

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information										
1a Name of plan SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) SYMETRA LIFE INSURANCE COMPANY <div style="display: flex; justify-content: space-between;"> <div> 777 108TH AVENUE NE SUITE 1200 BELLEVUE, WA 98004-5135 </div> <div> 777 108TH AVENUE NE SUITE 1200 BELLEVUE, WA 98004-5135 </div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 08/01/2004</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 91-0742147</td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number 425-256-8049</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 524140</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 08/01/2004		2b Employer Identification Number (EIN) 91-0742147		2c Sponsor's telephone number 425-256-8049		2d Business code (see instructions) 524140	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 08/01/2004											
2b Employer Identification Number (EIN) 91-0742147											
2c Sponsor's telephone number 425-256-8049											
2d Business code (see instructions) 524140											

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2010	ELLEN STONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2010	CHRISTINE KATZMAR HOLMES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SYMETRA LIFE INSURANCE COMPANY 777 108TH AVENUE NE SUITE 1200 BELLEVUE, WA 98004-5135	3b Administrator's EIN 91-0742147 3c Administrator's telephone number 425-256-8049
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	1332
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	1043
b Retired or separated participants receiving benefits.....	6b	4
c Other retired or separated participants entitled to future benefits.....	6c	281
d Subtotal. Add lines 6a , 6b , and 6c	6d	1328
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	3
f Total. Add lines 6d and 6e	6f	1331
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1306
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2F 2G 2J 2K 2T 3H 2R

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SYMETRA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 91-0742147	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID INV INST OPS CO
04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 71 60	RECORDKEEPER	14698	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALLNZ NFJ SMCAPVAL I - BOSTON FINAN 04-2526037	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COL/ACORN INTL Z - COLUMBIA MANAGEM 04-2838628	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GS MIDCAP VALUE INST - GOLDMAN SAC 13-5108880	0.10%	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRU/J MID CAP GR A - PRUDENTIAL MUT 22-3703799	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ROYCE VALUE PLUS IS - BOSTON FINANC 04-2526037	0.05%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VK GROWTH INCOME I - VAN KAMPEN INV PO BOX 219286 KANSAS, MO 64121	0.15%	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTISAN INTL VALUE FUND INV CL	875 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GAMCO GLOBAL TELECOMMUNICATIONS	401 THEODORE FREMD AVE RYE, NY 10580	0.35%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARBOR INTERNATIONAL INVESTOR SHARE	111 S WACKER DR 34TH FLOOR CHICAGO, IL 60606	0.35%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MERK HARD CURRENCY FUND INVESTOR CL	THREE CANAL PLAZA SUITE 600 PORTLAND, ME 04100	0.40%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK EQUITY INCOME FD I	399 BOYLSTON STREET 6TH FLOOR BOSTON, MA 02116	0.35%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PARNASSUS EQUITY INCOME PORTFOLIO	1 MARKET STREET STEUART STE 1600 SAN FRANCISCO, CA 94105	0.40%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO REAL RETURN CLASS D 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THIRD AVENUE VALUE 622 THIRD AVENUE 32 FLOOR NEW YORK, NY 10017	16.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
WINSLOW GREEN GROWTH INV 99 HIGH STREET BOSTON, MA 02110	0.35%	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
YACKTMAN FOCUSED FD 6300 BRIDGEPOINT PARKWAY AUSTIN, TX 78730	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SYMETRA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 91-0742147	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6278069	6550838
(2) U.S. Government securities.....	1c(2)	0	2290
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	2887	3199
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	4887	7340
(B) Common	1c(4)(B)	236777	551776
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1093006	1193362
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	49518587	72920631
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	57134213	81229436

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	57134213	81229436
---	-----------	----------	----------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4000577	
(B) Participants	2a(1)(B)	6369898	
(C) Others (including rollovers)	2a(1)(C)	1789572	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		12160047
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	43246	
(B) U.S. Government securities	2b(1)(B)	20	
(C) Corporate debt instruments	2b(1)(C)	150	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	74657	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		118073
(2) Dividends: (A) Preferred stock	2b(2)(A)	846	
(B) Common stock	2b(2)(B)	4046	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1497358	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1502250
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1017229	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	955700	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		61529

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	72619	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		72619
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		13927472
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		27841990

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3735266	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3735266
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	11501	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		11501
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3746767

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		24095223
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CLARK NUBER

(2) EIN: 91-1194016

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SYMETRA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>91-0742147</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____			
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

***SYMETRA FINANCIAL
RETIREMENT SAVINGS PLAN***

Financial Statements with Supplemental Schedule
and Independent Auditors' Report

December 31, 2009 and 2008

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Independent Auditors' Report***Trustees
Symetra Financial Retirement Savings Plan
Bellevue, Washington***

We were engaged to audit the financial statements and supplemental schedule of Symetra Financial Retirement Savings Plan (the Plan) as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Handwritten signature of Clark Nuber in dark ink.

Certified Public Accountants
September 7, 2010

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Plan Benefits

	<i>December 31,</i>	
	<i>2009</i>	<i>2008</i>
<hr/>		
<i>Assets</i>		
Investments, at Fair Value (See Notes 3 & 4):		
Mutual funds	\$ 78,881,888	\$ 55,353,477
Self-directed brokerage accounts	1,154,186	687,730
Participant loans	1,193,362	1,093,006
	<hr/>	<hr/>
Total Investments	81,229,436	57,134,213
Total Assets	81,229,436	57,134,213
	<hr/>	<hr/>
<i>Liabilities</i>	-	-
	<hr/>	<hr/>
Net Assets Available for Plan Benefits	\$ 81,229,436	\$ 57,134,213
	<hr/>	<hr/>

See accompanying notes to financial statements.

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Plan Benefits

	<i>Year Ended December 31, 2009</i>
Additions to Net Assets:	
Contributions:	
Employer	\$ 4,000,577
Participant deferrals	6,369,898
Participant rollovers (See Note 1)	1,789,572
Total contributions	12,160,047
Investment Income:	
Net appreciation in fair value of investments	14,079,208
Interest and dividends	1,528,078
Participant loan interest	74,657
Total investment income	15,681,943
Total Additions to Net Assets	27,841,990
Deductions from Net Assets:	
Benefits paid to participants	3,735,266
Administrative expenses	11,501
Total Deductions from Net Assets	3,746,767
Increase in Net Assets Available for Plan Benefits	24,095,223
Net assets Available for Plan Benefits:	
Beginning of year	57,134,213
End of Year	\$ 81,229,436

See accompanying notes to financial statements.

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Notes to Financial Statements

Note 1 - Description of the Plan

The following description of the Symetra Financial Corporation Retirement Savings Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan for employees of Symetra Financial and its subsidiaries (the Employer). Eligible employees, as defined by the Plan, may elect to participate in the Plan and make payroll deferrals upon their hire date. Employees are eligible to participate in the Employer's contributions upon their hire date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Administration - The Plan is administered by an administrative committee consisting of officers and employees of the Employer. The Employer is the Plan's sponsor. Fidelity Management Trust Company (the Trustee) serves as the trustee of the Plan.

Employer Contributions - The Employer makes matching contributions of 100% of the amounts contributed by each participant up to 6% of the participant's eligible compensation, resulting in a maximum employer matching contribution of 6%.

Participant Accounts - Participants may make pre-tax contributions, through payroll deductions, of any whole percentage up to 100% of their eligible compensation to the Plan, subject to certain limitations as defined by the Internal Revenue Code (the Code). Participants will be automatically enrolled unless an eligible employee affirmatively elects otherwise, and the eligible employee's compensation will reduce by 3% (the "Automatic Enrollment Rate") for each payroll period in which the employee is an active participant. Deferral contributions for each active participant having automatic enrollment contributions made on their behalf shall be increased annually by 1% of compensation. Participants may not currently make after-tax contributions to the Plan, but the Plan does maintain frozen accounts of after-tax contributions previously allowed by the Plan. A participant who is age 50 or older on or before the last day of the Plan year may also make catch-up contributions subject to certain limitations as defined by the Code. Participants may make rollovers from other qualified defined benefit or defined contribution plans. Each participant's account is credited with the participant's contributions and allocations of the Employer's contributions and investment earnings. Investment earnings are allocated to participant accounts daily based on each participant's share values. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Effective January 1, 2006, participants are fully vested on a go forward basis in all amounts contributed to their accounts. Vesting in the pre-2006 employer matching and discretionary contributions is based on years of continuous service to the Employer. Participants achieve 25% vesting after two years of service and are vested an additional 25% for each additional year of service thereafter until they are fully vested after five years.

Forfeitures - Forfeitures of the nonvested portions of terminated participants' accounts are maintained in a separate account and used to offset the Employer's contributions. The forfeiture account balance was \$4,743 and \$41,945 as of December 31, 2009 and 2008, respectively. During 2009, forfeiture amounts totaling \$47,819 were used for employer contributions.

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Notes to Financial Statements

Note 1 - Continued

Participant Loans - The Plan may make loans to participants up to 50% of their vested account balance. Each participant loan amount must be at least \$1,000 and cannot exceed \$50,000. Participant loans are secured by the remaining balance in the participant's account. At December 31, 2009, interest rates between 4.25% and 9.25% were being charged on participant loans outstanding with payments due through July 2029. Loan principal and interest payments are received through payroll deductions.

Payment of Benefits - A participant may elect to receive benefits upon retirement, disability, death, resignation, dismissal, or demonstrated hardship. Benefits can be received in a lump sum amount or installment payments, as elected by the participant.

Plan Amendment - There were no Plan amendments in 2009.

Termination of the Plan - Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, all participants immediately become fully vested in their respective account balances.

Note 2 - Significant Accounting Policies

Basis of Accounting - The financial statements of the Plan have been prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets in the Statements of Net Assets Available for Plan Benefits and the additions and deductions in the Statement of Changes in Net Assets Available for Plan Benefits, as well as the amounts disclosed in the financial statement footnotes. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Benefits Paid to Participants - Benefits paid to participants are recognized when they are paid. At December 31, 2009 and 2008, there were no amounts allocated to accounts of participants who had elected to withdraw from the Plan but had not yet been paid.

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Notes to Financial Statements

Note 2 - Continued

Administrative Expenses - Certain participant loan and self-directed brokerage account fees are charged to related participant accounts in the Plan, as allowed under the applicable guidance of ERISA and the rules and regulations published by the Department of Labor. In addition, the Employer pays certain administrative expenses associated with sponsoring the Plan.

Adoption of New Accounting Pronouncements

Accounting Standards Codification 105-10, FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles

In July 2009, the Financial Accounting Standards Board (FASB) issued guidance contained in ASC 105-10, which established the FASB Accounting Standards Codification (Codification or ASC) as the single source of authoritative US GAAP recognized by the FASB. The Codification was applicable to nongovernmental entities for financial statements issued for interim and annual periods ending after September 15, 2009. The FASB now issues Accounting Standards Updates (ASUs), which serve to update the Codification, provide background information about the guidance and provide the basis for conclusions on the changes to the Codification. US GAAP is not intended to be changed as a result of the FASB's Codification project, but it does change the way the guidance is organized and presented. The Codification was implemented in this report by referencing Codification topics where appropriate.

ASC 855-10, Subsequent Events

In May 2009, the FASB issued guidance contained in ASC 855-10, which establishes standards of accounting for and disclosing events that occur after the period-end date but before financial statements are issued. The guidance also clarifies that companies who widely distribute financial statements should evaluate subsequent events through the date of issuance, whereas all other companies should evaluate subsequent events through the date financial statements are available to be issued. This guidance was adopted for the year ending December 31, 2009.

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through September 7, 2010, the date the financial statements were available for issuance.

Note 3 - Fair Value Measurements

ASC Topic 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Notes to Financial Statements

Note 3 - Continued

The three levels of the fair value hierarchy are described as follows:

- Level 1: unadjusted quoted prices available in active markets for identical assets or liabilities;
- Level 2: inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; and
- Level 3: unobservable inputs that are significant to the fair value measurement.

A financial instrument's level within the fair value hierarchy is based upon the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2009 and 2008.

Mutual Funds - Valued at quoted market prices in active markets, which represent the net asset value (NAV) of shares held by the Plan at year-end.

Self-directed Brokerage Accounts -

Mutual Funds - Valued at quoted market prices in active markets, which represent the NAV of shares held by the Plan at year-end.

Corporate Stock - Valued at quoted market prices in active markets of shares held by the Plan at year-end.

Money Market Funds - Valued at cost plus accrued interest, which approximates fair value.

Participant Loans - Valued at their outstanding balance, which approximates fair value.

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Notes to Financial Statements

Note 3 - Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

	<i>Fair Value Measurements</i>			
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Mutual funds:				
Balanced	\$ 46,270,112	\$ -	\$ -	\$46,270,112
Large cap stock	13,068,200	-	-	13,068,200
Mid cap stock	7,176,084			7,176,084
International	6,812,573	-	-	6,812,573
Small cap stock	5,554,919	-	-	5,554,919
Self-directed brokerage accounts:				
Mutual funds	327,209	-	-	327,209
Corporate stock	559,116	-	-	559,116
Money market funds	267,861	-	-	267,861
Participant loans	-	-	1,193,362	1,193,362
	<u>\$ 80,036,074</u>	<u>\$ -</u>	<u>\$ 1,193,362</u>	<u>\$81,229,436</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2008:

	<i>Fair Value Measurements</i>			
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Mutual funds	\$ 55,353,477	\$ -	\$ -	\$55,353,477
Self-directed brokerage accounts:				
Mutual funds	201,598	-	-	201,598
Corporate stock	249,598	-	-	249,598
Money market funds	236,534	-	-	236,534
Participant loans	-	-	1,093,006	1,093,006
	<u>\$ 56,041,207</u>	<u>\$ -</u>	<u>\$ 1,093,006</u>	<u>\$57,134,213</u>

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Notes to Financial Statements

Note 3 - Continued

A reconciliation of the beginning and ending balances for fair value measurements made using significant unobservable inputs (Level 3) is as follows for the year ended December 31:

	<i>Participant Loans</i>
Beginning balance as of January 1, 2009	\$ 1,093,006
New borrowings and repayments, net	<u>100,356</u>
Ending Balance as of December 31, 2009	<u>\$ 1,193,362</u>

Note 4 - Plan Investments

The Plan currently offers 27 mutual funds and self-directed brokerage accounts as investment options for participants. Participants are able to direct contributions into one or more of the Plan's investment options. Choice of investment amounts and investment transfers for each option are at the participant's discretion and can be changed daily. Investments consist of shares in the mutual funds offered through the Plan, as well as shares of mutual funds, unit investment trusts, and common and preferred stock held in self-directed brokerage accounts. The following presents investments held by the Plan that represent 5% or more of the Plan's net assets:

	<i>December 31,</i>	
	<u>2009</u>	<u>2008</u>
Mutual Funds:		
Fidelity Retirement Money Market	\$ 6,293,345	\$ 6,041,721
Fidelity Balanced	6,632,132	4,776,159
Fidelity Freedom 2015	6,467,354	4,347,349
Fidelity Freedom 2020	6,216,223	4,296,332
Fidelity Growth Company	7,067,316	4,137,226
Fidelity US Bond Index	5,362,291	4,055,050
Fidelity Diversified International	5,114,317	3,735,633
Allianz NFJ Small Cap Value I	4,675,193	3,495,007
Fidelity Freedom 2010	*	3,258,642

* Does not represent 5% or more of the Plan's net assets.

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Notes to Financial Statements

Note 5 - Information Certified by the Trustee

The Plan's management elected the method of compliance permitted by Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Under this provision of ERISA, certain information certified by the Trustee need not be subjected to independent audit.

The Plan's management has obtained certification from the Trustee, that the following information provided by the Trustee and information included in the Plan's financial statements and supplemental schedule is complete and accurate:

- Fair value of investments as of December 31, 2009 and 2008
- Investment and other income earned or losses incurred for the year ended December 31, 2009
- Investment transactions for the year ended December 31, 2009

Note 6 - Federal Income Taxes

The Employer restated the Plan and adopted a volume submitter plan document sponsored by Fidelity Management & Research Co (Fidelity) effective November 16, 2009. Fidelity received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2008, which states that the volume submitter document satisfies the applicable provisions of the Code. The Plan itself, as restated, has not received a determination letter from the IRS. Prior to restatement, the Plan had received a favorable determination letter from the IRS dated February 9, 2006.

The Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRS. Therefore, no provision for income tax has been included in the Plan's financial statements.

The Plan year ending December 31, 2007 is currently under examination by the IRS. The exam is expected to be completed in the third quarter of 2010. To date, no significant issues have been raised.

Note 7 - Party-in-Interest Transactions

The Plan invests in various mutual funds managed by Fidelity Investments. Fidelity Management Trust Company acts as Trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rule under ERISA. In addition, participant loans held in the Plan qualify as party-in-interest transactions which are exempt from the prohibited transaction rule under ERISA.

Note 8 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amount reported in the Statement of Net Assets Available for Plan Benefits.

SUPPLEMENTAL SCHEDULE

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Supplemental Schedule

Attachment to Form 5500, Schedule H, Line 4(i)

Schedule of Assets (Held at End of Year) as of December 31, 2009

EMPLOYER: Symetra Financial

EIN: 91-0742147

Plan # : 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
**	Fidelity Growth Company	Mutual Fund, 102,454.566 shares	*	\$ 7,067,316
**	Fidelity Balanced	Mutual Fund, 405,387.050 shares	*	6,632,132
**	Fidelity Freedom 2015	Mutual Fund, 620,667.352 shares	*	6,467,354
**	Fidelity Retirement Money Market	Mutual Fund, 6,293,344.900 shares	*	6,293,345
**	Fidelity Freedom 2020	Mutual Fund, 495,316.585 shares	*	6,216,223
**	Fidelity US Bond Index	Mutual Fund, 484,836.412 shares	*	5,362,291
**	Fidelity Diversified International	Mutual Fund, 182,654.185 shares	*	5,114,317
**	Allianz NFJ Small Cap Value I	Mutual Fund, 192,871.002 shares	*	4,675,193
**	Fidelity Freedom 2010	Mutual Fund, 306,317.091 shares	*	3,832,027
**	PRU/J Mid Cap GR A	Mutual Fund, 166,032.414 shares	*	3,788,860
**	Goldman Sachs Mid Cap Value Inst	Mutual Fund, 116,120.143 shares	*	3,387,225
**	Spartan 500 Index	Mutual Fund, 82,447.895 shares	*	3,250,921
**	Fidelity Freedom 2025	Mutual Fund, 299,884.989 shares	*	3,115,805
**	Fidelity Freedom 2040	Mutual Fund, 410,534.999 shares	*	2,939,431
**	Van Kampen Growth Income I	Mutual Fund, 159,049.302 shares	*	2,749,962
**	Fidelity Freedom 2030	Mutual Fund, 168,450.880 shares	*	2,087,106
**	Fidelity Freedom 2035	Mutual Fund, 203,138.037 shares	*	2,084,196
**	Columbia Acorn International	Mutual Fund, 42,362.202 shares	*	1,451,329
**	Royce Value Plus IS	Mutual Fund, 77,783.034 shares	*	879,726
**	Fidelity Freedom 2000	Mutual Fund, 41,308.313 shares	*	468,849
**	Fidelity Freedom 2050	Mutual Fund, 36,639.256 shares	*	305,938
**	Spartan International Index	Mutual Fund, 7,381.979 shares	*	246,927
**	Fidelity Freedom 2045	Mutual Fund, 22,515.993 shares	*	190,710
**	Fidelity Freedom Income	Mutual Fund, 11,616.850 shares	*	124,765
**	Fidelity Freedom 2005	Mutual Fund, 7,930.804 shares	*	79,546
**	PIMCO Total Return Fund Inst	Mutual Fund, 4,486.293 shares	*	48,452
**	Vanguard Inflation-Protected Sec Fund	Mutual Fund, 1,748.327 shares	*	21,942
**	Self-directed brokerage accounts		*	1,154,186
**	Participant loans	Interest rates from 4.25% to 9.25%, due through July 2029	\$0	1,193,362
				\$ 81,229,436

* Cost data not required for participant directed assets with individual accounts.

** Represents a party-in-interest to the Plan.

See independent auditors' report.

***SYMETRA FINANCIAL
RETIREMENT SAVINGS PLAN***

Financial Statements with Supplemental Schedule
and Independent Auditors' Report

December 31, 2009 and 2008

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Independent Auditors' Report***Trustees
Symetra Financial Retirement Savings Plan
Bellevue, Washington***

We were engaged to audit the financial statements and supplemental schedule of Symetra Financial Retirement Savings Plan (the Plan) as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Handwritten signature of Clark Nuber in dark ink.

Certified Public Accountants
September 7, 2010

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Plan Benefits

	<i>December 31,</i>	
	<i>2009</i>	<i>2008</i>
<i>Assets</i>		
Investments, at Fair Value (See Notes 3 & 4):		
Mutual funds	\$ 78,881,888	\$ 55,353,477
Self-directed brokerage accounts	1,154,186	687,730
Participant loans	1,193,362	1,093,006
Total Investments	81,229,436	57,134,213
Total Assets	81,229,436	57,134,213
<i>Liabilities</i>		
	-	-
Net Assets Available for Plan Benefits	\$ 81,229,436	\$ 57,134,213

See accompanying notes to financial statements.

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Plan Benefits

	<i>Year Ended December 31, 2009</i>
<hr/>	
Additions to Net Assets:	
Contributions:	
Employer	\$ 4,000,577
Participant deferrals	6,369,898
Participant rollovers (See Note 1)	1,789,572
	<hr/>
Total contributions	12,160,047
Investment Income:	
Net appreciation in fair value of investments	14,079,208
Interest and dividends	1,528,078
Participant loan interest	74,657
	<hr/>
Total investment income	15,681,943
	<hr/>
Total Additions to Net Assets	27,841,990
Deductions from Net Assets:	
Benefits paid to participants	3,735,266
Administrative expenses	11,501
	<hr/>
Total Deductions from Net Assets	3,746,767
	<hr/>
Increase in Net Assets Available for Plan Benefits	24,095,223
Net assets Available for Plan Benefits:	
Beginning of year	57,134,213
	<hr/>
End of Year	\$ 81,229,436
	<hr/>

See accompanying notes to financial statements.

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Notes to Financial Statements

Note 1 - Description of the Plan

The following description of the Symetra Financial Corporation Retirement Savings Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan for employees of Symetra Financial and its subsidiaries (the Employer). Eligible employees, as defined by the Plan, may elect to participate in the Plan and make payroll deferrals upon their hire date. Employees are eligible to participate in the Employer's contributions upon their hire date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Administration - The Plan is administered by an administrative committee consisting of officers and employees of the Employer. The Employer is the Plan's sponsor. Fidelity Management Trust Company (the Trustee) serves as the trustee of the Plan.

Employer Contributions - The Employer makes matching contributions of 100% of the amounts contributed by each participant up to 6% of the participant's eligible compensation, resulting in a maximum employer matching contribution of 6%.

Participant Accounts - Participants may make pre-tax contributions, through payroll deductions, of any whole percentage up to 100% of their eligible compensation to the Plan, subject to certain limitations as defined by the Internal Revenue Code (the Code). Participants will be automatically enrolled unless an eligible employee affirmatively elects otherwise, and the eligible employee's compensation will reduce by 3% (the "Automatic Enrollment Rate") for each payroll period in which the employee is an active participant. Deferral contributions for each active participant having automatic enrollment contributions made on their behalf shall be increased annually by 1% of compensation. Participants may not currently make after-tax contributions to the Plan, but the Plan does maintain frozen accounts of after-tax contributions previously allowed by the Plan. A participant who is age 50 or older on or before the last day of the Plan year may also make catch-up contributions subject to certain limitations as defined by the Code. Participants may make rollovers from other qualified defined benefit or defined contribution plans. Each participant's account is credited with the participant's contributions and allocations of the Employer's contributions and investment earnings. Investment earnings are allocated to participant accounts daily based on each participant's share values. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Effective January 1, 2006, participants are fully vested on a go forward basis in all amounts contributed to their accounts. Vesting in the pre-2006 employer matching and discretionary contributions is based on years of continuous service to the Employer. Participants achieve 25% vesting after two years of service and are vested an additional 25% for each additional year of service thereafter until they are fully vested after five years.

Forfeitures - Forfeitures of the nonvested portions of terminated participants' accounts are maintained in a separate account and used to offset the Employer's contributions. The forfeiture account balance was \$4,743 and \$41,945 as of December 31, 2009 and 2008, respectively. During 2009, forfeiture amounts totaling \$47,819 were used for employer contributions.

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Notes to Financial Statements

Note 1 - Continued

Participant Loans - The Plan may make loans to participants up to 50% of their vested account balance. Each participant loan amount must be at least \$1,000 and cannot exceed \$50,000. Participant loans are secured by the remaining balance in the participant's account. At December 31, 2009, interest rates between 4.25% and 9.25% were being charged on participant loans outstanding with payments due through July 2029. Loan principal and interest payments are received through payroll deductions.

Payment of Benefits - A participant may elect to receive benefits upon retirement, disability, death, resignation, dismissal, or demonstrated hardship. Benefits can be received in a lump sum amount or installment payments, as elected by the participant.

Plan Amendment - There were no Plan amendments in 2009.

Termination of the Plan - Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, all participants immediately become fully vested in their respective account balances.

Note 2 - Significant Accounting Policies

Basis of Accounting - The financial statements of the Plan have been prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets in the Statements of Net Assets Available for Plan Benefits and the additions and deductions in the Statement of Changes in Net Assets Available for Plan Benefits, as well as the amounts disclosed in the financial statement footnotes. Actual results could differ from those estimates.

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Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Notes to Financial Statements

Note 2 - Continued

Administrative Expenses - Certain participant loan and self-directed brokerage account fees are charged to related participant accounts in the Plan, as allowed under the applicable guidance of ERISA and the rules and regulations published by the Department of Labor. In addition, the Employer pays certain administrative expenses associated with sponsoring the Plan.

Adoption of New Accounting Pronouncements

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Note 3 - Fair Value Measurements

ASC Topic 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Notes to Financial Statements

Note 3 - Continued

The three levels of the fair value hierarchy are described as follows:

- Level 1: unadjusted quoted prices available in active markets for identical assets or liabilities;
- Level 2: inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; and
- Level 3: unobservable inputs that are significant to the fair value measurement.

A financial instrument's level within the fair value hierarchy is based upon the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2009 and 2008.

Mutual Funds - Valued at quoted market prices in active markets, which represent the net asset value (NAV) of shares held by the Plan at year-end.

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Mutual Funds - Valued at quoted market prices in active markets, which represent the NAV of shares held by the Plan at year-end.

Corporate Stock - Valued at quoted market prices in active markets of shares held by the Plan at year-end.

Money Market Funds - Valued at cost plus accrued interest, which approximates fair value.

Participant Loans - Valued at their outstanding balance, which approximates fair value.

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Notes to Financial Statements

Note 3 - Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

	<i>Fair Value Measurements</i>			
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Mutual funds:				
Balanced	\$ 46,270,112	\$ -	\$ -	\$46,270,112
Large cap stock	13,068,200	-	-	13,068,200
Mid cap stock	7,176,084			7,176,084
International	6,812,573	-	-	6,812,573
Small cap stock	5,554,919	-	-	5,554,919
Self-directed brokerage accounts:				
Mutual funds	327,209	-	-	327,209
Corporate stock	559,116	-	-	559,116
Money market funds	267,861	-	-	267,861
Participant loans	-	-	1,193,362	1,193,362
	<u>\$ 80,036,074</u>	<u>\$ -</u>	<u>\$ 1,193,362</u>	<u>\$81,229,436</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2008:

	<i>Fair Value Measurements</i>			
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Mutual funds	\$ 55,353,477	\$ -	\$ -	\$55,353,477
Self-directed brokerage accounts:				
Mutual funds	201,598	-	-	201,598
Corporate stock	249,598	-	-	249,598
Money market funds	236,534	-	-	236,534
Participant loans	-	-	1,093,006	1,093,006
	<u>\$ 56,041,207</u>	<u>\$ -</u>	<u>\$ 1,093,006</u>	<u>\$57,134,213</u>

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Notes to Financial Statements

Note 3 - Continued

A reconciliation of the beginning and ending balances for fair value measurements made using significant unobservable inputs (Level 3) is as follows for the year ended December 31:

	<i>Participant Loans</i>
Beginning balance as of January 1, 2009	\$ 1,093,006
New borrowings and repayments, net	<u>100,356</u>
Ending Balance as of December 31, 2009	<u>\$ 1,193,362</u>

Note 4 - Plan Investments

The Plan currently offers 27 mutual funds and self-directed brokerage accounts as investment options for participants. Participants are able to direct contributions into one or more of the Plan's investment options. Choice of investment amounts and investment transfers for each option are at the participant's discretion and can be changed daily. Investments consist of shares in the mutual funds offered through the Plan, as well as shares of mutual funds, unit investment trusts, and common and preferred stock held in self-directed brokerage accounts. The following presents investments held by the Plan that represent 5% or more of the Plan's net assets:

	<i>December 31,</i>	
	<u>2009</u>	<u>2008</u>
Mutual Funds:		
Fidelity Retirement Money Market	\$ 6,293,345	\$ 6,041,721
Fidelity Balanced	6,632,132	4,776,159
Fidelity Freedom 2015	6,467,354	4,347,349
Fidelity Freedom 2020	6,216,223	4,296,332
Fidelity Growth Company	7,067,316	4,137,226
Fidelity US Bond Index	5,362,291	4,055,050
Fidelity Diversified International	5,114,317	3,735,633
Allianz NFJ Small Cap Value I	4,675,193	3,495,007
Fidelity Freedom 2010	*	3,258,642

* Does not represent 5% or more of the Plan's net assets.

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Notes to Financial Statements

Note 5 - Information Certified by the Trustee

The Plan's management elected the method of compliance permitted by Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Under this provision of ERISA, certain information certified by the Trustee need not be subjected to independent audit.

The Plan's management has obtained certification from the Trustee, that the following information provided by the Trustee and information included in the Plan's financial statements and supplemental schedule is complete and accurate:

- Fair value of investments as of December 31, 2009 and 2008
- Investment and other income earned or losses incurred for the year ended December 31, 2009
- Investment transactions for the year ended December 31, 2009

Note 6 - Federal Income Taxes

The Employer restated the Plan and adopted a volume submitter plan document sponsored by Fidelity Management & Research Co (Fidelity) effective November 16, 2009. Fidelity received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2008, which states that the volume submitter document satisfies the applicable provisions of the Code. The Plan itself, as restated, has not received a determination letter from the IRS. Prior to restatement, the Plan had received a favorable determination letter from the IRS dated February 9, 2006.

The Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRS. Therefore, no provision for income tax has been included in the Plan's financial statements.

The Plan year ending December 31, 2007 is currently under examination by the IRS. The exam is expected to be completed in the third quarter of 2010. To date, no significant issues have been raised.

Note 7 - Party-in-Interest Transactions

The Plan invests in various mutual funds managed by Fidelity Investments. Fidelity Management Trust Company acts as Trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rule under ERISA. In addition, participant loans held in the Plan qualify as party-in-interest transactions which are exempt from the prohibited transaction rule under ERISA.

Note 8 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amount reported in the Statement of Net Assets Available for Plan Benefits.

SUPPLEMENTAL SCHEDULE

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Supplemental Schedule

Attachment to Form 5500, Schedule H, Line 4(i)

Schedule of Assets (Held at End of Year) as of December 31, 2009

EMPLOYER: Symetra Financial

EIN: 91-0742147

Plan # : 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
**	Fidelity Growth Company	Mutual Fund, 102,454.566 shares	*	\$ 7,067,316
**	Fidelity Balanced	Mutual Fund, 405,387.050 shares	*	6,632,132
**	Fidelity Freedom 2015	Mutual Fund, 620,667.352 shares	*	6,467,354
**	Fidelity Retirement Money Market	Mutual Fund, 6,293,344.900 shares	*	6,293,345
**	Fidelity Freedom 2020	Mutual Fund, 495,316.585 shares	*	6,216,223
**	Fidelity US Bond Index	Mutual Fund, 484,836.412 shares	*	5,362,291
**	Fidelity Diversified International	Mutual Fund, 182,654.185 shares	*	5,114,317
**	Allianz NFJ Small Cap Value I	Mutual Fund, 192,871.002 shares	*	4,675,193
**	Fidelity Freedom 2010	Mutual Fund, 306,317.091 shares	*	3,832,027
**	PRU/J Mid Cap GR A	Mutual Fund, 166,032.414 shares	*	3,788,860
**	Goldman Sachs Mid Cap Value Inst	Mutual Fund, 116,120.143 shares	*	3,387,225
**	Spartan 500 Index	Mutual Fund, 82,447.895 shares	*	3,250,921
**	Fidelity Freedom 2025	Mutual Fund, 299,884.989 shares	*	3,115,805
**	Fidelity Freedom 2040	Mutual Fund, 410,534.999 shares	*	2,939,431
**	Van Kampen Growth Income I	Mutual Fund, 159,049.302 shares	*	2,749,962
**	Fidelity Freedom 2030	Mutual Fund, 168,450.880 shares	*	2,087,106
**	Fidelity Freedom 2035	Mutual Fund, 203,138.037 shares	*	2,084,196
**	Columbia Acorn International	Mutual Fund, 42,362.202 shares	*	1,451,329
**	Royce Value Plus IS	Mutual Fund, 77,783.034 shares	*	879,726
**	Fidelity Freedom 2000	Mutual Fund, 41,308.313 shares	*	468,849
**	Fidelity Freedom 2050	Mutual Fund, 36,639.256 shares	*	305,938
**	Spartan International Index	Mutual Fund, 7,381.979 shares	*	246,927
**	Fidelity Freedom 2045	Mutual Fund, 22,515.993 shares	*	190,710
**	Fidelity Freedom Income	Mutual Fund, 11,616.850 shares	*	124,765
**	Fidelity Freedom 2005	Mutual Fund, 7,930.804 shares	*	79,546
**	PIMCO Total Return Fund Inst	Mutual Fund, 4,486.293 shares	*	48,452
**	Vanguard Inflation-Protected Sec Fund	Mutual Fund, 1,748.327 shares	*	21,942
**	Self-directed brokerage accounts		*	1,154,186
**	Participant loans	Interest rates from 4.25% to 9.25%, due through July 2029	\$0	1,193,362
				\$ 81,229,436

* Cost data not required for participant directed assets with individual accounts.

** Represents a party-in-interest to the Plan.

See independent auditors' report.