

SERFF Tracking Number: SYMX-126009411 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 41925
Company Tracking Number: AF AR0006310F01
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.004 Modified Single Premium
Variable
Product Name: RSC-0075 DP 10/08 Custom 6
Project Name/Number: RSC-0075 DP 10/08 Custom 6/AF AR0006310F01

The Flesch score for RSC-0075 DP 10/08 is 50.1.

The RSC-0075 DP 10/08 Data Page goes with the RSC-0017 FP 1/07 Contract (approved in your state on February 5, 2007, which is an Individual Modified Single Premium Deferred Annuity Contract. The RSC-0075 DP 10/08 Data Page is different from the approved RSC-0017 DP 9/07 Data Page, filed and approved on October 29, 2007, because it has a 6 year Withdrawal Charge Schedule instead of a 5 year Withdrawal Charge Schedule.

New Value Tables were needed due to the change of the Withdrawal Charge Schedule. The form number for these new Value Tables is RSC-0017 VT 10/08. These new Value Tables are not replacing the approved Value Tables. Rather, they will both be used dependent upon the product chosen - 5 Year Withdrawal Charge or 6 Year Withdrawal Charge.

There are two bracketed value tables included with the contract. The value table to be used depends on whether the contract has the Guaranteed Return of Purchase Payments provision. Initially, the Guaranteed Return of Purchase Payments will apply on all contracts issued. The Value Table with non-zero values for Guaranteed Return of Purchase Payments will be used. We will use the other Value Table if we remove the Guaranteed Return of Purchase Payments provision.

The RSA-0001 1/09 Application will be used with all approved fixed deferred annuity contracts approved by your department.

These products will be sold through agents and banks that are licensed and appointed by Symetra Life Insurance Company.

Company and Contact

Filing Contact Information

Kristen Kennedy, State Filings Analyst
P.O. Box 34690
Seattle, WA 98124-1690

Kristen.Kennedy@Symetra.com
(425) 256-8000 [Phone]
(425) 256-5466[FAX]

Filing Company Information

SERFF Tracking Number: SYMX-126009411 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 41925
Company Tracking Number: AF AR0006310F01
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.004 Modified Single Premium
Variable
Product Name: RSC-0075 DP 10/08 Custom 6
Project Name/Number: RSC-0075 DP 10/08 Custom 6/AF AR0006310F01

Symetra Life Insurance Company
P.O. Box 34690
Seattle, WA 98124-1690
(425) 256-8000 ext. [Phone]

CoCode: 68608
Group Code: 1129
Group Name:
FEIN Number: 91-0742147

State of Domicile: Washington
Company Type:
State ID Number: 667

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Filing Fees

Fee Required? Yes
Fee Amount: \$40.00
Retaliatory? No
Fee Explanation: 2 x \$20.00 = \$40.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Symetra Life Insurance Company	\$40.00	01/27/2009	25312642

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	02/03/2009	02/03/2009

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Disposition

Disposition Date: 02/03/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Application		No
Supporting Document	Flesch Certification		Yes
Form	Data Page		Yes
Form	Value Tables		Yes
Form	Application		Yes

CONTRACT DATA PAGE

PRODUCT NAME: [Annuity Contract]

PRODUCT TYPE: [Non-Qualified Annuity]

OWNER: [John Q. Doe
123 Any Street
Any City, WA 00000]

ANNUITANT: [John Q. Doe]

CONTRACT NUMBER: [000000000]

CONTRACT DATE: [03/01/2005]

MAXIMUM ISSUE AGE [90] The Contract Date must be prior to the Owner(s) and Annuitant(s)' [91st] birthday.

MAXIMUM ANNUITIZATION AGE [100] Annuity payments must begin prior to the Annuitant's (including joint annuitant's) [101st] birthday.

ANNUITANT'S AGE ON CONTRACT DATE [35]

ANNUITY DATE Not later than [2/28/2071]

MINIMUM INITIAL PURCHASE PAYMENT: [\$5,000.00] for Non-Qualified
[\$3,000.00] for Qualified

MINIMUM SUBSEQUENT PURCHASE PAYMENT [\$1,000] allowed within 12 months of the Contract Date. Interest credited to Subsequent Purchase Payments may be different from the interest credited to the Initial Premium.

INITIAL PURCHASE PAYMENT: [\$10,000.00]

EFFECTIVE BASE INTEREST RATE [3.00%]

ADDITIONAL INTEREST [Yes or Not Applicable]

[On the effective date of any Purchase Payment received during the first contract year, we will add the following additional interest to your contract:

- [2.00%] of the new Purchase Payment if total Purchase Payments less withdrawals are greater than or equal to [\$10,000] but less than [\$100,000];
- [3.00%] of the new Purchase Payment if total Purchase Payments less withdrawals are greater than or equal to [\$100,000].

Your contract's additional interest is 100% vested after 35 days from the contract date.

Any withdrawal from the Contract before the additional interest is 100% vested causes a portion of the additional interest to be forfeited. The portion forfeited is the ratio of the withdrawal amount to total Purchase Payments, but not to exceed 100%.

If a subsequent Purchase Payment qualifies for a higher additional interest rate than was paid on your previous Purchase Payments, then on the effective date of the subsequent Purchase Payment, we will contribute a catch-up amount to your account. The catch-up rate for your previous Purchase Payments will be the difference between the new additional interest rate and the additional interest rate most recently paid for the Purchase Payments. The catch-up rate will apply to past Purchase Payments less withdrawals whose additional interest was based on a lower rate and that have not already been caught up to the new rate.

For example, if the additional interest rates are

- 1.0% of a new Purchase Payment when Net Purchase Payments are less than \$100,000, and
- 1.5% of a new Purchase Payment when Net Purchase Payments are \$100,000 or more.

Example 1. Suppose a contract has three Purchase Payments, \$75,000 on day 1, \$50,000 on day 24, and \$35,000 on day 55. The additional amounts that Symetra contributes would be

Day 1: 1% of \$75,000

Day 24: 1.5% of \$50,000 *plus*
0.5% of \$75,000

Day 55: 1.5% of \$35,000

No catch-up contribution would be due on day 55 because all previous Purchase Payments were already caught up to the 1.5% rate.

Example 2. Suppose a contract has a Purchase Payment of \$75,000 on day 1, a withdrawal of \$25,000 on day 35, and a Purchase Payment of \$40,000 on day 40. The additional amounts that Symetra contributes would be

Day 1: 1% of \$75,000

Day 40: 1% of \$40,000

No catch-up contribution would be due on day 40 because Net Purchase Payments as of day 40 are \$90,000.]

[and]

[In the first [3] Contract Years additional interest will be credited to Purchase Payments as follows:

- [2.00%] annual effective interest rate if the total Purchase Payments are greater than or equal to [\$10,000] but less than [\$100,000];
- [3.00%] annual effective interest rate if the total Purchase Payments are greater than or equal to [\$100,000].

If a subsequent Purchase Payment makes the Total Purchase Payments reach the next higher crediting tier, the additional interest credited to all Purchase Payments will increase to the higher rate from the date we receive that Purchase Payment to the end of the first Contract Year.]

INITIAL GUARANTEED INTEREST PERIOD [1] Year

GUARANTEED MINIMUM INTEREST RATE 3.0% while the withdrawal charge percentage exceeds 0%, 1.50% thereafter

GUARANTEED RETURN OF PURCHASE PAYMENT [Yes]

GUARANTEED MINIMUM VALUE Upon annuitization, death of the Owner, or a total surrender of the contract, the minimum value that will be applied toward regular payments or paid to the Beneficiary or Owner will not be less than 90% of your Purchase Payments accumulated at an annual effective interest rate of 3% each year, less prior withdrawals accumulated at an annual effective interest rate of 3% each year. If necessary to meet this minimum, charges will be waived.

WITHDRAWAL CHARGE A withdrawal charge may be assessed on withdrawals from your Contract. The charge is a percentage of the amount withdrawn and is shown below. When the withdrawal is for only part of your contract value, the charge will be deducted from the remaining contract value, unless you tell us otherwise.

Contract Year	Charge
1	9% of amount withdrawn
2	8% of amount withdrawn
3	7% of amount withdrawn
4	6% of amount withdrawn
5	5% of amount withdrawn
6	4% of amount withdrawn
After 5	0%

DELIVERED IN THE STATE OF: [any state] governed by its laws.

PREMIUM TAXES: [0.0%]

ANNUITY SERVICE OFFICE

Home Office:

Symetra Life Insurance Company
Retirement Services
[777 108th Avenue NE Suite 1200
Bellevue, Washington 98004]

Telephone: [1-800-796-3872]

Mailing Address:

Symetra Life Insurance Company
Retirement Services
[P.O. Box 3882
Seattle, Washington 98124]

Fax: [(425) 376-5599]

[VALUE TABLE]

This table shows the minimum values and rates of return for a sample annuity *without* a guaranteed return of purchase payments, assuming no withdrawals prior to a total surrender, annuitization or death and without illustrating any additional interest. Your contract values and returns can be greater than the table indicates but will never be less. Your actual contract values and surrender values will vary depending upon such things as your Purchase Payments and Withdrawals.

The Minimum Cash Surrender Value is equal to the greater of the Minimum Contract Value less charges due upon a total withdrawal from the Contract and the Guaranteed Minimum Value (described in the Interest Crediting and Contract Value sections of the contract).

Guaranteed Minimums

End of Year	Purchase Payment	Minimum Crediting Interest Rate	Minimum Contract Value	Guaranteed Minimum Value (90% at 3%)	Guaranteed Return of Purchase Payments	Minimum Annuitization or Death Benefit Value	Minimum Cash Surrender Value	Free-Look Return	Effective Rate of Return on Surrender (assuming no partial withdrawals)
0	10,000		10,000	9,000	0	10,000	9,190	10,000	0.00%
1		3.00%	10,300	9,270	0	10,300	9,466	0	-5.34%
2		3.00%	10,609	9,548	0	10,609	9,845	0	-0.78%
3		3.00%	10,927	9,835	0	10,927	10,239	0	0.79%
4		3.00%	11,255	10,130	0	11,255	10,647	0	1.58%
5		3.00%	11,593	10,433	0	11,593	11,071	0	2.06%
6		3.00%	11,941	10,746	0	11,941	11,511	0	2.37%
7		1.50%	12,120	11,069	0	12,120	12,120	0	2.78%
8		1.50%	12,301	11,401	0	12,301	12,301	0	2.62%
9		1.50%	12,486	11,743	0	12,486	12,486	0	2.50%
10		1.50%	12,673	12,095	0	12,673	12,673	0	2.40%
11		1.50%	12,863	12,458	0	12,863	12,863	0	2.32%
12		1.50%	13,056	12,832	0	13,056	13,056	0	2.25%
13		1.50%	13,252	13,217	0	13,252	13,252	0	2.19%
14		1.50%	13,451	13,613	0	13,613	13,613	0	2.23%
15		1.50%	13,653	14,022	0	14,022	14,022	0	2.28%
16		1.50%	13,857	14,442	0	14,442	14,442	0	2.32%
17		1.50%	14,065	14,876	0	14,876	14,876	0	2.36%
18		1.50%	14,276	15,322	0	15,322	15,322	0	2.40%
19		1.50%	14,490	15,782	0	15,782	15,782	0	2.43%
20		1.50%	14,708	16,255	0	16,255	16,255	0	2.46%]

[VALUE TABLE]

This table shows the minimum values and rates of return for a sample annuity *with* a guaranteed return of purchase payments, assuming no withdrawals prior to a total surrender, annuitization or death and without illustrating any additional interest. Your contract values and returns can be greater than the table indicates but will never be less. Your actual contract values and surrender values will vary depending upon such things as your Purchase Payments and Withdrawals.

The Minimum Cash Surrender Value is equal to the greatest of the Minimum Contract Value less charges due upon a total withdrawal from the Contract, the Guaranteed Minimum Value (described in the Interest Crediting and Contract Value section of the contract), and the Guaranteed Return of Purchase Payments (described in the Charges and Taxes section of the contract).

Guaranteed Minimums

End of Year	Purchase Payment	Minimum Crediting Interest Rate	Minimum Contract Value	Guaranteed Minimum Value (90% at 3%)	Guaranteed Return of Purchase Payments	Minimum Annuitization or Death Benefit Value	Minimum Cash Surrender Value	Effective Rate of Return on Surrender (assuming no partial withdrawals)
0	10,000		10,000	9,000	10,000	10,000	10,000	0.00%
1		3.00%	10,300	9,270	10,000	10,300	10,000	0.00%
2		3.00%	10,609	9,548	10,000	10,609	10,000	0.00%
3		3.00%	10,927	9,835	10,000	10,927	10,239	0.79%
4		3.00%	11,255	10,130	10,000	11,255	10,647	1.58%
5		3.00%	11,593	10,433	10,000	11,593	11,071	2.06%
6		3.00%	11,941	10,746	10,000	11,941	11,511	2.37%
7		1.50%	12,120	11,069	10,000	12,120	12,120	2.78%
8		1.50%	12,301	11,401	10,000	12,301	12,301	2.62%
9		1.50%	12,486	11,743	10,000	12,486	12,486	2.50%
10		1.50%	12,673	12,095	10,000	12,673	12,673	2.40%
11		1.50%	12,863	12,458	10,000	12,863	12,863	2.32%
12		1.50%	13,056	12,832	10,000	13,056	13,056	2.25%
13		1.50%	13,252	13,217	10,000	13,252	13,252	2.19%
14		1.50%	13,451	13,613	10,000	13,613	13,613	2.23%
15		1.50%	13,653	14,022	10,000	14,022	14,022	2.28%
16		1.50%	13,857	14,442	10,000	14,442	14,442	2.32%
17		1.50%	14,065	14,876	10,000	14,876	14,876	2.36%
18		1.50%	14,276	15,322	10,000	15,322	15,322	2.40%
19		1.50%	14,490	15,782	10,000	15,782	15,782	2.43%
20		1.50%	14,708	16,255	10,000	16,255	16,255	2.46%]

Fixed Deferred Annuity Application

Custom 5: 1-Year 3-Year 5-Year Initial Interest Rate Guarantee Period]
 Custom 6: 1-Year 3-Year 6-Year Initial Interest Rate Guarantee Period]
 Custom 7: 1-Year 3-Year 5-Year Initial Interest Rate Guarantee Period]

Flex Premium Plus]
 Secure]
 Select 3]

Owner <i>All policyholder correspondence will be sent to this address.</i>				Name (first, middle initial, last)		SSN	
				Address (number and street, city, state, zip)		Phone No. (include area code)	
Date of Birth		Trust <input type="checkbox"/>	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status			

Joint Owner <i>Optional, nonqualified annuities only.</i>				Name (first, middle initial, last)		SSN	
				Address (number and street, city, state, zip)		Phone No. (include area code)	
Date of Birth		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status				

Annuitant <i>If different from the owner(s).</i>				Name (first, middle initial, last)		SSN	
				Address (number and street, city, state, zip)		Phone No. (include area code)	
Date of Birth		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to Owner				

Owner's Beneficiary Designation *In the event of death of owner, surviving joint owner becomes primary beneficiary.*

Beneficiary(ies)	Name (first, middle initial, last)	SSN	Relationship to Owner	Percentage (%)
<input type="checkbox"/> P				
<input type="checkbox"/> P				
<input type="checkbox"/> C				

List any additional beneficiaries on a separate page, signed and dated by the owner(s).
P - primary C - contingent

Plan Type	<input type="checkbox"/> IRA	<input type="checkbox"/> Roth IRA*	<input type="checkbox"/> Nonqualified]	<input type="checkbox"/> 403(b) TSA]
	<input type="checkbox"/> SEP IRA*]	<input type="checkbox"/> SIMPLE IRA*]	<input type="checkbox"/> 457 Deferred Compensation]	<input type="checkbox"/> 457(f)]
	[Contribution: Year _____ Initial Purchase Payment \$ _____]		[Initial Purchase Payment \$ _____]	
	[* First tax year contribution made: Year _____]			

Transfer Information IRC 1035 Exchange Non-Direct Rollover Direct Rollover Direct Transfer Roth Conversion

[TSA, 457, SEP and SIMPLE Plans only]	[Employer Name]
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Owner's Statement and Signatures

Do you have any existing life insurance or annuity contracts with this or any other company?
 Yes (complete any state specific replacement forms, if required) No

Will this contract replace any existing annuity or insurance contract with this or any other company?
 Yes (complete the following and submit state specific replacement forms, if required) No

Company Name	Contract No.
Company Name	Contract No.

I understand this annuity is not federally insured. On behalf of myself and any person who may claim any interest under this policy, I represent that all statements and answers in this application are complete and true. I have read and understand the important disclosures located on the reverse (page 2) of this application.

Owner's Signature	Joint Owner's Signature (if applicable)
Signed at (city, state)	Date

Agency Statement
Mail contract directly to:

Owner
 Agent's office for delivery to owner

To the best of my knowledge the owner has an existing annuity or life insurance policy or contract?
 Yes (complete any state specific replacement forms, if required) No

Do you have any reason to believe the annuity applied for will replace or change any existing annuity or life insurance?
 Yes (complete any state specific replacement forms, if required) No

Did the agent/registered representative present and leave the applicant insurer-approved sales material? Yes No

I have reviewed the applicant's financial status and objective and find this coverage is appropriate for his/her needs.

Licensed Agent's Signature	Date	Agency Name and Phone No.	
Licensed Agent (print name)	State License No.	Agent No.	

**Fraud
Warning/
Disclosures**

For Residents of Other States: Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Arizona: 30-Day Right to Examine the Contract: On the owner's written request, Symetra is required to provide within a reasonable time reasonable factual information regarding the benefits and provisions of this contract. If for any reason the owner is not satisfied with this contract, the owner may return this contract within 30 days after it is delivered and receive a refund of all monies paid.

Arkansas, West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut: I was provided and reviewed an illustration at the minimum guaranteed rate.

[Custom 5 guarantees a minimum interest rate of no less than 3% for the first five contract years and will never be less than 1.5% thereafter. Custom 7 and Flex Premium Plus guarantee a minimum interest rate of no less than 2% for the first seven contract years and will never be less than 1.5% thereafter. Custom 6 guarantees a minimum interest rate of no less than 3% for the first six contract years and will never be less than 1.5% thereafter. Secure and Select 3 guarantee a minimum interest rate of no less than 1.5%.] These rates may be lower than the required interest rate for calculating minimum surrender values. Read your contract carefully.

Owner's Signature

Joint Owner's Signature (if applicable)

Signature of Agent

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application of insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Multi-State [California, Florida, Georgia, Louisiana, Nevada, Texas and Washington D.C.]:

Florida residents only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. Residents of other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application of insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Flesch Certification

01/27/2009

Comments:

Attachment:

AR - READABILITY CERTIFICATION.PDF

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Symetra Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
RSC-0075 DP 10/08	50.1

Signed: _____



Name:

Michael F. Murphy

Title:

Assistant Vice President

Date:

1/27/09