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| 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 2010 This Form is Open to Public Inspection |
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| Part I | Annual Report Identification Information |
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</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) |

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|---|---|--|-----|--|--|--|--|--|--|--|--|
| 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. | 10/03/2011 | ELLEN STONE |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | 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 (2010)
v.092307.1

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| 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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| | | |
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| 5 Total number of participants at the beginning of the plan year | 5 | 1331 |
|---|----------|------|

| | | |
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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 | 1030 |
| b Retired or separated participants receiving benefits..... | 6b | 3 |
| c Other retired or separated participants entitled to future benefits..... | 6c | 302 |
| d Subtotal. Add lines 6a , 6b , and 6c | 6d | 1335 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... | 6e | 3 |
| f Total. Add lines 6d and 6e | 6f | 1338 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... | 6g | 1318 |
| h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6h | 1 |

| | | |
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| 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 2R 2T 3H

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

| | |
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| 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 |
|---|---|

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

| | |
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| 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 |
| | | 2010 |
| | | This Form is Open to Public Inspection. |

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

| | | |
|--|--|------------|
| 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 | |

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| 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).

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

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|---|
| (b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
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| (b) Enter name and EIN or address of person who provided you disclosures 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 | 15605 | 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 | | |
| ALLNZ NFJ SMCAPVAL I - BOSTON FINAN | 0.10% | |
| 04-2526037 | | |
| (a) Enter service provider name as it appears on line 2 | | |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | | |
| COL/ACORN INTL Z - COLUMBIA MGT INV | 0.35% | |
| P.O. BOX 8081 BOSTON, MA 02266 | | |
| (a) Enter service provider name as it appears on line 2 | | |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | | |
| GS MID CAP VALUE A - GOLDMAN, SACHS | 0.35% | |
| 13-5108880 | | |

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 |
| <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>GS MIDCAP VALUE INST - GOLDMAN, SAC</p> <p>13-5108880</p> | | |
| <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.10%</p> | | |
| <p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p> | | |
| <p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">60</p> | | |
| <p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p> | | |
| <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>HARBOR INTL INST - HARBOR SERVICES</p> <p>34-1953399</p> | | |
| <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.10%</p> | | |
| <p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p> | | |
| <p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">60</p> | | |
| <p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p> | | |
| <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>IVK GRTH & INC Y - INVESCO TRIMARK P.O. BOX 4739 HOUSTON, TX 77210</p> | | |
| <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.15%</p> | | |

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 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. | |
| PAYDEN GNMA 333 SOUTH GRAND AVENUE 32ND FLOOR LOS ANGELES, CA 90071 | .25% | |

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. |
| HARBOR INTERNATIONAL INVESTOR SHARE | 111 S. WACKER DR, 34TH FLOOR CHICAGO, IL 60606 | .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. |
| OAKMARK INTERNATL I | CHRIS WRIGHT, TWO NORTH LASALLE STR CHICAGO, IL 60602 | .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. |
| OAKMARK INTERNATL SMALL CAP I | CHRIS WRIGHT, TWO NORTH LASALLE STR CHICAGO, IL 60602 | .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. |
| PIMCO TOTAL RETURN CLASS D | 1345 AVENUE OF THE AMERICAS, 3RD FL NEW YORK, NY 10105 | .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. |
| GAMCO GLOBAL TELECOMMUNICATIONS | 3003 SUMMER STREET STAMFORD, CT 06904 | .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. |
| PARNASSUS EQUITY INCOME PORTFOLIO | ONE MARKET STREET-STEUART TOWER SUI SAN FRANCISCO, CA 94105 | .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. |
| SELECTED AMERICAN SHARES CL S | 2949 E. ELVIRA RD. TUCSON, AZ 85706 | .40% |
| (a) Enter service provider name as it appears on line 2 | | (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. |
| SCOUT INTERNATIONAL FUND | 3707 WEST MAPLE RD. BLOOMFIELD HILLS, MI 48301 | .40% |
| (a) Enter service provider name as it appears on line 2 | | (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 SUITE 800 MILWAUKEE, WI 53202 | .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. |
|--|--|
| BROWN CAPITAL MGMT MID-CAP INSTL 1201 NORTH CALVART STREET BALTIMORE, MD 21202 | .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. |
|--|--|
| MERK HARD CURRENCY FUND INVESTOR THREE CANAL PLAZA, SUITE 600 CL PORTLAND, ME 04100 | .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. |
|---|--|
| THIRD AVENUE VALUE INSTL CLASS 622 THIRD AVENUE 32 FLOOR NEW YORK, NY 10017 | 16.00 |

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 DIVERSIFIED INCOME FUND CL C 1345 AVENUE OF THE AMERICAS, 3RD FL NEW YORK, NY 10105 | | 0.10% + 6.00 |
| | | |
| (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. |
| TEMPLETON GLOBAL BOND CLASS A RUSSELL INVESTMENTS SEATTLE, WA 98101 | | 0.25% + 9.00 |
| | | |
| (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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | 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 |
| | | 2010 |
| | | This Form is Open to Public Inspection |

| | | |
|--|--|------------|
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 | | |
| 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 |
|---------------|--------------------------------------|

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) | 0 | 684 |
| (2) Participant contributions | 1b(2) | 0 | 1088 |
| (3) Other..... | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 6550838 | 6363675 |
| (2) U.S. Government securities..... | 1c(2) | 2290 | 0 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other..... | 1c(3)(B) | 3199 | 13853 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | 7340 | 14429 |
| (B) Common | 1c(4)(B) | 551776 | 772442 |
| (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) | 1193362 | 1419496 |
| (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) | 72920631 | 88424143 |
| (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 | 81229436 | 97009810 |

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 | 81229436 | 97009810 |
|---|-----------|----------|----------|

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) | 4250064 | |
| (B) Participants | 2a(1)(B) | 6778639 | |
| (C) Others (including rollovers) | 2a(1)(C) | 1328982 | |
| (2) Noncash contributions | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 12357685 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 3050 | |
| (B) U.S. Government securities | 2b(1)(B) | 10 | |
| (C) Corporate debt instruments | 2b(1)(C) | 340 | |
| (D) Loans (other than to participants) | 2b(1)(D) | | |
| (E) Participant loans | 2b(1)(E) | 68631 | |
| (F) Other | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 72031 |
| (2) Dividends: (A) Preferred stock | 2b(2)(A) | 980 | |
| (B) Common stock | 2b(2)(B) | 8907 | |
| (C) Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 1686281 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 1696168 |
| (3) Rents | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds | 2b(4)(A) | 1036126 | |
| (B) Aggregate carrying amount (see instructions) | 2b(4)(B) | 1058942 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result | 2b(4)(C) | | -22816 |

| | | (a) Amount | (b) Total |
|---|-----------------|------------|-----------|
| 2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate..... | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | 151116 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 151116 |
| (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) | | 9613207 |
| c Other income..... | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 23867391 |

Expenses

| | | | |
|--|--------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 8070809 | |
| (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) | | 8070809 |
| f Corrective distributions (see instructions) | 2f | | 2383 |
| 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) | 13825 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 13825 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 8087017 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 15780374 |
| 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) |
|--------------|-------------|
| | |
| | |
| | |
| | |

| | | |
|--|---|---|
| <div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 | | |
| 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 | 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 0 |
| 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): 04-6568107 | | |
| 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 | | |
| 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) 2010 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, 2010 and 2009

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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, 2010 and 2009, and for the year ended December 31, 2010, 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, 2010 and 2009, and for the year ended December 31, 2010, 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.



Certified Public Accountants
July 6, 2011

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Plan Benefits

| | <i>As of December 31,</i> | |
|---|---------------------------|---------------|
| | <i>2010</i> | <i>2009</i> |
| Assets | | |
| Investments, at Fair Value (See Notes 3 & 4): | | |
| Mutual funds | \$ 93,814,942 | \$ 78,881,888 |
| Self-directed brokerage accounts | 1,773,600 | 1,154,186 |
| Total Investments | 95,588,542 | 80,036,074 |
| Receivables: | | |
| Employer contributions | 684 | - |
| Participant contributions | 1,088 | - |
| Notes receivable from participants | 1,419,496 | 1,193,362 |
| Total Receivables | 1,421,268 | 1,193,362 |
| Total Assets | \$ 97,009,810 | \$ 81,229,436 |
| Liabilities | - | - |
| Net Assets Available for Plan Benefits | \$ 97,009,810 | \$ 81,229,436 |

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, 2010</i> |
|--|--|
| <hr/> | |
| Additions to Net Assets: | |
| Contributions: | |
| Employer | \$ 4,250,064 |
| Participant deferrals | 6,778,639 |
| Participant rollovers | <u>1,328,982</u> |
| Total contributions | 12,357,685 |
| Investment income: | |
| Net appreciation in fair value of investments | 9,775,063 |
| Interest and dividends | 1,666,012 |
| Participant loan interest | <u>68,631</u> |
| Total investment income | <u>11,509,706</u> |
| Total Additions to Net Assets | 23,867,391 |
| Deductions from Net Assets: | |
| Benefits paid to participants | 8,073,192 |
| Administrative expenses | <u>13,825</u> |
| Total Deductions from Net Assets | <u>8,087,017</u> |
| Increase in Net Assets Available for Plan Benefits | 15,780,374 |
| Net assets Available for Plan Benefits: | |
| Beginning of year | <u>81,229,436</u> |
| End of year | <u><u>\$ 97,009,810</u></u> |

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 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 Corporation 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, and 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 a maximum of 6% of the participant's eligible compensation.

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). Eligible employees will be automatically enrolled, unless the employee affirmatively elects otherwise, and 3% of the employee's compensation (the Automatic Enrollment Rate) will be contributed to the Plan 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 make catch-up contributions subject to certain limitations as defined by the Code. Participants may also 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.

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Notes to Financial Statements

Note 1 - Continued

Notes Receivable from Participants - 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, 2010, interest rates between 4.25% and 9.25% were being charged on participant loans outstanding, with payments due through March 2030. 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 Amendments - There were no Plan amendments in 2010.

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 an accrual basis, and 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, 2010 and 2009, 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.

Subsequent Events - In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through July 6, 2011, the date the financial statements were available for issuance.

In 2011, the Employer amended the Plan to ensure all participants receive their maximum eligible matching contribution for the year, regardless of the timing of employee contributions. At the end of each year, the actual Employer matching contribution will be compared to the maximum eligible matching contribution for each participant, and any difference will be contributed to the participant's account during the first quarter of the subsequent year. This change is expected to increase Employer contributions in 2011 and future years.

Adoption of New Accounting Pronouncements

Accounting Standards Update 2010-25, Reporting Loans to Participants by Defined Contribution Pension Plans

In September 2010, the Financial Accounting Standards Board (FASB) issued an accounting standards update (ASU) to clarify the accounting guidance for loans to participants in the financial statements of defined contribution pension plans. Previously, these loans were required to be reported as investments and measured at fair value. In practice, however, most loans were carried at their unpaid principal balance plus any accrued interest, which was considered a good faith estimate of fair value. The guidance in this ASU requires that loans to participants be measured at their unpaid principal balance plus any accrued interest, and reported as notes receivable.

The Plan retrospectively adopted this guidance for the year ended December 31, 2010. Loans to participants are presented as receivables in the Plan's financial statements, and balances as of December 31, 2009 were reclassified to conform to current year presentation. There were no changes to the carrying value of the loans as a result of adoption.

Note 3 - Fair Value Measurements

The Plan determines the fair value of its financial instruments based on the fair value hierarchy, which requires an entity to maximize its use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets and liabilities and the lowest priority to unobservable inputs. Level 1 measurements are based on unadjusted quoted market prices in active markets for identical assets or liabilities, Level 2 measurements are based on inputs that are observable or can be corroborated by observable market data and Level 3 measurements are based inputs that are unobservable. A fair value measurement's level in the hierarchy is determined based on the lowest-level input that is significant to the measurement.

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Notes to Financial Statements

Note 3 - Continued

The Plan's financial assets recorded at fair value are valued as follows:

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.

There have been no significant changes in the methodologies used to value the assets as of December 31, 2010 and 2009.

The following table sets forth the Plan's assets that are carried at fair value, all of which were classified as Level 1 measurements:

| | <i>As of December 31,</i> | |
|-----------------------------------|---------------------------|----------------------|
| | <i>2010</i> | <i>2009</i> |
| Mutual funds: | | |
| Balanced | \$ 53,615,570 | \$ 46,270,112 |
| Large cap stock | 15,586,429 | 13,068,200 |
| Mid cap stock | 9,455,571 | 7,176,084 |
| International | 7,833,483 | 6,812,573 |
| Small cap stock | 7,323,889 | 5,554,919 |
| Self-directed brokerage accounts: | | |
| Mutual funds | 678,299 | 327,209 |
| Corporate stock | 786,871 | 559,116 |
| Money market funds | 308,430 | 267,861 |
| Total Investments | <u>\$ 95,588,542</u> | <u>\$ 80,036,074</u> |

Note 4 - Plan Investments

The Plan currently offers 28 mutual funds and self-directed brokerage accounts as investment options for participants. Participants are able to allocate 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, money market funds, and common and preferred stock held in self-directed brokerage accounts.

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Notes to Financial Statements

Note 4 - Continued

The following presents investments held by the Plan that represent 5% or more of the Plan's net assets:

| | <i>As of December 31,</i> | |
|------------------------------------|----------------------------------|---------------------|
| | <i>2010</i> | <i>2009</i> |
| Mutual Funds: | | |
| Fidelity Growth Company | \$ 8,732,702 | \$ 7,067,316 |
| Fidelity Balanced | 8,255,519 | 6,632,132 |
| Fidelity Freedom 2020 | 6,923,628 | 6,216,223 |
| Fidelity Freedom 2015 | 6,619,560 | 6,467,354 |
| Allianz NFJ Small Cap Value I | 6,291,784 | 4,675,193 |
| Fidelity Retirement Money Market | 6,080,002 | 6,293,345 |
| Fidelity US Bond Index | 5,961,375 | 5,362,291 |
| Fidelity Diversified International | 5,154,973 | 5,114,317 |

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, 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 included in the Plan's financial statements and supplemental schedule is complete and accurate:

- Fair value of investments as of December 31, 2010 and 2009
- Investment and other income earned or losses incurred for the year ended December 31, 2010
- Investment transactions for the year ended December 31, 2010

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.

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 is subject to audits by the IRS for certain tax periods based on applicable laws and regulations. The Plan year ending December 31, 2007 was examined by the IRS, and no issues were raised.

SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN

Notes to Financial Statements

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 Statements 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, 2010

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, 105,023.463 shares | * | \$ 8,732,702 |
| ** | Fidelity Balanced | Mutual Fund, 452,853.492 shares | * | 8,255,519 |
| ** | Fidelity Freedom 2020 | Mutual Fund, 502,075.973 shares | * | 6,923,628 |
| ** | Fidelity Freedom 2015 | Mutual Fund, 583,735.457 shares | * | 6,619,560 |
| | Allianz NFJ Small Cap Value I | Mutual Fund, 210,638.907 shares | * | 6,291,784 |
| ** | Fidelity Retirement Money Market | Mutual Fund, 6,080,002.360 shares | * | 6,080,002 |
| ** | Fidelity US Bond Index | Mutual Fund, 526,158.434 shares | * | 5,961,375 |
| ** | Fidelity Diversified International | Mutual Fund, 170,977.551 shares | * | 5,154,973 |
| | PRU/J Mid Cap GR Z | Mutual Fund, 167,607.121 shares | * | 4,753,338 |
| | Goldman Sachs Mid Cap Value Inst | Mutual Fund, 130,075.597 shares | * | 4,702,233 |
| ** | Fidelity Freedom 2040 | Mutual Fund, 472,870.854 shares | * | 3,787,696 |
| ** | Spartan 500 Index Inv | Mutual Fund, 84,037.169 shares | * | 3,737,973 |
| ** | Fidelity Freedom 2025 | Mutual Fund, 317,053.868 shares | * | 3,652,461 |
| ** | Fidelity Freedom 2010 | Mutual Fund, 252,591.654 shares | * | 3,432,721 |
| | IVK Growth & Income Y | Mutual Fund, 162,025.710 shares | * | 3,115,754 |
| ** | Fidelity Freedom 2030 | Mutual Fund, 202,474.900 shares | * | 2,788,079 |
| ** | Fidelity Freedom 2035 | Mutual Fund, 231,756.498 shares | * | 2,658,247 |
| | Columbia Acorn International | Mutual Fund, 52,078.749 shares | * | 2,131,062 |
| | PIMCO Total Return Fund Inst | Mutual Fund, 137,343.725 shares | * | 1,490,179 |
| | Royce Value Plus IS | Mutual Fund, 76,339.105 shares | * | 1,032,105 |
| ** | Fidelity Freedom 2050 | Mutual Fund, 52,244.001 shares | * | 490,049 |
| ** | Fidelity Freedom 2000 | Mutual Fund, 40,585.863 shares | * | 484,595 |
| ** | Fidelity Freedom 2045 | Mutual Fund, 46,129.786 shares | * | 437,772 |
| ** | Spartan International Index Inv | Mutual Fund, 9,958.152 shares | * | 350,228 |
| | Vanguard Inflation-Protected Sec Fund | Mutual Fund, 23,255.509 shares | * | 302,322 |
| | Harbor International Inst | Mutual Fund, 3,257.126 shares | * | 197,219 |
| ** | Fidelity Freedom Income | Mutual Fund, 13,226.247 shares | * | 149,192 |
| ** | Fidelity Freedom 2005 | Mutual Fund, 9,451.841 shares | * | 102,174 |
| | Self-directed brokerage accounts | | * | 1,773,600 |
| ** | Participant loans | Interest rates from 4.25% to 9.25%, due through March 2030 | \$ -0- | 1,419,496 |
| | | | | \$ 97,008,038 |

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

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

See independent auditors' report.