None	to regulation by an insurance regulting the terms "controlling," "controlling," "controlling, the ownership of voting securities ervices, or otherwise, unless the poson. Control shall be presumed to o vote, or holds proxies representing	colled by" and "unde cause the direction of the cause the direction of the cause the result of a exist if any person, of the cause of t	r common of f the manag han a comm in official pe lirectly or in	control with") means the gement and policies of a sercial contract for goods osition with or corporate adirectly, owns, controls,
	If any o	of the stock is p	ledged or hypothecated in any way,	give details. N/A		
13.	or of regulated	ecord, 10% or ory authority, o	bers of your immediate family indi more of the outstanding shares of r its affiliates? An "affiliate" of, or through one or more intermediaries, ied.	stock of any entity s person "affiliated" wi	ubject to re th, a specifi	gulation by an insurance c person, is a person that
	Yes [	] No	$\boxtimes$			
		please identify standing voting	the company or companies in which securities.	n the cumulative stoc	k holdings r	epresent 10% or more of
	If any o	of the shares of	stock are pledged or hypothecated in	n any way, give detail	s.	
	<u>N/A</u>					
14.	Have y	ou ever been ac	ljudged a bankrupt?			
	Yes [	No	$\boxtimes$			
	If yes,	provide details:	<u>N/A</u>			
15.	commi		nas any company or entity for whey management employee or controch capacity?			
	a.	Been refused licensing age	a permit, license, or certificate of ncy?	authority by any re	gulatory aut	hority, or governmental-
		Yes 🗌	No 🖂			
	b.	to any judic	it, license, or certificate of authority ial, administrative, regulatory, or conservatorship, federal bankruptoeding)?	disciplinary action (	including re	habilitation, liquidation,
		Yes 🗌	No 🖾			

Applicant Name	(Company) Symetra Life Insurance Company	NAIC No. FEIN:	1129-68608 91-0742147
Applicant Name	(Company) Symetra National Life Insurance Company	NAIC No. FEIN:	1129-90581 91-1079693
c.	Been placed on probation or had a fine levied against it of authority in any civil, criminal, administrative, regulatory, or		license, or certificate of
	Yes No 🗌		
	nswer to any of the above is yes, please indicate and give deta should also include any events within twelve (12) months after		
	result of state examinations, Symetra Life Insurance Compariorida (\$9,000), and in 2011 to Oregon (\$10,000).	any paid fines in 2012	to Connecticut (\$6,000)
Note:	If an affiant has any doubt about the accuracy of an answer, t and an explanation provided.	the question should be	answered in the positive
	I this \( \frac{1}{2} \text{U}\) day of December 2013 at \( \frac{1}{2} \text{Bellevue, WA}\). own behalf and that the foregoing statements are true and construction of Affiant)		
State of Washin	gton County of King		
The foregoing in	strument was acknowledged before me this 4 4 day of I	December, 20 <u>13</u> by	George N. McKinnon
and:			
-	onally known to me, or ed the following identification:		
who produc	ed the following identification.		a
[SEAL]	NOTARY PUBLIC OF WASHINGTON	02/14/2017	Notary Public  ted Notary Name  ommission 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

Employer

03/11- present

Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of

Senior Vice President

New York

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		1129-68608
		FEIN:	91-0742147
Applicant Name (Company)	Symetra National Life Insurance Company	FEIN:	1129-90581 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 t	the same force and effect as the signed original.
George N. McKinnon 19525 228th Ave. NE Woodinville, WA 98077	
(Printed Full Name and Residence (Signature)	December 7, 2013 (Date)
State of Washington County of King	
The foregoing instrument was acknowledged before me this 4 day and:	of December, 20 <u>13</u> by George N. McKinnon,
who is personally known to me, or	
who produced the following identification:	- and Eush
[SEAL]	Notary Public
NOTARY	Ann Ernst
O PUBLIC >	Printed Notary Name 02/14/2017
- 72 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	My Commission Expires
OF WASHING	Revised 04/16/13

Applicant Name (Company) Symetra Life Insurance Company		1129-68608		
	FEIN:	91-0742147		
Applicant Name (Company) Symetra National Life Insurance Company	NAIC No.	1129-90581		
	FEIN:	91-1079693		
BIOGRAPHICAL AFFIDAVIT				
BIOGRAPHICAL AFFIDAVII				

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

#### (Print or Type)

			one number of the pr					l statement is being
			Vames)					
		urance Comp	C					<del></del>
		NE, Suite 12						
		004-5135						
	96-3872			** '. !.	*********			
hereina	fter set fo	orth. (Attach	re-named entity, I he addendum or separate.					
1.	Affiant'	s Full Name (	(Initials Not Acceptal	ole): First: <u>N</u>	<u>∕largaret</u> N	Middle: <u>Alice</u>	Last: Meister	
2.	a.	Are you a ci	tizen of the United St	ates?				
		Yes 🛚	No 🗌					
	b.	Are you a ci	tizen of any other cou	intry?				
		Yes 🗌	No 🛛					
		If yes, what	country?					· · · · ·
3.	Affiant'	s occupation	or profession: Chief	Financial Of	fficer, Actu	ıary		
4.		s business ade netra Financia	dress: al Attn: Margaret Me	ister, SC-14;	777 108 <sup>th</sup> /	Ave NE, Suite 1	200; Bellevue,	WA 98004-5135
	Busines	s telephone:	425-256-5185 Bus	siness Email:	Margaret	t.Meister@syme	tra.com	
5.	Education	on and trainin	g:					
	/Universi in College		<u>City/State</u> Walla Walla, WA	A	Dates Atte	<u>ended (MM/YY</u> -05/86	)	Degree Obtained B.A.
<u>Graduat</u> Math	e Studies		University gton State University	<u>City/Sta</u> Pullm	ute nan, WA	Dates Attende 08/86-0		Degree Obtained None
Other T	raining: N	Name	City/State	Dates Atte	ended (MM	VYY)	Degree/Cer	tification Obtained

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

Applica	nt Name (Company) Sym	etra Life Insurance Company		IC No. <u>1129-68608</u>
			FE	
Applicat	nt Name (Company) Sym	etra National Life Insurance C	ompany NA FE	IC No. <u>1129-90581</u> N: <u>91-1079693</u>
	T :- 4 - 6			11. 21-10/7073
6.	List of memberships in pi	rofessional societies and associ	iations:	
	Name of		Address of	Telephone Number
	Society/Association Society of Actuaries	Contact Name Dorothy Pedroza	Society/Association 475 North Martingale #600	of Society/Association (847) 706-3500
	Society of Actuaries	Dolomy I curoza	Schaumberg, IL 60173	(847) 700-3300
	American Academy of	Susan Steinbach	1100 Seventeenth St. NW	(202) 223-8196
	Actuaries		7 <sup>th</sup> Floor Washington, DC 20036	
			washington, DC 20050	
7.	Present or proposed posit	ion with the applicant entity:	Director, Executive Vice Pre	sident, Chief Financial Officer
8.				ensated or otherwise (up to and nanager, operator, directorates or
				rovided is insufficient. It is only
	necessary to provide telep	phone numbers and supervisor	y information for the past ten	(10) years.
Reginni	ng/Ending	<u></u> ,,		
		Employer's Name: Symet	ra Financial Corporation and	subsidiaries
A ddragg	. 777 108th Avenue NE 9	Suite 1200 City: Bellevue	State/Province: WA	
Address	: <u>/// 108 Avenue NE, :</u>	Suite 1200 City. Believae	States Tovince. WA	
Country	: <u>USA</u> Postal Code: 9	8004-5135 Phone: (800) 79	6-3872 Offices/Positions I	leld: See Attachment
Type of	Rusiness: Life insurance	other financial services Sup-	ervisor / Contact Tom Marr	a
	<u> </u>			
	ng/Ending			
Dates (1	MM/YY):	Employer's Name:	<u>.</u>	
Address	: City:	State/Province:		
Country	: Postal Code:	Phone: Offi	ces/Positions Held:	
Type of	Business: Super			
Beginnin	ng/Ending			
		Employer's Name:		
Address	: City:	State/Province:		
Country	Postal Code:	Phone: Offi	ces/Positions Held:	
Type of	Business: Super			
Beginnin	ng/Ending			
Dates (	MM/YY):	Employer's Name:		
Address	: City:	State/Province:		
Country	: Postal Code:	Phone: Offi	ces/Positions Held:	
Type of	Business: Super	visor / Contact		

Applica	int Name	(Company) <u>s</u>	metra Life Insurance Compan	¥	FEIN:	91-0742147
Applica	ant Name	(Company) Sy	metra National Life Insurance	: Company	NAIC No. FEIN:	1129-90581 91-1079693
9.	a.	Have you eve	r been in a position which requ	pired a fidelity bond?		
		Yes 🗌	No 🖾			
		If any claims	were made on the bond, give d	letails: <u>N/A</u>		
	b.	Have you everevoked?	er been denied an individual	or position schedule f	idelity bond, or	had a bond canceled or
		Yes 🗌	No 🛚			
		If yes, give de	tails: N/A			
NONE	or gove in the p the lice number are reas represe	ernmental license ast. For any non- nsing authority is your Social sonably identificated by your Social the space proven	inccupational and vocational licing agency or regulatory author-insurance regulatory issuer, it or regulatory body having jur Security Number (SSN) or emable as your SSN, then write SN. (For example, "SSN", "I ided is insufficient.	ority or licensing authoridentify and provide the isdiction over the licensbeds your SSN or any SSN for that portion of 2-SSN-345" or "1234"	ority that you pre e name, address ase (s) issued. If sequence of mon of the profession I-SSN" (last 6 d	esently hold or have held and telephone number of your professional license than five numbers that al license number that is
Organia	zation/Iss		Address:			
•			Country: P			
•			#: Date Issued (MI			
	-		_ Reason for Termination:			
	•		e Number (if known):			
			e Number (II kilowii).			
Organiz	zation/Iss	uer of License:	Address:			
City: _	S	State/Province:	Country: P	ostal Code:		
License	Туре:	Licens	e#: Date Issued (MI	M/YY):		
Date Ex	epired (M	IM/YY):	Reason for Termination:			·
Non-ins	surance R	Regulatory Phor	e Number (if known):			
11.			llowing, if the record has beer or expunged, an affiant may re			
	a.		an occupational, professional, ministrative, or governmental		or permit by any	regulatory authority, or
		Yes 🗌	No 🛛			

Applicant N	ame (Company) Sy	metra Life Insurance Company	NAIC No. FEIN:	<u>1129-68608</u> <u>91-0742147</u>
Applicant N	ame (Company) Sy	metra National Life Insurance Company	NAIC No. FEIN:	1129-90581 91-1079693
b.		pational, professional, or vocational license or permit y dministrative, regulatory, or disciplinary action?	ou hold or ha	ave held, been subject to
	Yes	No 🛛		
c.		on probation or had a fine levied against you or your occumit in any judicial, administrative, regulatory, or discipli		fessional, or vocational
	Yes 🗌	No 🖂		
d.	Been charged	with, or indicted for, any criminal offense(s) other than	civil traffic o	ffenses?
	Yes 🗌	No 🖾		
e.	Pled guilty, offenses?	or nolo contendere, or been convicted of, any crimin	zal offense(s)	other than civil traffic
	Yes 🗌	No 🛛		
f.		ion of guilt withheld, had a sentence imposed or suspend been pardoned, fined, or placed on probation, for any is?		
	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 financial dispute?	last ten (10) years, a party to any civil action involv	ing dishones	ty, breach of trust, or a
	Yes 🗌	No 🛛		
i.	provisions of sma	de by the Comptroller of any state or the Federal Go il loan laws, banking or trust company laws, or credit to ion lawfully made by the Comptroller of any state or the	union laws, o	r that you have violated
	Yes 🗌	No 🛛		
j.	Had a lien or forec	closure action filed against you or any entity while you w	vere associate	d with that entity?
	Yes	No 🛛		
		any question above is yes, please provide details include complaint and filed adjudication or settlement as appropriate the complaint and filed adjudication or settlement as approximately as a settlement as approximately as a settlement a		cations, disposition, etc.
	N/A			

€.

Applicant Name (Company) Symetra Life Insurance Company NAIC N					91-0742147		
Applicant Name (Company) Symetra National Life Insurance Company					1129-9058 J 91-1079693		
12.	term " posses person or non office holds	control" (included sion, direct or any and the control of the cont	t to regulation by an insurance regulatory authori- ding the terms "controlling," "controlled by" an indirect, of the power to direct or cause the dir- gh the ownership of voting securities, by contrac- ervices, or otherwise, unless the power is the re- rson. Control shall be presumed to exist if any p- to vote, or holds proxies representing, ten percent	d "under common of ection of the managest other than a common sult of an official poperson, directly or in	control with") means the gement and policies of a tercial contract for goods osition with or corporate adirectly, owns, controls,		
	If any	of the stock is p	ledged 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					
		please identify standing voting	the company or companies in which the cumular securities.	tive stock holdings r	epresent 10% or more of		
	If any	of the shares of	stock are pledged or hypothecated in any way, gi	ve details.			
	N/A						
14.	Have y	ou ever been ac	djudged a bankrupt?				
	Yes [	No					
	lf yes,	provide details:	N/A				
15.	commi		has any company or entity for which you were bey management employee or controlling stockhol ach capacity?				
	a.	Been refused licensing age	l a permit, license, or certificate of authority by ncy?	any regulatory aut	hority, or governmental-		
		Yes 🗌	No 🛚				
	b.	to any judic	it, license, or certificate of authority suspended, rial, administrative, regulatory, or disciplinary conservatorship, federal bankruptcy proceeding eding)?	action (including re	habilitation, liquidation,		
		Yes 🗌	No 🖾				

Applicant Name (Company) Symetra Life Insurance Company		NAIC No. EIN:	1129-68608 91-0742147
Applicant Name (Company) Symetra National Life Insurance C		NAIC No. EIN:	1129-90581 91-1079693
c. Been placed on probation or had a fine leve authority in any civil, criminal, administrative			license, or certificate of
Yes No 🗌			
If the answer to any of the above is yes, please indicat affiant should also include any events within twelve (12)			
(c) As a result of state examinations, Symetra Life Insand to Florida (\$9,000), in 2011 to Oregon (\$10,000)			
(\$2,500), Pennsylvania (\$90,000), and to Washington ( New York paid a fine in 2006 to New York (\$100,000)		ational Lif	e Insurance Company of
Note: If an affiant has any doubt about the accuracy and an explanation provided.	of an answer, the question	should be	answered in the positive
Dated and signed this 8th day of August 2013 at Belle acting on my own behalf and that the foregoing statements are to			
(Signature of Affiant)			
State of Washington County of King	<del></del>		
The foregoing instrument was acknowledged before me this 8t	<u>h</u> day of <u>August</u> , 20 <u>13</u> b	y <u>Marga</u>	ret A. Meister, and:
who is personally known to me, or			
who produced the following identification:  NNE  PUBLIC  PUBLIC	Mary Ann	e Porter	Notary Public

Applicant Name (Company)	Symetra Life Insurance Company
--------------------------	--------------------------------

NAIC No. 1129-68608 FEIN: 91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

FEIN:

NAIC No. 1129-90581 91-1079693

### Attachment to Question 8: Employment History

Employer

05/88-present

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

Medical Risk Managers, Inc.

Director

Symetra Administrative Services, Inc.

Director

Manager

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. ("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 I	Residence Address)
Many We	August 8, 2013
(Signature)	(Date)
State of Washington County of King	<u></u>
The foregoing instrument was acknowledged before me this $\ \underline{8th}$	day of August, 2013 by Margaret A. Meister, and:
who is personally known to me, or	
who produced the following identification:	
ANNE POPE	Mary anne Perter Notary Public
Sold and the second second	Maryanneterler
PROTARY	// Notary Public
Punic is	Mary Anne Porter
TANO OF THE PROPERTY OF THE PR	Printed Notary Name
Or unchill in	10/19/2016
WASTING WASTING	My Commission Expires

Applicant Name (Company) Syn	metra Life Insurance Company	NAIC No. FEIN:	1129-68608 91-0742147
Applicant Name (Company) Syn	metra National Life Insurance Company	NAIC No. FEIN:	1129-90581 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)
required (Do Not Use	nd telephone number of the present or proposed entity under which this biographical statement is being Group Names)
Symetra Life Insuran	ce Company
	e Insurance Company
777 108th Avenue NE Bellevue, WA 98004	
(800) 796-3872	-5155
In connection with hereinafter set forth.	the above-named entity, I herewith make representations and supply information about myself as (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF OR "NONE," SO STATE.
1. Affiant's Fu	ll 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 y	es, what country?
3. Affiant's occ	supation or profession: Controller, Certified Public Accountant
	siness address: Financial Attn: Colleen Murphy, SC-14; 777 108 <sup>th</sup> Ave NE, Suite 1200; Bellevue, WA 98004-5135
Business tele	phone: 425-256-8189 Business Email: Colleen.Murphy@symetra.com
5. Education ar	d training:
College/University Southern Illinois Univ	City/State Dates Attended (MM/YY) Degree Obtained versity Carbondale, IL 08/80-12/83 BS Accounting
Graduate Studies	College/University City/State Dates Attended (MM/YY) Degree Obtained
Other Training: Name	City/State Dates Attended (MM/YY) Degree/Certification Obtained

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

Applicant N	lame (Company) S	ymetra Life Insurance Company	<u>′</u>	NAIC No. FEIN:	<u>1129-68608</u> <u>91-0742147</u>
Applicant N	Iame (Company) <u>S</u>	ymetra National Life Insurance	<u>Company</u>	NAIC No. FEIN:	1129-90581 91-1079693
9. a.	Have you eve	r been in a position which requi	red a fidelity bond?		
	Yes 🗌	No 🛛			
	If any claims	were made on the bond, give de	etails: N/A		
b.	Have you everevoked?	er been denied an individual o	r position schedule fideli	ity bond, or	had a bond canceled or
	Yes 🗌	No 🛛			
	If yes, give de	etails: <u>N/A</u>			
or in the numer are	governmental licens the past. For any no licensing authority mber is your Social reasonably identifi	occupational and vocational lice sing agency or regulatory author n-insurance regulatory issuer, id or regulatory body having juris Security Number (SSN) or emb able as your SSN, then write S SN. (For example, "SSN", "12 rided is insufficient.	rity or licensing authority lentify and provide the na- diction over the license (seeds your SSN or any sequence of the sequen	that you pre me, address a s) issued. If y uence of more e professions	sently hold or have held and telephone number of your professional license than five numbers that al license number that is
Organizatio	n/Issuer of License:	Washington State Board of Ac	ccountancy Address: P	.O. Box 913	1
City: Olym	<u>ipia</u> State/Provinc	e: <u>WA</u> Country: <u>USA</u> Pos	tal Code: 98507-9131		
License Typ	e: <u>CPA License</u>	License #: 24413 Date Issue	d (MM/YY): 01/04	· · · · · · · · · · · · · · · · · · ·	<del>*************************************</del>
Date Expire	d (MM/YY): <u>N/A</u>	Reason for Termination: N/	A - Still active		
Non-insurar	ice Regulatory Phor	ne Number (if known): (360) 7	753-2586		<del></del>
Organization	n/Issuer of License:	Address:			
City:	_ State/Province:	Country: Pos	stal Code:		
License Typ	e: Licens	e #: Date Issued (MM.	/YY):		
Date Expire	d (MM/YY):	_ Reason for Termination: _			
Non-insurar	nce Regulatory Phor	ne Number (if known):		· ··· · · · · · · · · · · · · · · · ·	
		llowing, if the record has been sor expunged, an affiant may resp			
a.		an occupational, professional, oministrative, or governmental lie		ermit by any	regulatory authority, or
	Yes 🗌	No 🔀			

Applicant Name (Company) Symetra Life Insurance Company			<u>pany</u>		1129-68608			
					FEIN:	91-0742147		
Applicant Name (Company) Symetra National Life Insurance			nce Company	NAIC No.	1129-90581			
				FEIN:	91-1079693			
6.	List of me	List of memberships in professional societies and associations:						
	Name	e of		Address of		Telephone Number		
	Society/As		Contact Name	Society/Association	on .	of Society/Association		
		n Institute of		Main Office (New York)		Tel. (212) 596-6200		
	CPAs			American Institute of Cert Public Accountants		Fax: (212) 596-6213		
				1211 Avenue of the Amer New York, NY 10036-87				
	Washingt of CPAs	ton Society		902 140 <sup>th</sup> Avenue NE Bellevue, WA 98005-348		Tel. (425) 644-4800		
7.	Present or	proposed position	with the applicant ent	ity: Senior Vice President, (	Controller, T	reasurer		
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.					operator, directorates or is insufficient. It is only		
	ing/Ending	07/00	F 1 2 2 2 0	. F: :10	, , ,			
Dates (	MM/ Y Y ):	<u>07/90</u> - <u>present</u>	Employer's Name: <u>5</u>	ymetra Financial Corporation	n and subsid	ianes		
Address	s: <u>777 108<sup>d</sup></u>	Avenue NE, Sui	te 1200 City: Bellev	vue State/Province: WA				
_			T1 (000)					
Country	y: <u>USA</u> Po	stal Code: <u>98004</u>	-5135 Phone: (800)	796-3872 Offices/Positions	Held: See A	ttachment to Item #8		
Type of	Business:	Life insurance, ot	her financial services	Supervisor / Contact Marg	aret Meister			
Beginni	ing/Ending							
Dates (	MM/YY):		Employer's Name: _					
Address	s: (	City: St	ate/Province:	•				
Country	<b>/</b> : ]	Postal Code:	Phone:	Offices/Positions Held:				
Type of	Business:	Superviso	or / Contact		<del> </del>			
Beginni	ing/Ending							
Dates (	MM/YY):		Employer's Name:					
Address	s:	City: St	ate/Province:					
Country	/: 1	Postal Code:	Phone:	Offices/Positions Held:				
Type of	Business:	Superviso						
Beginni	ng/Ending							
Dates (	MM/YY):	<sup>1</sup>	Employer's Name:					
Address	s: (	City: St	ate/Province:					
Country	<i>r</i> : 1	Postal Code:	Phone:	Offices/Positions Held:				
Type of	Business:	Superviso	or / Contact					

Applicant Na	ame (Company) §	Symetra Life Insura	nce Company	NAIC No. FEIN:	<u>1129-68608</u> <u>91-0742147</u>		
Applicant Na	nme (Company) §	Symetra National L	ife Insurance Company	NAIC No. FEIN:	1129-90581 91-1079693		
b.			onal, or vocational license culatory, or disciplinary action		ave held, been subject to		
	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 🛛					
е.	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 🛛					
_	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 🛛					
	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?						
	Yes 🗌	No 🛛					
	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. FEIN:	<u>1129-68608</u> <u>91-0742147</u>					
Applica	ant Name	(Company) Sy	<u>metra National Life Ins</u>	urance Company	NAIC No. FEIN:	1129-90581 91-1079693			
12.	possess person, or non- office h holds w other pe	control" (includion, direct or in whether through management so held by the personnel of the power to the pow	ing the terms "controllendirect, of the power to the the ownership of voti ervices, or otherwise, un son. Control shall be pre-	ing," "controlled by" a o direct or cause the d ing securities, by contra nless the power is the a resumed to exist if any representing, ten percer	and "under common of irection of the manage act other than a common result of an official poperson, directly or in at (10%) or more of the	directly or indirectly. The control with") means the gement and policies of a sercial contract for goods osition with or corporate adirectly, owns, controls, e voting securities of any			
Do [Will] you or members of your immediate family individually or cumulatively subscribe to or ow or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under co with, the person specified.					gulation by an insurance c person, is a person that				
	Yes [	es 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 o	of the shares of	stock are pledged or hyp	oothecated in any way, p	give details.				
14.	Have ye	ou ever been ad	judged a bankrupt?						
	Yes [	] No [	$\boxtimes$						
	If yes, p	provide details:	N/A		· · · · · · · · · · · · · · · · · · ·				
15.	commit	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.	to any judici	al, administrative, regu conservatorship, federa	latory, or disciplinary	action (including re	on-renewed, or subjected habilitation, liquidation, supervision or any other			
		Yes	No 🖾						

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
c.	Been placed on probation or had a fine levied against it of authority in any civil, criminal, administrative, regulatory, or		license, or certificate of
	Yes No 🗌		
	nswer to any of the above is yes, please indicate and give deta should also include any events within twelve (12) months after		
(c) As a	a result of state examinations, Symetra Life Insurance Compa	ny paid fines in 2012	to Connecticut (\$6,000)
	Florida (\$9,000), in 2011 to Oregon (\$10,000), in 2010 to		
	), Pennsylvania (\$90,000), and to Washington (\$25,000). First ork paid a fine in 2006 to New York (\$100,000).	Symetra National Li	le Insurance Company of
Note:	If an affiant has any doubt about the accuracy of an answer, that an explanation provided.	he question should be	answered in the positive
am acting on my	d this 13th day of September 2013 at Bellevue, WA.  own behalf and that the foregoing statements are true and corr  Signature of Affiant)		
State of Washin	ngton County of King		
The foregoing in	strument was acknowledged before me this 13th day of Sep	ptember, 2013 by C	Colleen M. Murphy, and:
who is perso	onally known to me, or		
	ed the following identification:		
		Gun	linst
[SEAL]	WALLEDAY		Notary Public
	The state of the s	Ann Ernst	
	NOTARY		nted Notary Name
	NOIARY	2/14/2017	
	9 PUBLIC /		Commission Expires
		_	<del>-</del>
	OF WASHING.		

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. <u>1129-68608</u>

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

Employer

07/90-present

Symetra Financial and subsidiaries

Current Offices/Positions Held

Clearscape Funding Corporation

Assistant Secretary

First Symetra National Life Insurance Company of

Treasurer

New York

Vice President

Health Network Strategies, LLC 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,

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	·
	FFIN:	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 ine 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 val	id 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)
Callen Mussler	September 13, 2013
(Signature)	(Date)
State of Washington County of King	
The foregoing instrument was acknowledged before me this who is personally known to me, or	13th day of September, 2013 by Colleen M. Murphy, and:
<u>-</u>	
who produced the following identification:	
[SEAL]	Aun Linst Notary Public
NOTARY	Ann Ernst
PUBLIC &	Printed Notary Name
77.00 14.70.00	2/14/2017
OF WASHING.	My Commission Expires

FEIN:

NAIC No. 1129-68608 91-0742147

## **BIOGRAPHICAL AFFIDAVIT**

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

(Print or Type)

Full na	me, addre	ess and telepl	none number of t	he present or proposed	l entity under which thi	s biographical statement is being
require	d (Do No	t Use Group	Names)			
		urance Comp e NE, Suite				
Bellevi	ie, WA 98	3004-5135				
(800) 7	96-3872					
hereina	ifter set fo	orth. (Attach		parate sheet if space		ly information about myself as a answer any question fully.) IF
1.	Affiant'	s Full Name	(Initials Not Acc	eptable): First: <u>Haris</u>	h Middle: None Last:	: <u>Nanda</u>
2.	a.	Are you a c	itizen of the Unit	red States?		
		Yes 🛚	No 🔲			
	b.	Are you a c	itizen of any othe	er country?		
		Yes 🗌	No 🛛			
		If yes, what	country? N/A			
3.	Affiant'	s occupation	or profession: <u>V</u>	ice President, Informa	tion Technology	
4.	Affiant' <u>Syme</u>	s business ac tra Financial	ldress: Attn: Harish Na	nda; SC-03, 777 108 <sup>th</sup>	Ave NE, Suite 1200; Be	ellevue, WA 98004-5135
	Busines	s telephone:	<u>425-256-6072</u>	Business Email: har	rish.nanda@symetra.com	m
5.	Educati	on and traini	ng:			
	e/Universi aka Unive		City/State SDM College o & Technology Dhavalgiri, Dha Karnataka, Indi	f Engineering 06/8	es Attended (MM/YY) 9-06/93	<u>Degree Obtained</u> Bachelor of Engineering
	te Studies n School		e/ University ell University	City/ State Ithaca, NY	Dates Attended (MM 07/10-05/12	1/YY) Degree Obtained MBA
Other 7	Γraining: }	Name	City/State	Dates Attended	I (MM/YY)	Degree/Certification Obtained
Note:	applicat		the foreign stude			nber of the college/university. If led in the Biographical Affidavit

### Applicant Name (Company) Symetra Life Insurance Company

FEIN:

NAIC No. 1129-68608 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

Applica	ınt Name	(Company) <u>S</u> y	metra Life Insurance Company	NAIC No. FEIN:	1129-68608 91-0742147	
9.	a.	Have you eve	r 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	er been denied an individual or position schedule fide	lity bond, or	had a bond canceled or	
		Yes 🗌	No 🔀		•	
		If yes, give de	tails: 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						
Organiz	zation/Iss	uer of License	Address			
City _	S	tate/Province	Country Postal Code			
License	Type _	License	# Date Issued (MM/YY)			
Date Ex	cpired (M	IM/YY)	Reason for Termination			
Non-ins	surance R	Regulatory Phon	e Number (if known)			
Organiz	zation/Iss	uer of License	Address			
City _	S	tate/Province	Country Postal Code			
License	Туре _	License	# Date Issued (MM/YY)			
Date Ex	xpired (M	IM/YY)	Reason for Termination			
Non-ins	surance R	Regulatory Phon	e Number (if known)			
11.			llowing, if the record has been sealed or expunged, and or expunged, an affiant may respond "no" to the question			
	a.		an occupational, professional, or vocational license or principal professional licensing agency?	permit by any	regulatory authority, or	
		Yes 🗌	No 🖾			

nt N	arne (Company) Sy	metra Life Insurance Company	NAIC No. FEIN:	1129-68608 91-0742147
b.		pational, professional, or vocational license dministrative, regulatory, or disciplinary acti		ave held, been subject to
	Yes 🗌	No 🛚		
c.		n probation or had a fine levied against you on the in any judicial, administrative, regulatory		fessional, or vocational
	Yes 🗌	No 🛚		
d.	Been charged	with, or indicted for, any criminal offense(s)	other than civil traffic o	ffenses?
	Yes 🗌	No 🛛		
e.	Pled guilty, o offenses?	or nolo contendere, or been convicted of,	any criminal offense(s)	other than civil traffic
	Yes 🗌	No 🛚		
f.		ion of guilt withheld, had a sentence imposed been pardoned, fined, or placed on probates?		
	Yes 🗌	No 🛚		
g,	administrative, reg regulating the bus	tease and desist letter or order, or enjoined, equilatory, or disciplinary action, from violating iness of insurance, securities or banking, arse of the business of insurance, securities or	g any federal, state law o or from carrying out ar	r law of another country
	Yes 🗌	No 🛛		
h.	Been, within the lift financial dispute?	last ten (10) years, a party to any civil ac	tion involving dishones	ry, breach of trust, or a
	Yes	No 🛚		
i.	provisions of smal	de by the Comptroller of any state or the laws, banking or trust company laws ion lawfully made by the Comptroller of any	, or credit union laws, o	r that you have violated
	Yes 🗌	No 🛛		
j.	Had a lien or forec	losure action filed against you or any entity	while you were associate	d with that entity?
	Yes 🗌	No 🖾		
		any question above is yes, please provide de complaint and filed adjudication or settlem		cations, disposition, etc.

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 good 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.	or of r regulat directly	ill] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially ecord, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance ory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that y, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control ne person specified.					
	Yes [	] No ⊠ .					
		please identify the company or companies in which the cumulative stock holdings represent 10% or more of standing voting securities.					
	If any	of the shares of stock are pledged or hypothecated in any way, give details.					
	N/A						
14.	Have y	ou ever been adjudged a bankrupt?					
	Yes [	No ⊠					
	If yes,	provide details: N/A					
15.	commi	ur knowledge has any company or entity for which you were an officer or director, trustee, investment ttee member, key management employee or controlling stockholder, had any of the following events occur 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 🛛					

••			•			FEIN:	91-0742147
	c.				ed against it or again regulatory, or discipl		, license, or certificate of
		Yes 🗌	No 🛛				
					and give details. Wh months after his or		g to questions (b) and (c), from the entity.
	<u>N/A</u>						
	Note:		has any doubt ab anation provided.	•	of an answer, the que	stion should b	e answered in the positive
am actir	ng on my	own behalf a	day of <u>December</u> and that the forego Affiant)	oing statements ar	ellevue, WA. I hereb e true and correct to t	y certify und he best of my	er penalty of perjury that I knowledge and belief.
State of	<u>Washir</u>	ngton	County o	f <u>King</u>			
The for	egoing in	strument was	acknowledged b	efore me this /	day of December	, 20 <u>13</u> by F	larish Nanda, and:
Wh wh	o is pers	onally known	to me, or				
☐ wh	o produc	ed the follow	ing identification	:		<del></del>	
	[SEAL]	]	NOTAR PUBLIC	Spira.		Ann Ernst	Notary Public
	٠	7000	NOTAR	Ÿ	<u> </u>		inted Notary Name
			S PUBLIC	0/≥	02/14	1/2017	
		•	· 73.19.14.1	11 A S		Му	Commission Expires

NAIC No. 1129-68608

NAIC No. 1129-68608 FEIN:

91-0742147

Attachment to Question 8: Employment History

<u>Date</u> Employer

1/12 - present Symetra Financial and subsidiaries

Current Offices/Positions Held

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

New York

Symetra Life Insurance Company Vice President (since 01/2012)

NAIC No. <u>1129-68608</u> FEIN: <u>91-0742147</u>

#### 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 Residen	ce Address)
N. P. h	December / & 2013
(Signature)	(Date)
State of Washington County of King	
The foregoing instrument was acknowledged before me this 18 day of	of December, 2013 by Harish Nanda and:
who is personally known to me, or	
who produced the following identification:	
	lem lend
[SEAL]	Notary Public
ANN ENTON	Ann Ernst
A LINE WAS A STATE OF THE STATE	Printed Notary Name
NOTARY	02/14/2017
PURIC	My Commission Expires

NAIC No. 1129-68608 FEIN:

91-0742147

#### **BIOGRAPHICAL AFFIDAVIT**

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

(Print or Type)

require	d (Do No	t Use Group	Names)	e present or propo	sed entity under which th	is biographical	statement is being
Symetr	a Life Ins	urance Com e NE, Suite	рапу				
		8004-5135					<del></del>
	96-3872						
hereina	fter set fe	orth. (Attach			representations and supple hereon is insufficient to		
1.	Affiant'	s Full Name	(Initials Not Acce	ptable): First: <u>Flo</u>	<u>yd</u> Middle: <u>Ernest</u> Las	st: Orum Jr	
2.	a.	Are you a c	itizen of the United	d States? .			
		Yes 🛚	No 🗌				
	b.	Are you a c	itizen of any other	country?			
		Yes 🗌	No 🛛				
		If yes, what	t country? N/A				
3.	Affiant'	s occupation	or profession: V	ice President, Infor	mation Technology	*	
4.		s business ac netra Financ		, SC-03; 777 108 <sup>th</sup>	Ave NE, Suite 1200; Bel	levue, WA 980	04-5135
	Busines	s telephone:	(425) 256-8279	Business Email:	Jay.Orum@symetra.com	1	
5.	Education	on and traini	ng:				
	/Universi Pacific U		<u>City/State</u> Seattle, WA	<u>D</u>	ates Attended (MM/YY) 09/83 to 06/87		Degree Obtained B.S. Computer Science
Gradua	te Studies	<u>Co</u>	ollege/University	City/State	Dates Attended (MN	<u>//YY)</u>	Degree Ohtained
Other T	raining: 1	<u>Name</u>	City/State	Dates Attend	led (MM/YY)	Degree/Certi	fication Obtained
N-4-	16 -60		foreign gabool al		· · · · · · · · · · · · · · · · · · ·		

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.

Applica	nt Name (Company) Symetr	a Life Insurance Company		VAIC No. EIN:	1129-68608 91-0742147		
6.	List of memberships in profe	essional societies and asso	ciations:				
	Name of Society/Association None	Contact Name	Address of Society/Association	C	Telephone Number of Society/Association		
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.						
	ng/Ending MM/YY): <u>10/06</u> - <u>present</u>	Employer's Name: Syme	etra Financial Corporation a	nd subsidi	aries		
Address	: 777 108 <sup>th</sup> Avenue NE, Sui	te 1200 City: Bellevue	State/Province: WA				
Country	: <u>USA</u> Postal Code: <u>9800</u>	04-5135 Phone: (800) 7	96-3872 Offices/Position	Held: S	ee Attachment		
Type of	Business: <u>Life insurance, of</u>	her financial services Su	pervisor / Contact George	McKinno	n		
	ng/Ending MM/YY): <u>07/87</u> – <u>03/06</u> F	Employer's Name: Safect	Insurance Company	<del></del>			
Address	: 1001 4 <sup>th</sup> Ave City: Seat	tle State/Province: <u>WA</u>					
Country Technol	<del></del>	98154 Phone: 206-	545-5000 Offices/Positi	ons Held:	Director, Information		
Type of	Business: <u>Insurance</u> Super	visor / Contact Craig Bar	ughn				
	ng/Ending MM/YY):	Employer's Name:					
Address	: City: St	ate/Province:					
Country	: Postal Code:	Phone: Of	fices/Positions Held:	-			
Type of	Business: Superviso	or / Contact					
	ng/Ending MM/YY):	Employer's Name:					
Address	: City: St	ate/Province:					
Country	: Postal Code:	Phone: Of	fices/Positions Held:	<del></del>			
Type of	Business: Superviso	or / Contact					

Applica	ınt Name	(Company) Sy	metra Life Insuranc	e Company	NAIC No. FEIN:	1129-68608 91-0742147
9.	a.	Have you eve	r been in a position v	which required a fidelity b	ond?	
		Yes 🗌	No 🛛			
		If any claims	were made on the bo	ond, give details: N/A		
	b.	Have you everevoked?	er been denied an ir	ndividual or position sche	dule fidelity bond, or	had a bond canceled or
		Yes 🗌	No 🛛			
		If yes, give de	etails: N/A			4
10.	or gove in the p the lice number are reas represen	ernmental licens ast. For any nor nsing authority is your Social sonably identifi- nted by your S	ing agency or regulation-insurance regulator or regulatory body becurity Number (Stable as your SSN, the	rational licenses (including atory authority or licensing ry issuer, identify and proving jurisdiction over the SN) or embeds your SSN men write SSN for that po "SSN", "I2-SSN-345" or	g authority that you provide the name, address e license (s) issued. If or any sequence of more tion of the profession	esently hold or have held and telephone number of your professional license than five numbers that al license number that is
NONE						
Organiz	zation/Iss	uer of License:	Address:			
City: _	S	State/Province:	Country: _	Postal Code:		·
License	Туре:	License	e#: Date Is	ssued (MM/YY):		
Date Ex	pired (M	M/YY):	_ Reason for Term	ination:		
Non-in	surance R	legulatory Phon	ne Number (if known	):		
Organiz	ation/Iss	uer of License:	Address:			
City: _	S	State/Province:	Country: _	Postal Code:		
License	Туре:	License	e#: Date Is	ssued (MM/YY):		
Date Ex	pired (M	IM/YY):	_ Reason for Term	ination:		
Non-ins	surance R	legulatory Phon	ne Number (if known	):		
11.				d has been sealed or expur nt may respond "no" to the		
	a.			ofessional, or vocational li		regulatory authority, or
		Yes	No 🛛			

FORM 11

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?

Attach a copy of the complaint and filed adjudication or settlement as appropriate.

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

If the response to any question above is yes, please provide details including dates, locations, disposition, etc.

No 🛛

No X

Yes | |

Yes  $\square$ 

N/A

Applic	ant Name	e (Company) <u>S</u>	ymetra Life Insurance Company	NAIC No. FEIN:	1129-68608 91-0742147		
12.	possess person, or non- office l holds v	control" (inclu- sion, direct or , whether throu- management s held by the per	to regulation by an insurance regulatory authority that ding the terms "controlling," "controlled by" and "und indirect, of the power to direct or cause the direction gh the ownership of voting securities, by contract other ervices, or otherwise, unless the power is the result of son. Control shall be presumed to exist if any person, to vote, or holds proxies representing, ten percent (10%)	ler common of of the manage than a common an official pe directly or in	control with") means the gement and policies of a tercial contract for goods osition with or corporate adirectly, owns, controls,		
	If any o	of the stock is p	ledged or hypothecated in any way, give details. N/A				
13.	or of regulated directly	ecord, 10% or ory authority, or	nbers of your immediate family individually or cumulat more of the outstanding shares of stock of any entity or its affiliates? An "affiliate" of, or person "affiliated" with through one or more intermediaries, controls, or is contified.	subject to re with, a specifi	gulation by an insurance c person, is a person that		
	Yes [	] No	$\boxtimes$				
		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 o		stock are pledged or hypothecated in any way, give deta	iils.			
	<u> </u>		E. J.				
14.	_		djudged a bankrupt?				
	Yes _	] No	oxtimes				
	If yes,	provide details:	<u>N/A</u> .				
15.	commi	To your knowledge has any company or entity for which you were an officer or director, trustee, investmen committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?					
	a.	Been refused licensing age	a permit, license, or certificate of authority by any r	egulatory aut	hority, or governmental-		
		Yes 🔲	No 🔯				

similar proceeding)?

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



who produced the following identification:

Mary Anne Porter

Printed Notary Name

10/19/2016

My Commission Expires

NAIC No. 1129-68608

FEIN:

91-0742147

## Attachment to Question 8: Employment History

Date Employer

10/06- present Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of Vice President

New York

Symetra Life Insurance Company Vice President

FEIN:

NAIC No. 1129-68608 91-0742147

#### 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: 1 am currently an Affiant of Company as defined above. 1 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 127" St Ct E	Puyallup, WA 98373
1 1	(Printed Full Name ar	nd Residence Address)
try (hu		November 4, 2013
(Signature)		(Date)
State of Washington	County of King	
The foregoing instrument was ac	knowledged before me this	hth day of November, 2013 by Jay Orum, and:
who is personally known to	me, or	
who produced the following	dentification:	
111111111111111111111111111111111111111		4
ANNE POO		Mary anne farter
Z [SEAL]		Notary Public
NOTARY		Mary Anne Porter
O PUBLIC >		Printed Notary Name
PUBLIC S		10/19/2016
OF WASHING		My Commission Expires
""""""""""""""""""""""""""""""""""""""		

Applicant Name (Company) Symetra Life Insurance Company		1129-68608 91-0742147
Applicant Name (Company) Symetra National Life Insurance Company	NAIC No. FEIN:	1129-90581 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)

				(11111 01 1)	P*)		
							ical statement is being
require	d (Do No	t Use Group	Names)		·		·
		urance Con					
Symetr	a Nationa	el Lite Insur e NE, Suite	ance Company				
		8004-5135					
	96-3872	0007-3133					
hereina	fter set f	orth. (Attac					ation about myself as uny question fully.) IF
1.	Affiant	's Full Nam	e (Initials Not Accepta	able): First: <u>Jame</u>	es Middle: <u>Dwyer</u>	Last: Pirak	
2.	a.	Are you a	citizen of the United S	States?			
		Yes 🛛	No 🗀				
	b.	Are you a	citizen of any other co	ountry?			
		Yes 🗌	No 🛛				
		If yes, who	at country?				
3.	Affiant	's occupatio	n or profession: <u>Insu</u>	rance			
4.		's business a metra Finan	address: cial Attn: Jim Pirak, S	.C-14; 777 108 <sup>th</sup> A	ve NE, Suite 1200; B	ellevue, WA	98004-5135
	Busines	ss telephone	: <u>425-256-8284</u> Br	usiness Email: <u>Ji</u>	m.Pirak@symetra.com	n	
5.	Educati	on and train	iing:				
	e/Univers sity of W	<u>ity</u> ashington	<u>City/State</u> Seattle, WA	<u>Dates A</u> 1989-1	ttended (MM/YY) 993	Degree O BA-Busi	btained ness Administration
Gradua	ite Studie	<u>s</u> <u>C</u>	College/University	City/State	Dates Attended (N	им/үү)	Degree Obtained
Other 7	<u>Fraining:</u>	<u>Name</u>	City/State	Dates Attende	d (MM/YY)	Degree/(	Certification Obtained
			· · · · · · · · · · · · · · · · · · ·				<del></del>

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.

Applica	ant Name (Company) Symetra	Life Insurance Company		NAIC No. FEIN:	1129-68608 91-0742147			
Applica	ant Name (Company) Symetra	National Life Insurance	Company	NAIC No. FEIN:				
6.	List of memberships in professional societies and associations:							
	Name of Society/Association	Contact Name	Address of Society/Association	on d	Telephone Number of Society/Association			
	CFA Institute		560 Ray C Hunt Dr. Charlottesville, VA 2	22903-2981	(800) 247-8132			
7.	Present or proposed position	with the applicant entity:	Senior Vice President					
8.	List complete employment including present jobs, posit officerships). Please list the necessary to provide telepho	ions, partnerships, owner most recent first. Attach	of an entity, administrate additional pages if the spa	or, manager, ace provided	operator, directorates or is insufficient. It is only			
	ing/Ending (MM/YY): <u>1998</u> - <u>present</u> I	Employer's Name: Syme	tra Financial Corporation	and subsidi	aries			
Addres	s: 777 108 <sup>th</sup> Avenue NE, Suit	e 1200 City: Bellevue	State/Province: WA					
Countr	y: <u>USA</u> Postal Code: <u>9800</u>	4-5135 Phone: (800) 7	96-3872 Offices/Position	ons Held: S	ee Attachment			
Туре о	f Business: <u>Life insurance, ot</u>	her financial services Su	pervisor / Contact Marg	aret Meister				
	ing/Ending (MM/YY): <u>1994</u> - <u>1998</u> En	ployer's Name: Safeco	nsurance Company					
Addres	s: <u>Safeco Plaza</u> City: <u>Seat</u>	tle State/Province: WA	·					
Countr	y: <u>USA</u> Postal Code: <u>9818</u>	5 Phone: Offi	ces/Positions Held: Mar	keting Mana	ger			
Type of	f Business: Superviso	or / Contact	<u> </u>					
	ing/Ending (MM/YY):	Employer's Name:						
Addres	s: City: St	ate/Province:		· <del></del>				
Country	y: Postal Code:	Phone: Of	fices/Positions Held:					
Type of	f Business: Superviso							
	ing/Ending (MM/YY):							
Addres	s: City: St	ate/Province:						
Country	y: Postal Code:	Phone: Of	fices/Positions Held:					
Туре о	f Business: Superviso	or / Contact						

Applica	int Name	(Company) S	metra Life Insurance Company		NAIC No. FEIN:	1129-68608 91-0742147
Applica	ant Name	(Company) S	vmetra National Life Insurance Co	ompany		1129-90581 91-1079693
9.	a.	Have you eve	r been in a position which require	ad a fidelity bond?		
		Yes 🛚	No 🗌			
		If any claims	were made on the bond, give deta	ils: N/A		
	b.	Have you ever revoked?	er been denied an individual or j	position schedule fideli	ity bond, or	had a bond canceled or
		Yes 🗌	No 🖾			
		If yes, give de	tails: N/A			
10.	or gove in the p the lice number are reas represen	ernmental licens sast. For any nor ensing authority is your Social sonably identifi nted by your S	secupational and vocational licensing agency or regulatory authority in-insurance regulatory issuer, identification or regulatory body having jurisdiffication of the security Number (SSN) or embedable as your SSN, then write SSI SN. (For example, "SSN", "12-Sided is insufficient.	ry or licensing authority ntify and provide the na iction over the license (and its your SSN or any sequent of that portion of the	that you prome, address as issued. If you make the professions of the professions are the professions.	sently hold or have held and telephone number of your professional license than five numbers that al license number that is
Organiz	zation/Iss	uer of License:	Financial Industry Regulatory A	Authority (FINRA)	<u></u>	
Addres	8 <u>9513 F</u>	Key West Aven	ue City <u>Rockville</u> State/Provi	ince MD Country U	<u>SA</u> Postal (	Code 20850
License (12/93)		D #2365347 3 (08/93), Serie	License Type and Date Issued as 65 (01/94)	(MM/YY): Series 6	(06/93), Ser	ies 7 (11/93), Series 24
Date Ex	cpired (M	(M/YY): <u>N/A</u>	Reason for Termination: N/A	- Still active		
Non-ins	surance R	Regulatory Phor	ne Numher (if known): (301) 59	0-6500		
Organiz	zation/las	uer of License:	Washington State Office of the	Insurance Commissione	r Address:	P.O. Box 40255
City: 9	<u>Olympia</u>	State/Province	e: <u>WA</u> Country: <u>USA</u> Postal	l Code: 98504-0255		
License	Туре:	Agent License	Date Iss	ued (MM/YY): 1993		
Date Ex	pired (M	IM/YY): <u>1995</u>	Reason for Termination: Vol	untarily terminated		
Non-ins	surance R	Regulatory Phon	e Number (if known): (360) 72	5-7144		
11.			llowing, if the record has been see			
	a.		an occupational, professional, or ministrative, or governmental lice		ermit by any	regulatory authority, or
		Yes 🗌	No 🔀			

Applicant N	ame (Company) §	Symetra Life Insurance Company	NAIC No. FEIN:	<u>1129-68608</u> <u>91-0742147</u>
Applicant N	ame (Company) <u>S</u>	Symetra National Life Insurance Company	NAIC No. FEIN:	1129-90581 91-1079693
b.		cupational, professional, or vocational license or perm administrative, regulatory, or disciplinary action?	nit you hold or ha	ave held, been subject to
	Yes 🗌	No 🖾		
c.	•	on probation or had a fine levied against you or your or mit in any judicial, administrative, regulatory, or disc	•	fessional, or vocational
	Yes 🗌	No 🛛		
d.	Been charge	d with, or indicted for, any criminal offense(s) other th	han civil traffic of	ffenses?
	Yes 🗌	No 🗵		
e.	Pled guilty, offenses?	or nolo contendere, or been convicted of, any crit	minal offense(s)	other than civil traffic
	Yes 🗌	No 🗵		
f.		ation of guilt withheld, had a sentence imposed or susp or been pardoned, fined, or placed on probation, for ses?		
	Yes 🗌	No 🛛		
g.	administrative, re regulating the be	cease and desist letter or order, or enjoined, either teregulatory, or disciplinary action, from violating any feusiness of insurance, securities or banking, or from ourse of the business of insurance, securities or banking	deral, state law o	r law of another country
	Yes 🗌	No 🛛		
h.	Been, within the financial dispute	e last ten (10) years, a party to any civil action inv	olving dishonest	ey, breach of trust, or a
	Yes 🗌	No 🗵		
i.	provisions of sm	ade by the Comptroller of any state or the Federal all loan laws, banking or trust company laws, or creation lawfully made by the Comptroller of any state or	dit union laws, o	r that you have violated
	Yes 🗌	No 🛛		
j.	Had a lien or fore	eclosure action filed against you or any entity while yo	ou were associate	d with that entity?
	Yes 🗌	No 🛚		
		o any question above is yes, please provide details in the complaint and filed adjudication or settlement as a		cations, disposition, etc.

Applic	ant Name	e (Company) <u>S</u>	ymetra Life Insurance Company		FEIN:	91-0742147
Applic	ant Name	e (Company) S	ymetra National Life Insurance Company		NAIC No. FEIN:	1129-90581 91-1079693
12.	possess person or non office holds v	control" (included sion, direct or in the control of the control o	to regulation by an insurance regulatory ling the terms "controlling," "controlled ndirect, of the power to direct or cause gh the ownership of voting securities, by ervices, or otherwise, unless the power is son. Control shall be presumed to exist it o vote, or holds proxies representing, ten	by" and "under the direction of contract other the s the result of an if any person, d	common of the manage nan a common official point irectly or in	control with") means the gement and policies of a sercial contract for goods osition with or corporate adirectly, owns, controls,
	If any	of the stock is p	ledged or hypothecated in any way, give d	letails. <u>N/A</u>		
13.	or of r regulat directly	ecord, 10% or tory authority, o	thers of your immediate family individual more of the outstanding shares of stock reits affiliates? An "affiliate" of, or person hrough one or more intermediaries, contribed.	of any entity su n "affiliated" wi	ibject to reg th, a specifi	gulation by an insurance c person, is a person that
	Yes [	No	$\boxtimes$			
		please identify standing voting	the company or companies in which the osecurities.	cumulative stock	c holdings r	epresent 10% or more of
	If any	of the shares of	stock are pledged or hypothecated in any	way, give details	S.	
	N/A			370		
14.	Have y		ljudged a bankrupt?			
	Yes [	] No	$\boxtimes$			
	If yes,	provide details:	N/A			
15.	commi		nas any company or entity for which you bey management employee or controlling th capacity?			
	a.	Been refused licensing ages	a permit, license, or certificate of authoricy?	ority by any reg	gulatory auti	hority, or governmental-
		Yes 🗌	No 🛛			
	b.	to any judici	t, license, or certificate of authority suspends, administrative, regulatory, or discip conservatorship, federal bankruptcy produing)?	linary action (i	ncluding re	habilitation, liquidation,
		Yes 🗌	No 🛛			

Applicant Name (Company) Symetra Life Insurance Company	NAIC No. FEIN:	1129-68608 91-0742147
Applicant Name (Company) Symetra National Life Insurance Company		1129-90581 91-1079693
c. Been placed on probation or had a fine levied against it or authority in any civil, criminal, administrative, regulatory, or design of the control of the		license, or certificate of
Yes 🛛 No 🗌		
If the answer to any of the above is yes, please indicate and give detail affiant should also include any events within twelve (12) months after him.		
(c) As a result of state examinations, Symetra Life Insurance Company and to Florida (\$9,000), in 2011 to Oregon (\$10,000), in 2010 to 11 (\$2,500), Pennsylvania (\$90,000), and to Washington (\$25,000). First S New York paid a fine in 2006 to New York (\$100,000).	linois (\$21,000), ar	d in 2006 to Kentucky
Note: If an affiant has any doubt about the accuracy of an answer, the and an explanation provided.	e question should be	answered in the positive
Dated and signed this <u>8th</u> day of <u>August</u> 20 <u>13</u> at <u>Bellevue, WA</u> . I here acting on my own behalf and that the foregoing statements are true and correct to (Signature of Affiant)	by certify under pen the best of my knov	alty of perjury that I am vledge and belief.
State of Washington County of King		
The foregoing instrument was acknowledged before me this 8th day of Augus  who is personally known to me, or  who produced the following identification:	st, 20 <u>13</u> by <u>James</u>	D. Pirak, and:
NOTARY	Mary an Mary Anne Porter	ne Perles Notary Public

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608

Applicant Name (Company) Symetra National Life Insurance Company

FEIN: NAIC No. 1129-90581

91-0742147

FEIN:

91-1079693

## Attachment to Question 8: Employment History

**Employer** 

1998-present

Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of Senior Vice President

New York

Symetra Financial Corporation

Senior Vice President

Symetra Life Insurance Company

Senior Vice President

Symetra National Life Insurance Company

Senior Vice President

FORM 11

Applicant Name (Company)	Symetra Life Insurance Company	1129-68608 91-0742147
Applicant Name (Company)	Symetra National Life Insurance Company	1129-90581 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 an	d Residence Address)  August 8, 2013
(Signature)	(Date)
State of Washington County of King	<del></del>
The foregoing instrument was acknowledged before me this 8	th day of August, 2013 by James D. Pirak, and:
who is personally known to me, or	
who produced the following identification:	Marylane Parter Notary Public
S PUBLIC >	Mary Anne Porter Printed Notary Name
OF WASHING.	10/19/2016  My Commission Expires

NAIC No. 1129-68608

FEIN:

91-0742147

## **BIOGRAPHICAL AFFIDAVIT**

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

(Print or Type)

Full na	ime, addr	ess and telep	phone number of the	present or propose	d entity under which thi	s biographical	statement is being
		surance Con			···		
<u>777 10</u>	8 <sup>th</sup> Avenu	e NE, Suite					
		8004-5135					<del></del>
(800)	796-3872						
hereina	after set f	orth. (Attac			epresentations and supp hereon is insufficient to		
1.	Affiant	's Full Nam	e (Initials Not Accep	otable): First: <u>Kev</u>	n Middle: <u>William</u> L	ast: <u>Rabin</u>	
2.	a.	Are you a	citizen of the United	l States?			
		Yes 🛚	No 🗌				
	b.	Are you a	citizen of any other	country?			
		Yes 🗌	No 🛛				
		If yes, wh	at country?				
3.	Affiant	's occupation	on or profession: Vi	ce President, Retire	ment Product Manageme	nt	
4.		's business metra Finan		oin, SC-08; 777 108	<sup>th</sup> Ave NE, Suite 1200; <u>B</u>	ellevue, WA 9	8004-5135
	Busine	ss telephone	: (425) 256-8006	Business Email:	kevin.rabin@symetra.com	n	
5.	Educat	ion and trair	ning:				
Colleg	e/Univers	sity	City/State	<u>Da</u>	ites Attended (MM/YY)		Degree Obtained
	rsity of a-Champa	Illinois aign	at Urbana, IL		1/1997-5/2000		BS, Actuarial Science
<u>Gradu</u>	ate Studie	<u>s</u> (	College/University	City/State	Dates Attended (MN	1/YY)	Degree Obtained
Other '	Training:	<u>Name</u>	City/State	Dates Attend	d (MM/YY)	Degree/Certi	fication Obtained
Note:	If affia	nt attended	a foreign school, ple the foreign studen	ease provide full a	ddress and telephone number in the space provide	mber of the co	llege/university. If graphical Affidavit

Supplemental Information.

List of memberships in profe	essional societies and assoc	iations:		
Name of Society/Association	Contact Name	Address of Society/Association	(	Telephone Number of Society/Association
Society of Actuaries		475 North Martingale R		,
		Suite 600		
		Schaumburg, IL 60173		847.706.3500
N	/A			
American Academy of Actuaries		1850 M Street NW, Suite 300		
· N	/A	Washington, DC 20036	202	.223.8196

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.

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: <u>Life insurance, other financial services</u> Supervisor / Contact <u>Dan Guilbert</u>
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: <u>Life insurance, other financial services</u> Supervisor / Contact <u>Don Abbs</u>
Beginning/Ending Dates (MM/YY): Employer's Name:
Address: City: State/Province:
Country: Postal Code: Phone: Offices/Positions Held:
Type of Business: Supervisor / Contact

Applica	nt Name	(Company) <u>Sy</u>	metra Life Insurance	Company	NAIC No. FEIN:	1129-68608 91-0742147
9.	a.	Have you ever	been in a position w	hich required a fidelity bo	ond?	
		Yes 🗌	No 🛛			
		If any claims v	were made on the bon	d, give details:		
	b.	Have you eve revoked?	r been denied an ind	lividual or position sche	dule fidelity bond, or	had a bond canceled or
		Yes	No 🖾			
		If yes, give de	tails:			
10.	or gover in the pa the licer number are reas represer	rnmental licensiast. For any non- nsing authority of is your Social Sonably identifianted by your SS	ing agency or regulated in insurance regulatory or regulatory body has Security Number (SSI) ble as your SSN, the	tional licenses (including ory authority or licensing issuer, identify and proviving jurisdiction over the N) or embeds your SSN on write SSN for that por SSN", "12-SSN-345" or	g authority that you pre- vide the name, address of e license (s) issued. If you or any sequence of mon- tion of the profession	esently hold or have held and telephone number of your professional license than five numbers that al license number that is
Organiz	ation/Issı	uer of License:	N/A Address:		· · · · · · · · · · · · · · · · · · ·	
City: _	s	tate/Province:	Country:	Postal Code:		
License	Туре: _	License	#: Date Iss	ued (MM/YY):		
Date Ex	pired (M	M/YY):	Reason for Termin	nation:	<del> </del>	30000
Non-ins	urance R	egulatory Phon	e Number (if known):	<u>.</u>		
Organiz	ation/Issı	uer of License:	Address: _			
City: _	s	tate/Province:	Country:	Postal Code:		
License	Туре: _	License	#: Date Iss	ued (MM/YY):		
Date Ex	pired (M	M/YY):	Reason for Termin	nation:	<del></del>	
Non-ins	urance R	egulatory Phone	e Number (if known):			
11.				has been sealed or expun t may respond "no" to the		
	a.			essional, or vocational licensing agency		regulatory authority, or
		Yes 🗌	No 🛚			

	,		FEIN:	91-0742147
b.		onal, professional, or vocational license or permit yo nistrative, regulatory, or disciplinary action?	u hold or l	have held, been subject to
	Yes No			
c.		obation or had a fine levied against you or your occup n any judicial, administrative, regulatory, or disciplin		
	Yes No			
d.	Been charged with	, or indicted for, any criminal offense(s) other than c	vil traffic	offenses?
	Yes No			
e.	Pled guilty, or no offenses?	olo contendere, or been convicted of, any crimina	l offense(s	s) other than civil traffic
	Yes No			
f.		of guilt withheld, had a sentence imposed or suspendent pardoned, fined, or placed on probation, for any		
	Yes No			
g.	administrative, regulat regulating the busines	e and desist letter or order, or enjoined, either temporable, or disciplinary action, from violating any federal s of insurance, securities or banking, or from carrof the business of insurance, securities or banking?	, state law	or law of another country
	Yes No			
h.	Been, within the last financial dispute?	ten (10) years, a party to any civil action involvin	g dishone	sty, breach of trust, or a
	Yes No			
i.	provisions of small loa	y the Comptroller of any state or the Federal Gove an laws, banking or trust company laws, or credit un awfully made by the Comptroller of any state or the I	ion laws,	or that you have violated
	Yes No			
j.	Had a lien or foreclosu	re action filed against you or any entity while you we	re associat	ed with that entity?
	Yes No			
		question above is yes, please provide details includi implaint and filed adjudication or settlement as appro		ocations, disposition, etc.

NAIC No. 1129-68608

Appli	cant Nam	e (Company) Symetra Life Insurance Company	NAIC No. FEIN:	1129-68608 91-0742147			
12.	term " posses person or nor office holds	ry entity subject to regulation by an insurance regulatory automotor (including the terms "controlling," "controlled by sion, direct or indirect, of the power to direct or cause the thing, whether through the ownership of voting securities, by con-management services, or otherwise, unless the power is the held by the person. Control shall be presumed to exist if a with the power to vote, or holds proxies representing, ten person. N/A	y" and "under common of the manage ontract other than a common he result of an official potentially or in the common of the comm	control with") means the gement and policies of a sercial contract for goods osition with or corporate adirectly, owns, controls,			
	If any	of the stock is pledged or hypothecated in any way, give det	ails.				
13.	or of a regula directl	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 wa	ny, give details.				
14.	Have y	you ever been adjudged a bankrupt?	·· · · · · · · · · · · · · · · · · · ·				
	Yes [	□ No ⊠					
	If yes,	provide details:					
15.	comm	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?					
	а.	Been refused a permit, license, or certificate of authori licensing agency?	ty by any regulatory aut	hority, or governmental-			
		Yes No 🛛					
	b.	Had its permit, license, or certificate of authority suspend to any judicial, administrative, regulatory, or disciplin receivership, conservatorship, federal bankruptcy processimilar proceeding)?	nary action (including re	habilitation, liquidation,			

Yes 🗌

No 🛛

Applicant Name (Company) Symetra Life Insurance Company			NAIC No.	1129-68608	
**		<del></del>	FEIN:	91-0742147	
c.	Been placed on probation or had a fine authority in any civil, criminal, administra			license, or certificate of	
	Yes No No				
	nswer to any of the above is yes, please inchould also include any events within twelv				
Note:	If an affiant has any doubt about the accurand an explanation provided.	racy of an answer, the questic	on should be	answered in the positive	
acting on my ow	I this 19th day of Dec. 2013 at 1 n behalf and that the foregoing statements a W. W. Signature of Affiant)				
State of Washin	egton County of King				
The foregoing in	strument was acknowledged before me this	s <u>19</u> day of <u>December.</u>	20 <u>13</u> by	Kevin W. Rabin, and:	
	onally known to me, or				
-	ed the following identification:				
[SFAL			Que	Notary Public	



02/14/2017

Ann Ernst

My Commission Expires

Printed Notary Name

Symetra Life Insurance Company

NAIC No. 1129-68608

FEIN:

First Symetra National Life Insurance

Company of New York

91-0742147

# Attachment to Question 8: Employment History

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

NAIC No. <u>1129-68608</u> FEIN: <u>91-0742147</u>

#### 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	
14 W, h (Printed Full Name and Res.	December 192013
(Signature)	(Date)
State of Washington County of King	
The foregoing instrument was acknowledged before me this	day of December, 2013 by Kevin W. Rabin, and:
who is personally known to me, or	
who produced the following identification:	Oun leust Notary Public
[SEAL]	Notary Public
The second secon	Ann Ernst
NOTAD	Printed Notary Name
<b>→</b> • ←	02/14/2017
PUBLIC	My Commission Expires

NAIC No. 1129-68608

FEIN:

91-0742147

#### **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  777 108 <sup>th</sup> 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: <u>Insurance/Retirement Services</u>				
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:				
College/University City/State Dates Attended (MM/YY) Degree Obtained B.A.				
Graduate Studies College/University City/State Dates Attended (MM/YY) Degree Obtained Trinity College Hartford, CT 9/90-5/94 M.A.				
Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained  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.

Applica	nt Name (Company) Symetra	Life Insurance Company		NAIC No. FEIN:	1129-68608 91-0742147	
6.	List of memberships in professional societies and associations:					
	Name of Society/Association	Contact Name	Address of Society/Association	c	Telephone Number of Society/Association	
	Insured Retirement Institute		1101 New York Avenue Suite 825 Washington, DC	, NW	(202) 469-3000	
7.	Present or proposed position	with the applicant entity:	Vice President			
8.	List complete employment including present jobs, posit officerships). Please list the necessary to provide telephone	ions, partnerships, owner most recent first. Attach a	of an entity, administrator dditional pages if the spac	, manager, e provided	operator, directorates or is insufficient. It is only	
	ng/Ending MM/YY): 7/12 - present E	mployer's Name: Symeti	a Financial Corporation ar	nd subsidia	ries	
Address	: 777 108 <sup>th</sup> Avenue NE, Suit	e 1200 City: Bellevue	State/Province: WA			
Country	r: <u>USA</u> Postal Code: <u>9800</u>	4-5135 Phone: (800) 7	96-3872 Offices/Position	s Held: S	ee Attachment	
Type of	Business: Life insurance, of	her financial services Sup	pervisor / Contact Jim Pir	ak	<del> </del>	
	ng/Ending MM/YY): 05/08 – 06/12 E	mployer's Name: AIG/A	merican General Life Com	npanies		
Address: 2929 Allen Parkway City: Houston State/Province: TX						
Country Marketi	r: <u>USA</u> Postal Code:	_ Phone: Offi	ces/Positions Held: <u>Vice</u>	President,	Independent Distribution	
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 <u>Marketin</u>		Phone:	Offices/Positions Held:	Assistant	Vice President, Annuity	
Type of	Business: <u>Insurance</u> Super-	visor / Contact <u>John Carl</u>	son (Supervisor no longer	at firm)		
	ng/Ending MM/YY): <u>3/87</u> – <u>11/94</u> En	nployer's Name: Aetna L	ife 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 \_\_\_\_

Applica	nt Name	(Company) Sy	metra Life Insurance Company	NAIC No. FEIN:	1129-68608 91-0742147
9.	a.	Have you ever	been in a position which required a fidelity	y bond?	
		Yes 🗌	No 🖾		
		If any claims v	were made on the bond, give details: N/A		
	b.	Have you everevoked?	r been denied an individual or position so	chedule fidelity bond, or	had a bond canceled or
		Yes 🗌	No 🛛		
		If yes, give de	ails: <u>N</u> /A	·	
10.	or gover in the pa the licer number are reas represer	rnmental licensiast. For any non- using authority is your Social Sonably identifia- nted by your SS	ccupational and vocational licenses (including agency or regulatory authority or licens insurance regulatory issuer, identify and pror regulatory body having jurisdiction over ecurity Number (SSN) or embeds your SSN ble as your SSN, then write SSN for that in the control of t	sing authority that you pro- rovide the name, address the license (s) issued. If N or any sequence of mo- portion of the profession	esently hold or have held and telephone number of your professional license re than five numbers that al license number that is
Organiz	ation/Iss	uer of License:	State of CT Insurance Dept Address: 15	53 Market Street	<del></del>
City: <u>I</u>	<u>Iartford</u>	State/Province	: CT Country: USA Postal Code: 06	103	
License	Туре: <u>І</u>	Life and Health	License #: unknown Date Issued (MM	I/YY): <u>6/89</u>	
Date Ex	pired (M	M/YY): <u>12/89</u>	Reason for Termination: Left firm		
Non-ins	urance R	egulatory Phon	e Number (if known):		
Organiz	ation/Iss	uer of License:	Financial Industry Regulatory Authority (F	FINRA) Address: 9513	S Key West Avenue
City: F	<u>lockville</u>	State/Provinc	e: MD Country: USA Postal Code: 2	20850	
License	#: <u>1804</u>	454 License	Type and Date Issued (MM/YY): Series 6	(01/93) and Series 26 (08	/94)
Date Ex	pired (M	M/YY): <u>N/A</u>	Reason for Termination:		<del></del>
Non-ins	urance R	egulatory Phone	e Number (if known): (301) 590-6500		
11.			lowing, if the record has been sealed or expression expunged, an affiant may respond "no" to		
	a.		n occupational, professional, or vocational inistrative, or governmental licensing agen		regulatory authority, or
		Yes 🗌	No 🔀		

t N	Name (Company) Symetra Life Insurance Company		NAIC No. FEIN:	<u>1129-68608</u> <u>91-0742147</u>
b.	<ul> <li>Had any occupational, professional, or vocation any judicial, administrative, regulatory, or disciplined</li> </ul>		hold or ha	ave held, been subject to
	Yes No 🛇			
c.	Been placed on probation or had a fine levied ag license or permit in any judicial, administrative,			fessional, or vocational
	Yes No 🖂			
d.	Been charged with, or indicted for, any criminal	offense(s) other than civ	vil traffic o	ffenses?
	Yes No 🛛			
e.	e. Pled guilty, or nolo contendere, or been con offenses?	victed of, any criminal	offense(s)	other than civil traffic
	Yes No 🛛			
f.	Had adjudication of guilt withheld, had a senten suspended, or been pardoned, fined, or placed traffic offenses?			
	Yes No 🛛			
g.	g. Been subject to a cease and desist letter or order, or administrative, regulatory, or disciplinary action, fro regulating the business of insurance, securities or practices in the course of the business of insurance,	m violating any federal, banking, or from carry	state law o	r law of another country
	Yes No 🛇			
h.	Been, within the last ten (10) years, a party to an financial dispute?	ny civil action involving	g dishonest	y, breach of trust, or a
	Yes No 🛛			
i.	. Had a finding made by the Comptroller of any sta provisions of small loan laws, banking or trust com any rule or regulation lawfully made by the Comptro	pany laws, or credit un	ion laws, o	r that you have violated
	Yes No 🛇			
j.	. Had a lien or foreclosure action filed against you or	any entity while you wer	e associate	d with that entity?
	Yes No 🛇			
	If the response to any question above is yes, please Attach a copy of the complaint and filed adjudication			cations, disposition, etc.
	N/A			

Applic	ant Name	e (Company) S	ymetra Life Insurance Compa	any	NAIC No. FEIN:	1129-68608 91-0742147	
12.	possess person, or non- office l holds v	control" (included sion, direct or whether throust management sheld by the per	to regulation by an insurance ling the terms "controlling," indirect, of the power to dir gh the ownership of voting services, or otherwise, unless son. Control shall be presum to vote, or holds proxies representations.	"controlled by" and "und ect or cause the direction ecurities, by contract other the power is the result of ned to exist if any person,	er common of of the manag than a comm an official po directly or in	control with") means the gement and policies of a ercial contract for goods osition with or corporate adirectly, owns, controls,	
	If any o	of the stock is p	ledged or hypothecated in an	y way, give details. N/A			
13.	or of regulated	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	$\boxtimes$				
	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						
	•	of the shares of	stock are pledged or hypothe	cated in any way, give deta	ils.		
	N/A						
14.	Have y	ou ever been ac	ljudged a bankrupt?				
	Yes [	No	$\boxtimes$				
	If yes, j	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 licensing age	a permit, license, or certifincy?	cate of authority by any re	egulatory auti	hority, or governmental-	
		Yes 🗌	No 🛛				

receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No 🛚

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.

Signature of Affiant)

State of Washington County of King

State of washington country 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

Printed Notary Name

10/19/2016

My Commission Expires

NAIC No. <u>1129-68608</u>

FEIN: 91-0742147

## Attachment to Question 8: Employment History

Date Employer

7/12- present Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of Vice President

New York

Symetra Life Insurance Company Vice President

NAIC No. 1129-68608 FEIN:

91-0742147

#### 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 Wood	dlands, TX 77382	
	(Printed Full Name and	Residence Address)	
	2/	October 16, 2013	
(Signature)		(Date)	
State of Washington	County of King		
The foregoing instrument was ac	knowledged before me this 16	th day of October, 2013 by John R. Rafferty, and:	
who is personally known to	me, or		
who produced the following	g identification:		
NNE POP		Mary anne Verter Notary Public	<u>.</u>
NOTARY	, -	Mary Anne Porter	
→•←		Printed Notary Name	
PUBLIC &		<u>10/19/2016</u>	
		My Commission Expires	

Applicant Name (Company)	Symetra Life Insurance Company	NAIC No. FEIN:	1129-68608 91-0742147
Applicant Name (Company)	Symetra National Life Insurance Company	NAIC No. FEIN:	1129-90581 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 statemer required (Do Not Use Group Names).  Symetra Life Insurance Company  Symetra National Life Insurance Company  777 108 <sup>th</sup> 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 hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question	myself as
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:	
	Obtained onomics
Graduate Studies College/University City/State Dates Attended (MM/YY) Degree	Obtained
Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification	Obtained

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

Applicant Name (Company) Symetra Life Insurance Company				NAIC No. <u>1129-68608</u> FEIN: <u>91-0742147</u>		
Applica	nt Name (Company) Sym	etra National Life Insurance C	Company	NAIC No. FEIN:	1129-90581 91-1079693	
6.	List of memberships in pr	rofessional societies and assoc			<u> </u>	
	Name of		Address of		Telephone Number	
	Society/Association	Contact Name	Society/Association		of Society/Association	
	Society of Actuaries	Stacy Lin	475 North Martingale R Suite 600	d. (84'	7) 706-3500	
			Schaumburg, IL 60173	/		
	American Academy of Actuaries	Mary McCracken	1850 M Street NW Suite 300	(202	2) 223-8196	
	·		Washington, DC 20036			
7. 8.	List complete employme	ion with the applicant entity:	y (20) years, whether con	npensated		
	officerships). Please list t	ositions, partnerships, owner of the most recent first. Attach a cohone numbers and supervisor	dditional pages if the space	e provided	is insufficient. It is only	
Beginni	ng/Ending					
Dates (l	MM/YY): 09/12 - present	t Employer's Name: Syme	tra Financial Corporation:	and subsidi	aries	
Address	: 777 108 <sup>th</sup> Avenue NE.	Suite 1200 City: Bellevue	State/Province: WA			
Country	: <u>USA</u> Postal Code: 93	8004-5135 Phone: (800) 79	06-3872 Offices/Position	ns Held: <u>S</u>	ee Attachment	
Type of	Business: <u>Life insurance</u>	other financial services Sup	ervisor / Contact Tom M	larra		
	ng/Ending MM/YY): <u>08/09</u> – <u>09/12</u>	Employer's Name: <u>John H</u>	ancock Financial Services	3		
Address	: 600 Congress St. City	: <u>Boston</u> State/Province: ]	MA			
Country	: USA Postal Code: 022	10 Phone: (617) 663-3000	Offices/Positions Held: I	Director, S	VP, Chief Actuary, CRO	
Type of	Business: <u>Insurance</u> Sup	pervisor / Contact Rahim Hi	ji			
Beginnin	ng/Ending	<del>.</del>	<u> </u>	<del> </del>		
_	-	Employer's Name: Hartfor	d Financial Services			
Address	: Asylum Ave City: H	artford State/Province: CT				
Country	: <u>USA</u> Postal Code: <u>0</u> 0	6105 Phone: (860) 547-500	00 Offices/Positions Hel	d: <u>SVP</u>		
Type of	Business: <u>Insurance</u> Su	pervisor / Contact Alan Krec				
	ng/Ending MM/YY):	Employer's Name:				
Address	: City:	State/Province:				
Country	: Postal Code:	Phone: Offi	ices/Positions Held:			
Type of	Business: Superv	visor / Contact				

Applica	nt Name	(Company) Sy	<u>/metra Lite li</u>	nsurance Company	<u>'</u>	NAIC No. FEIN:	<u>1129-68608</u> <u>91-0742147</u>
Applica	nt Name	(Company) Sy	metra Nation	nal Life Insurance	Company	NAIC No. FEIN:	1129-90581 91-1079693
9.	a.	Have you ever	r been in a po	osition which requi	red a fidelity bond?		
		Yes 🗌	No 🛛				
		If any claims v	were made or	n the bond, give de	tails: N/A		100
	b.	Have you everevoked?	er been denie	ed an individual o	r position schedule fi	delity bond, or	had a bond canceled or
		Yes 🗌	No 🛛				
		If yes, give de	tails: N/A			<del></del>	
10.	or gove in the pa the licer number are reas represer	rnmental licensiast. For any non- nsing authority is your Social	ing agency on insurance re or regulatory Security Nunable as your SN. (For exa	or regulatory author egulatory issuer, id y body having juris nber (SSN) or emb SSN, then write S ample, "SSN", "12	rity or licensing autho lentify and provide the diction over the licens seds your SSN or any SN for that portion of	rity that you pre e name, address se (s) issued. If y sequence of mon f the profession	ies) issued by any public sently hold or have held and telephone number of your professional license than five numbers that al license number that is igits)). Attach additional
Organiz	ation/Iss	uer of License:	Ad	idress:			
City: _	s	tate/Province:	Сои	intry: Pos	stal Code:		
License	Туре: _	License	e #:	Date Issued (MM	/YY):		
Date Ex	pired (M	M/YY):	_ Reason fo	or Termination:			
Non-ins	urance R	egulatory Phon	ie Number (if	fknown):	•		
Organiz	ation/Iss	uer of License:	Ad	ddress:			
City: _	s	tate/Province:	Cou	ıntry: Po:	stal Code:		
License	Туре: _	License	e#:	Date Issued (MM	/YY):		
Date Ex	pired (M	M/YY):	_ Reason fo	or Termination:			
Non-ins	urance R	egulatory Phon	e Number (if	f known):			
11.					sealed or expunged, ar		s personally verified that ver:
	a.			onal, professional, or governmental li		or permit by any	regulatory authority, or
		Yes 🗌	No 🛛				

Applicant Na	ame (Company) Sy	ymetra Life Insurance Company	NAIC No. FEIN:	<u>1129-68608</u> <u>91-</u> 0742147
Applicant Na	ame (Company) Sy	ymetra National Life Insurance Company	NAIC No. FEIN:	1129-90581 91-1079693
ъ.		apational, professional, or vocational license or permit administrative, regulatory, or disciplinary action?	you hold or ha	ave held, been subject to
	Yes 🗌	No 🛛		
c.		on probation or had a fine levied against you or your or mit in any judicial, administrative, regulatory, or discip		fessional, or vocational
	Yes 🗌	No 🗵		
d.	Been charged	with, or indicted for, any criminal offense(s) other than	n civil traffic o	ffenses?
	Yes 🗌	No 🖾		
e.	Pled guilty, offenses?	or nolo contendere, or been convicted of, any crim	inal offense(s)	other than civil traffic
	Yes 🗌	No 🖾		
f.	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.	administrative, regulating the bu	cease and desist letter or order, or enjoined, either temp gulatory, or disciplinary action, from violating any fede siness of insurance, securities or banking, or from ourse of the business of insurance, securities or banking	eral, state law o carrying out ar	r law of another country
	Yes 🗌	No 🖂		
h.	Been, within the financial dispute?	last ten (10) years, a party to any civil action involu	lving dishones	ty, breach of trust, or a
	Yes	No 🛚		
i.	provisions of sma	ide by the Comptroller of any state or the Federal G Il loan laws, banking or trust company laws, or credition lawfully made by the Comptroller of any state or the	t union laws, o	r that you have violated
	Yes	No 🛚		
j.	Had a lien or fored	closure action filed against you or any entity while you	were associate	d with that entity?
	Yes 🗌	No 🗵		
		any question above is yes, please provide details incl he complaint and filed adjudication or settlement as ap		cations, disposition, etc.
	N/A			

Applio	ant Nam	ie (Company) S	ymetra Life Insurance Company	NAIC No. FEIN:	1129-68608 91-0742147
Applic	ant Nam	ne (Company) S	symetra National Life Insurance Company	NAIC No. FEIN:	1129-90581 91-1079693
12.	term ' posses person or non office holds	"control" (inclu- ssion, direct or n, whether throun- n-management s held by the per	t to regulation by an insurance regulatory authority ding the terms "controlling," "controlled by" and indirect, of the power to direct or cause the direct of the ownership of voting securities, by contract services, or otherwise, unless the power is the resurson. Control shall be presumed to exist if any per to vote, or holds proxies representing, ten percent (1)	"under common of the manage other than a common alt of an official person, directly or in	control with") means the gement and policies of a ercial contract for goods osition with or corporate directly, owns, controls,
	If any	of the stock is p	oledged or hypothecated in any way, give details. $\underline{ ext{N}}$	I/A	
Do [Will] you or members of your immediate family individually or cumulatively subscribe to or or or record, 10% or more of the outstanding shares of stock of any entity subject to regulation regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under with, the person specified.				gulation by an insurance c person, is a person that	
	Yes [	No	$\boxtimes$		
		, please identify tstanding voting	the company or companies in which the cumulative securities.	ve stock holdings r	epresent 10% or more of
	If any	of the shares of	stock are pledged or hypothecated in any way, give	e details.	
14.	Have	you ever been a	djudged 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 licensing age	d a permit, license, or certificate of authority by a ency?	any regulatory auti	hority, or governmental-
		Yes 🗌	No 🛛		
	b.	to any judic	it, license, or certificate of authority suspended, revial, administrative, regulatory, or disciplinary acconservatorship, federal bankruptcy proceeding, reding)?	tion (including re	habilitation, liquidation,
		Yes 🗌	No 🛛		

Applicant Name	(Company) Symetra Life Insurance Company	NAIC No. FEIN:	1129-68608 91-0742147
Applicant Name	(Company) Symetra National Life Insurance Company	NAIC No. FEIN:	1129-90581 91-1079693
c.	Been placed on probation or had a fine levied against it cauthority in any civil, criminal, administrative, regulatory, or		license, or certificate of
	Yes No 🛛		
	nswer to any of the above is yes, please indicate and give deta should also include any events within twelve (12) months after		
N/A			
Note:	If an affiant has any doubt about the accuracy of an answer, t and an explanation provided.	the question should be	answered in the positive
acting on my ow	d this 14th day of August 2013 at Bellevue, WA. I he in behalf and that the foregoing statements are true and correct Signature of Affiant)		
State of Washin	egton County of King		
The foregoing in	strument was acknowledged before me this 14th day of Au	igust, 20 <u>13</u> by <u>Craig</u>	R. Raymond, and:
_ ·	onally known to me, or		
who produc	ed the following identification:		
NTP OF	TARY WASHINGTON	10/19/2016	Notary Public  ted Notary Name  ommission Expires

Applicant Name (Company) Symetra Life Insurance Company

NAIC No. 1129-68608 FEIN:

FEIN:

91-0742147

Applicant Name (Company) Symetra National Life Insurance Company

NAIC No. 1129-90581

91-1079693

## Attachment to Question 8: Employment History

**Employer** 

09/12-present

Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of Senior Vice President

New York

Symetra Life Insurance Company

Director, Senior Vice President

Symetra National Life Insurance Company

Director, Senior Vice President

FORM 11

Applicant Name (Company)	Symetra Life Insurance Company	 1129-68608 91-0742147
Applicant Name (Company)	Symetra National Life Insurance Company	1129-90581 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 N	ame and Residence Address)
(Signature)	August 14, 2013 (Date)
State of Washington County of King	
	this 14th day of August, 2013 by Craig R. Raymond, and:
who is personally known to me, or	
who profiled the following identification:	
SEALL	mary Anne Partes
NOTARY	Mary Anne Porter
A P. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	Printed Notary Name
OF WACHING.	10/19/2016
What Minne	My Commission Expires

NAIC No. <u>1129-68608</u> FEIN: <u>91-0742147</u>

#### **BIOGRAPHICAL AFFIDAVIT**

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

(Print or Type)

required	(Do Not	Use Grou	ephone number of the property Names)				al statement is being
			mpany				
		NE, Suit					
(800) 79		VC1 C-1-0			·		
In conn	ection w	orth. (Atta	bove-named entity, I houch addendum or separationer," SO STATE.				
1.	Affiant'	s Full Na	ne (Initials Not Acceptat	ole): First: <u>Dav</u>	<u>m</u> Middle: <u>Marie</u> La	st: <u>Reyes</u>	
2.	a.	Are you	a citizen of the United St	ates?			
		Yes 🏻	No 🗌				
	b.	Are you	a citizen of any other cou	intry?			
		Yes 🗌	No 🛛				
		If yes, w	hat country? N/A			<del></del> -	
3.	Affiant'	's occupat	ion or profession: IT Ex	ecutive			
4.		s busines metra Fina	s address: incial Attn: Dawn Reyes;	777 108 <sup>th</sup> Ave	NE, Suite 1200; Bellevi	ic, WA 98004	<b>-5135</b>
	Busines	s telephor	ne: (425) 256-6360 B	usiness Email:	Dawn Reyes@symetra.	com	
5.	Educati	on and tra	ining:				
	/Univers n Washin sity		<u>City/State</u> Bellingham, WA		ates Attended (MM/YY 09/86-06/90	)	Degree Obtained BS, Mathematics
Gradua	te Studie	<u>s</u>	College/University	City/State	Dates Attended (M	(M/YY)	Degree Obtained
	raining: sity of W	<u>Name</u> ashington	<u>City/State</u> Seattle, WA		led (MM/YY) c: 09/94-06/95	Certifica	ertification Obtained ite, Software 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.

Applica	ant Name (Company) Symet	ra Life Insurance Company	NAIC N FEIN:	b. <u>1129-68608</u> 91-0742147			
6.	List of memberships in pro	fessional societies and associa					
<b>.</b>	Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association			
	None						
7.	Present or proposed position	on with the applicant entity: V	ice 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.						
	ing/Ending (MM/YY): <u>08/09</u> - present	Employer's Name: Symetra	Financial Corporation and subs	idiaries			
Addres	s: <u>777 108<sup>th</sup> Avenue NE, S</u>	uite 1200 City: <u>Bellevue</u> S	State/Province: WA				
Countr	y: <u>USA</u> Postal Code: <u>98</u>	004-5135 Phone: (800) 796	-3872 Offices/Positions Held:	See Attachment			
Туре о	f Business: <u>Life insurance</u> ,	other financial services Super	visor / Contact George McKin	non			
	ing/Ending (MM/YY): <u>06/08</u> – <u>08/09</u>	Employer's Name: The Hart	ford				
Addres	s: <u>One Hartford Plaza</u> Cit	y: <u>Hartford</u> State/Province:	CT				
Country	y: <u>USA</u> Postal Code: <u>06</u>	155 Phone: (860) 547-5000	Offices/Positions Held: Assi	stant Vice President			
Туре о	f Business: Life and Proper	ty Casualty Insurance Superv	isor/Contact Michael Kim				
	ing/Ending (MM/YY): <u>08/90</u> – <u>04/08</u>	Employer's Name: Safeco Ir	surance				
Addres	s: 1001 4 <sup>th</sup> Avenue, #800	City: Seattle State/Province	: <u>WA</u>				
Countr	y: <u>USA</u> Postal Code: <u>98</u>	154 Phone: (206) 545-5000	Offices/Positions Held: Assi	stant Vice President			
Туро о	f Business: <u>Property Casual</u>	ty Insurance Supervisor / Con	ntact Bob Ingram				
	ning/Ending (MM/YY):	Employer's Name:					
Addres	ss: City:	State/Province:					
Countr	y: Postal Code: _	Phone: Office	es/Positions Held:				

Type of Business: \_\_\_\_ Supervisor / Contact \_\_\_\_\_

Applicant Name (Company) Symetra Life Insurance Company		1129-68608 91-0742147
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	<del></del>	
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:	<del></del>	
Country: Postal Code: Phone: Offices/Positions Held: _		
Type of Business: Supervisor / Contact		<del></del>

Applica	nt Name	(Company) 3	ymetra Lite Insurance Company		FEIN:	91-0742147
9.	a.	Have you eve	r been in a position which required a fid	lelity bond?		
		Yes 🗌	No 🛛			
		If any claims	were made on the bond, give details: N	/A		
	b.	Have you ev revoked?	er been denied an individual or position	on schedule fidelity	ond, or	had a bond canceled or
		Yes 🔲	No 🖾			
		If yes, give d	etails: <u>N/A</u>			
10.	or gove in the p the lice number are reas represe	arnmental licentast. For any nonsing authority is your Social sonably identifuted by your S	occupational and vocational licenses (in sing agency or regulatory authority or lin-insurance regulatory issuer, identify a or regulatory body having jurisdiction Security Number (SSN) or embeds you table as your SSN, then write SSN for SSN. (For example, "SSN", "12-SSN-3 rided is insufficient.	icensing authority to and provide the name over the license (s) or SSN or any sequent that portion of the	hat you pre ne, address a issued. If y ence of mon professions	esently hold or have held and telephone number of your professional license than five numbers that al license number that is
NONE						
Organia	ation/Iss	uer of License	Address:			
City:	\$	State/Province:	Country: Postal Cod	le:		
License	Туре:	Licens	ne #: Date Issued (MM/YY):			
Date Ex	pired (M	IM/YY):	Reason for Termination:			
Non-ins	surance F	Regulatory Pho	ne Number (if known):		·	
			Address:			
			Country: Postal Cod			
			te #: Date Issued (MM/YY):			
Date Ex	pired (M	IM/YY):	Reason for Termination:	<del> </del>		
Non-in	surance F	Regulatory Pho	ne Number (if known):			
11.			ollowing, if the record has been sealed or expunged, an affiant may respond "n			
	a.		an occupational, professional, or vocal lministrative, or governmental licensing	•	rmit by any	regulatory authority, or
		Yes 🗌	No 🛚			

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

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

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

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

If the response to any question above is yes, please provide details including dates, locations, disposition, etc.

any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Attach a copy of the complaint and filed adjudication or settlement as appropriate.

FORM 11

No 🖂

No X

No 🔯

No 🔯

No ⊠

practices in the course of the business of insurance, securities or banking?

Yes  $\square$ 

Yes 🗍

financial dispute?

Yes 🔲

Yes 🗌

Yes

N/A

Appli	cant Name (Company) Symetra Life Insurance Company	NAIC No. FEIN:	1129-68608 91-0742147			
12.	List any entity subject to regulation by an insurance regulatory authority term "control" (including the terms "controlling," "controlled by" and possession, direct or indirect, of the power to direct or cause the direct person, whether through the ownership of voting securities, by contract or non-management services, or otherwise, unless the power is the result office held by the person. Control shall be presumed to exist if any perholds with the power to vote, or holds proxies representing, ten percent (16 other person. None	'under common of the managether than a comme lt of an official p son, directly or in 0%) or more of the	control with") means the gement and policies of a hercial contract for goods osition with or corporate adirectly, owns, controls,			
	If any of the stock is pledged or hypothecated in any way, give details. N	<u>'A</u>				
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, investmen 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 a licensing agency?	ny regulatory au	thority, or governmental-			
	Yes 🗌 No 🔯					

similar proceeding)?

Yes 🗌

No 🛛

Ъ.

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

			FEIN:	91-0742147
-	C.	Been placed on probation or had a fine levied against it or against authority in any civil, criminal, administrative, regulatory, or disciplination		license, or certificate of
		Yes No 🛛		
		nswer to any of the above is yes, please indicate and give details. When should also include any events within twelve (12) months after his or he		
	Note:	If an affiant has any doubt about the accuracy of an answer, the questi and an explanation provided.	on should b	e answered in the positive
		d this 22nd day of October 2013 at Bellevue, WA. I hereby cer on behalf and that the foregoing statements are true and correct to the beautiful and the foregoing statements are true and correct to the beautiful and the foregoing statements are true and correct to the beautiful and the foregoing statements are true and correct to the beautiful and the foregoing statements are true and correct to the beautiful and the foregoing statements are true and correct to the beautiful and the foregoing statements are true and correct to the beautiful and the foregoing statements are true and correct to the beautiful and the foregoing statements are true and correct to the beautiful and the foregoing statements are true and correct to the beautiful and the foregoing statements are true and correct to the beautiful and the foregoing statements are true and correct to the beautiful and the foregoing statements are true and correct to the beautiful and the foregoing statements are true and correct to the beautiful and the foregoing statements are true and correct to the beautiful and the foregoing statements are true and correct to the beautiful and the foregoing statements are true and correct to the beautiful and the foregoing statements are true and correct to the beautiful and the foregoing statements are true and correct to the beautiful and the foregoing statements are true and correct to the beautiful and the foregoing statements are true and correct to the beautiful and the foregoing statements are true and true and the foregoing statements are true and true are		
State of	<u>Washir</u>	ngton County of King		
⊠ who	o is perso	nstrument was acknowledged before me this A day of October, 2 onally known to me, or seed the following identification:	20 <u>13</u> by <u>C</u>	<u>)awn Reyes,</u> and:
To the state of th	[SEAU]	NNE AO Mar	October 19	Notary Public ter inted Notary Name

NAIC No. 1129-68608

NAIC No. 1129-68608

FEIN: 91-0742147

## Attachment to Question 8: Employment History

Date Employer

08/09- present Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of Vice President

New York

Symetra Life Insurance Company

Vice President

NAIC No. <u>1129-68608</u> FEIN: <u>91-0742147</u>

## 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.Q. 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 Resid	ence Address)
- Reck		October 34, 2013
(Signature)	<del></del>	October 22, 2013 (Date)
	6 6	(2410)
State of Washington	County of King	_
The foregoing instrument was ackn	owledged before me this 22nd da	ny of October, 2013 by Dawn Reyes, and:
who is personally known to m	e, or	
who produced the following is	lentification:	
311111111111111111111111111111111111111		Mary anne Parter Notary Public
ISBAIN NE PO		Notary Public
SON		•
NOTARY		Mary Anne Porter
→•←		Printed Notary Name
PUBLIC 🚴		October 19, 2016
7 10 10 Million		My Commission Expires

NAIC No. <u>1129-68608</u> FEIN: <u>91-0742147</u>

#### **BIOGRAPHICAL AFFIDAVIT**

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

(Print or Type)

					sed entity under which thi		
Symetri 777 108 Bellevu	a Life Inst 3 <sup>th</sup> Avenue	urance Com	1200				
hereina	fter set fo	orth. (Attach			representations and suppose hereon is insufficient t		
1.	Affiant'	s Full Name	(Initials Not Acceptal	ble): First: <u>Da</u>	<u>wn</u> Middle: <u>Marie</u> Las	t: <u>Reyes</u>	
2.	a.	Are you a	citizen of the United S	tates?			
		Yes 🔀	No 🗌				
	b.	Are you a	citizen of any other co	untry?			
		Yes 🗌	No 🗵				
	If yes, what country? N/A						
3.	Affiant'	s occupation	or profession: IT Ex	xecutive			
4.		s business a netra Financ		; 777 108th Ave	NE, Suite 1200; Bellevue	:. WA 98004-5	135
	Busines	s telephone:	(425) 256-6360 B	usiness Email:	Dawn.Reyes@symetra.c	om	
5.	Education	on and traini	ng:				
	√Universi n Washing sity		<u>City/State</u> Bellingham, WA		<u>Dates Attended (MM/YY)</u> 09/86-06/90		Degree Obtained BS, Mathematics
Gradua	te Studies	. <u>C</u> .	ollege/University	City/State	Dates Attended (MN	<u>//YY)</u>	Degree Obtained
	raining: 1		<u>City/State</u> Seattle, WA		ded (MM/YY) x: 09/94-06/95	Degree/Cert Certificate Product M	

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				AIC No. EIN:	1129-68608 91-0742147		
6.	List of memberships in profe	ssional societies and associa	tions:				
	Name of Society/Association	Contact Name	Address of Society/Association		Telephone Number of Society/Association		
	None						
		<u>-</u>					
7.	Present or proposed position	with the applicant entity: $\underline{V}$	ice 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.						
Beginn Dates	ing/Ending (MM/YY): <u>08/09</u> - present	Employer's Name: Symetra	a Financial Corporation ar	ıd subsid	iaries		
Addres	s: 777 108 <sup>th</sup> Avenue NE, Suit	e 1200 City: Bellevue	State/Province: WA				
Country	y: <u>USA</u> Postal Code: <u>9800</u>	4-5135 Phone: (800) 796	-3872 Offices/Positions	Held: §	See Attachment		
Туре о	f Business: <u>Life insurance, of</u>	her financial services Super	rvisor / Contact George 1	McKinno	<u>n</u>		
	ing/Ending (MM/YY): <u>06/08</u> – <u>08/09</u> E	mployer's Name: The Hart	tford	·-··			
Addres	s: One Hartford Plaza City:	Hartford State/Province:	<u>CT</u>				
Country	y: <u>USA</u> Postal Code: <u>0615</u>	5 Phone: (860) 547-5000	Offices/Positions Held	Assist	ant Vice President		
Туре о	f Business: <u>Life and Property</u>	Casualty Insurance Superv	risor / Contact Michael K	Lim	· · · · · · · · · · · · · · · · · · ·		
	ing/Ending (MM/YY): <u>08/90</u> – <u>04/08</u> E	mployer's Name: <u>Safeco I</u>	nsurance				
Addres	s: 1001 4th Avenue, #800 C	ity: <u>Seattle</u> State/Provinc	e: <u>W</u> A				
Countr	y: <u>USA</u> Postal Code: <u>9815</u>	4 Phone: (206) 545-5000	Offices/Positions Held	Assist	ant Vice President		
Туре о	f Business: Property Casualty	Insurance Supervisor / Co	ntact Bob Ingram				
	ing/Ending (MM/YY):	Employer's Name:	7.14				
Addres	s: City: St	ate/Province:					
Countr	y: Postal Code:	Phone: Offic	es/Positions Held:				

Type of Business: \_\_\_\_ Supervisor / Contact \_\_\_\_\_

Applicant Name (Company) Symetra Life Insurance Company	FEIN:	91-0742147
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:	<u>.                                </u>	
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		

Applica	ant Name	(Company) S	ymetra Life In	surance Compa	<u>any</u>	NAIC No. FEIN:	1129-68608 91-0742147
9.	a.	Have you eve	r been in a po	sition which re	quired a fidelity bond?		
		Yes 🗌	No 🖂				
		If any claims	were made on	the bond, give	details: N/A		
	b.	Have you ev	er been denie	d an individua	l or position schedule f	fidelity bond, or	had a bond canceled or
		Yes 🔲	No 🔯				
		If yes, give de	etails: <u>N/A</u>				
10.	or gove in the p the lice number are rear represe	ernmental licent past. For any no ensing authority r is your Social sonably identifi	sing agency or in-insurance re y or regulatory Security Num lable as your S SSN. (For exa	r regulatory aut egulatory issuer body having ju ber (SSN) or e SSN, then writ mple, "SSN",	thority or licensing author, identify and provide the urisdiction over the licentembeds your SSN or any e SSN for that portion of	ority that you prome name, address inse (s) issued. If a sequence of moof the profession	ties) issued by any public esently hold or have held and telephone number of your professional license are than five numbers that all license number that is ligits)). Attach additional
NONE							
City:	:	State/Province:	Cou	ntry:			
Date E	xpired (N	/IM/YY):	Reason fo	or Termination:			
Non-in	surance I	Regulatory Pho	ne Number (if	known):			
Organi	zation/Iss	suer of License	: Ad	dress:			
City:		State/Province:	Cou	ntry:	Postal Code:		
Non-in	surance I	Regulatory Pho	ne Number (if	known):	<del>-</del>		
11.					en sealed or expunged, a respond "no" to the ques		as personally verified that
	a.				al, or vocational license al licensing agency?	or permit by an	y regulatory authority, or
		Yes 🗌	No 🏻				

Had any occupational, professional, or vocational license or permit you hold or have held, been subject to Ъ. any judicial, administrative, regulatory, or disciplinary action? Yes  $\square$ No 🔯 Been placed on probation or had a fine levied against you or your occupational, professional, or vocational Ċ. license or permit in any judicial, administrative, regulatory, or disciplinary action? No 🔯 Yes  $\square$ d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? Yes  $\square$ No X Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic e. 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  $\square$ No X 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? No X Yes  $\square$ Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No 🔯 Yes  $\square$ 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? No X Yes Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? Yes  $\square$ 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.

NAIC No. FEIN:

N/A

NAIC No. 1129-68608 FEIN: 91-0742147 List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The 12. 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 Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially 13. 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 Have you ever been adjudged a bankrupt? 14. Yes 🔯 No  $\square$ If yes, provide details: 1996, Personal To your knowledge has any company or entity for which you were an officer or director, trustee, investment 15. committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? Been refused a permit, license, or certificate of authority by any regulatory authority, or governmentala. licensing agency? No 🖂 Yes 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 🖂

Applica	ını Name	(Company)	Symetra Lif	e Insurance Com	n <u>pany</u>		NAIC No. FEIN:	1129-68608 91-0742147		
	c. Been placed on probation or had a fine levied against it or against its permit, license, or certi 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:		it has any doi lanation prov		uracy of an ans	wer, the questi	on should be	e answered in the positive		
acting o	on my ow	n behalf and		going statements				enalty of perjury that I am wledge and belief.		
State of	f <u>Washi</u> i	ngton	Cot	unty of <u>King</u>						
The for	egoing ir	istrument wa	ıs acknowled	ged before me th	nis 2201 day	of October, 2	20 <u>13</u> by <u>D</u>	awn Reyes, and:		
		onally know								
☐ wł	o produc	ed the follow	wing identific	cation:						
	[SĒĀŲ	71111111111	·			M	ary A	nne Parter Notary Public		



Mary Arme Porter
Printed Notary Name
October 19, 2016
My Commission Expires

NAIC No. 1129-68608

FEIN: 91-0742147

# Attachment to Question 8: Employment History

Date Employer

08/09- present Symetra Financial and subsidiaries

Current Offices/Positions Held

First Symetra National Life Insurance Company of Vice President

New York

Symetra Life Insurance Company Vice President

NAIC No. <u>1129-68608</u> FEIN: <u>91-0742147</u>

# 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 Resid	dence Address)
-)au - Roye		October Sar. 2013
(Signature)		(Date)
State of Washington	County of King	_
The foregoing instrument was acknowledge	owledged before me this 22nd d	ay of October, 2013 by Dawn Reyes, and:
who is personally known to me	e, or	•
who produced the following id	entification:	
NOTARY E		Mary Arme Porter Printed Notary Name
PUBLIC		October_19,_2016 My Commission Expires