

SERFF Tracking Number: SELX-126076807 State: Arkansas  
 Filing Company: SENTRY LIFE INSURANCE COMPANY State Tracking Number: 41838  
 Company Tracking Number: AF AR0162204F01  
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
 Variable and Variable  
 Product Name: Individual Annuities  
 Project Name/Number: Individual Annuities/AF AR0162204F01

## Filing at a Glance

Company: SENTRY LIFE INSURANCE COMPANY

Product Name: Individual Annuities SERFF Tr Num: SELX-126076807 State: Arkansas  
 TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed-Filed- State Tr Num: 41838  
 Variable and Variable Closed  
 Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: AF AR0162204F01 State Status: Filed-Closed  
 Filing Type: Form Reviewer(s): Linda Bird  
 Author: SPI SentryInsuranceLH Disposition Date: 03/18/2009  
 Date Submitted: 03/16/2009 Disposition Status: Filed-Closed  
 Implementation Date Requested: 03/16/2009 Implementation Date:

State Filing Description:

## General Information

Project Name: Individual Annuities Status of Filing in Domicile:  
 Project Number: AF AR0162204F01 Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type:  
 Submission Type: New Submission Group Market Size:  
 Overall Rate Impact: Group Market Type:  
 Filing Status Changed: 03/18/2009 Explanation for Other Group Market Type:  
 State Status Changed: 03/18/2009  
 Deemer Date: Created By: SPI SentryInsuranceLH  
 Submitted By: SPI SentryInsuranceLH Corresponding Filing Tracking Number:  
 Filing Description:  
 The enclosed SIMPLE IRA Endorsement, form 380-307 (Rpt 1), was approved by your department on January 28, 2003 for use with our Variable Annuity contract. We would like to use the SIMPLE IRA Endorsement with our Flexible Premium Annuity, form 380-314, which was approved by your department on December 8, 1993.

A copy of the IRS Opinion Letter is enclosed.

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: SELX-126076807 State: Arkansas  
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 TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium  
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 Product Name: Individual Annuities  
 Project Name/Number: Individual Annuities/AF AR0162204F01

Sharon Paulsen, Compliance/Development Sharon.Paulsen@sentry.com  
 Specialist  
 1800 North Point Drive 715-346-7163 [Phone]  
 Stevens Point, WI 54481 715-346-6044 [FAX]

**Filing Company Information**

SENTRY LIFE INSURANCE COMPANY CoCode: 68810 State of Domicile: Wisconsin  
 1800 North Point Drive Group Code: 169 Company Type:  
 Stevens Point, WI 54481 Group Name: State ID Number:  
 (715) 346-6000 ext. [Phone] FEIN Number: 39-6040276

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
SENTRY LIFE INSURANCE COMPANY	\$20.00	03/16/2009	26455003



*SERFF Tracking Number:* SELX-126076807      *State:* Arkansas  
*Filing Company:* SENTRY LIFE INSURANCE COMPANY      *State Tracking Number:* 41838  
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*TOI:* A02.11 Individual Annuities- Deferred Non-      *Sub-TOI:* A02.11.002 Flexible Premium  
Variable and Variable  
*Product Name:* Individual Annuities  
*Project Name/Number:* Individual Annuities/AF AR0162204F01

## **Disposition**

Disposition Date: 03/18/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SELX-126076807 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	IRS Opinion Letter		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		Yes
Form	SIMPLE IRA Endorsement		Yes

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**Note To Reviewer**

**Created By:**

SPI SentryInsuranceLH on 03/16/2009 08:13 PM

**Last Edited By:**

Linda Bird

**Submitted On:**

03/18/2009 03:09 PM

**Subject:**

TOI and Sub-TOI

**Comments:**

I inadvertently selected the wrong TOI and Sub-TOI for this filing. The correct TOI and Sub-TOI are:

TOI: A021

Sub-TOI A021.002 Form

Please tell me if a refiling is required with the correct TOI.

Thanks,  
Sharon Paulsen

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Variable and Variable  
Product Name: Individual Annuities  
Project Name/Number: Individual Annuities/AF AR0162204F01

**Amendment Letter**

Submitted Date: 03/16/2009

**Comments:**

Attached please find the NAIC Transmittal. I neglected to send with our initial submission. I apologize for the inconvenience.

Sharon Paulse

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT**

Comment: NAIC Transmittal is attached.

AR - NAIC TRANSMITTAL DOCUMENT.PDF

AR - NAIC FORM FILING ATTACHMENT.PDF

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	380-307(Rpt 1)	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		27.900	380-307(Rpt 1).PDF

## SIMPLE IRA Endorsement

This endorsement forms a part of the Contract to which it is attached and is effective as of the date of the Contract.

The following provisions apply to a Contract which is issued on a qualified basis under Internal Revenue Code ("Code") Section 408(p). In the case of a conflict with any provision in the Contract, the provisions of this Endorsement will control. The Contract is amended as follows:

1. The Owner must be the Annuitant. A Contingent Owner may not be designated.
2. The Contract is established for the exclusive benefit of the Owner or his or her beneficiaries and the interest of the Owner is nonforfeitable.
3. This Contract may not be transferred, sold, assigned, discounted, or pledged as collateral for a loan.
4. Purchase payments for the Contract are limited to:
  - (a) cash contributions made by an employer on behalf of the Owner under a SIMPLE IRA Plan that meets the requirements of Section 408(p) of the Code, and
  - (b) rollover contributions or a transfer of assets from another SIMPLE IRA of the Owner.

No other contributions will be accepted.

5. Distributions Before Death.
  - (a) Notwithstanding any provision of this IRA to the contrary, the distribution of the owner's interest in the IRA shall be made in accordance with the requirement of Code Section 408(b)(3) and the regulations thereunder, the provisions of which are herein incorporated by reference. If distributions are not made in the form of an annuity on an irrevocable basis (except for acceleration), then distribution of the interest in the IRA (as determined under paragraph 6(c)) must satisfy the requirements of Code Section 408(a)(6) and the regulations thereunder, rather than paragraphs 5(b), 5(c), and 5(d) below and paragraph 6.
  - (b) The entire interest of the owner for whose benefit the contract is maintained will be distributed or commence to be distributed no later than the first day of April following the calendar year in which such owner attains age 70½ (required beginning date), over (a) the life of such owner, or the lives of such owner and his or her designated beneficiary, or (b) a period certain not extending beyond the life expectancy of such owner or the joint and last survivor expectancy of such owner and his or her designated beneficiary. Payments must be made in periodic payments at intervals of no longer than one year and must be either non-increasing or they may increase only as provided in Q&A -1 & -4 of Section 1.401(a)(9)-6T of the Temporary Income Tax Regulations. In addition, any distribution must satisfy the incidental benefit requirements specified in Q&A -2 of Section 1.401(a)(9)-6T.
  - (c) The distribution periods described in paragraph 5(b) above cannot exceed the periods specified in Section 1.401(a)(9)-6T of the Temporary Income Tax Regulations.
  - (d) The first required payment can be made as late as April 1 of the year following the year the owner attains age 70½ and must be the payment that is required for one payment interval. The second payment need not be made until the end of the next payment interval.

### 6. Distribution Upon Death

#### (a) Death On Or After Required Distributions Commence

If the owner dies on or after required distributions commence, the remaining portion of his or her interest will continue to be distributed under the contract option chosen.

#### (b) Death Before Required Distributions Commence

If the owner dies before required distributions commence, his or her entire interest will be distributed at least as rapidly as follows:

- (1) If the designated beneficiary is someone other than the owner's surviving spouse, the entire interest will be distributed starting by the end of the calendar year following the calendar year of the owner's death over the remaining life expectancy of the designated beneficiary with such life expectancy determined using the age of the beneficiary as of his or her birthday in the year following the year of the owner's death, or, if elected, in accordance with paragraph 6(b)(3) below.
- (2) If the owner's sole designated beneficiary is the owner's surviving spouse, the entire interest will be distributed starting by the end of the calendar year following the calendar year of the owner's death (or by the end of the calendar year in which the owner would have attained age 70½, if later), over such spouse's life, or, if elected, in accordance with paragraph 6(b)(3) below. If the surviving spouse dies before required distributions commence to him or her, the remaining interest will be distributed starting by the end of the calendar year following the calendar year of the spouse's death over the spouse's designated beneficiary's remaining life expectancy determined using such beneficiary's age as if his or her birthday in the year following the death of the spouse, or, if elected, will be distributed in accordance with paragraph 6(b)(3) below. If the surviving spouse dies after required distributions commence to him or her, any remaining interest will continue to be distributed under the contract option chosen.

- (3) If there is no designated beneficiary or if applicable by operation of paragraphs 6(b)(1) or 6(b)(2) above, the entire interest will be distributed by the end of the calendar year containing the fifth anniversary of the owner's death (or of the spouse's death in the case of the surviving spouse's death before distributions are required to begin under paragraph 6(b)(2) above).
- (4) Life expectancy is determined using the Single Life Table in Q&A -1 of Section 1.401(a)(9)-9 of the Income Tax Regulations. If distributions are being made to a surviving spouse as the sole designated beneficiary, such spouse's remaining life expectancy for a year is the number in the Single Life Table corresponding to such spouse's age in the year. In all other cases, remaining life expectancy for a year is the number in the Single Life Table corresponding to the beneficiary's age in the year specified in paragraphs 6(b)(1) or 6(b)(2) and reduced by one for each subsequent year.
- (c) The "interest" in the IRA includes the amount of any outstanding rollover, transfer, and recharacterization under Q&A -7 & -8 of Section 1.408-8 of the Income Tax Regulations and the actuarial value of any other benefits provided under the IRA such as guaranteed death benefits.
- (d) For purposes of paragraph 6(a) and 6(b) above, required distributions are considered to commence on the owner's required beginning date or, if applicable, on the date distributions are required to begin to the surviving spouse under paragraph 6(b)(2) above. However, if distributions start prior to the applicable date in the preceding sentence on an irrevocable basis (except for acceleration) under the annuity contract meeting the requirements of Section 1.401(a)(9)-6T of the Temporary Income Tax Regulations, then required distributions are considered to commence on the annuity starting date.
- (e) If the sole designated beneficiary is the owner's surviving spouse, the spouse may elect to treat the IRA as his or her own IRA. This election will be deemed to have been made if such surviving spouse makes a contribution to the IRA (permitted under the contribution rules for SIMPLE IRAs as if the surviving spouse were the owner) or fails to take required distributions as a beneficiary.
7. The Company shall furnish annual calendar year reports concerning the status of the annuity and such information concerning required minimum distribution as is prescribed by the Commissioner Of Internal Revenue.
- If contributions made on behalf of the owner under a SIMPLE IRA plan maintained by the owner's employer are received directly by the Company of this SIMPLE IRA contract from the employer, the Company will provide the employer with the summary description required by Code Section 408(l)(2)(B).
8. If this SIMPLE IRA is maintained by a designated financial institution (within the meaning of Code Section 408(p)(7)) under the terms of a SIMPLE IRA plan of the owner's employer, the owner must be permitted to transfer the owner's balance without cost or penalty (within the meaning of Code Section 408(p)(7)) to another IRA of the owner that is qualified under Code Section 408(p)(7) to another IRA of the owner that is qualified under Code Sections 408(a), 408(b), or 408(p), or to another eligible retirement plan described in Code Section 402(c)(8)(B).
9. Prior to the expiration of the two period beginning on the date the owner first participated in any SIMPLE IRA plan maintained by the owner's employer, any rollover or transfer by the owner of funds from this SIMPLE IRA must be made to another SIMPLE IRA of the owner. Any distribution of funds to the owner during this two year period may be subject to a 25% additional tax if the owner does not roll over the amount distributed into a SIMPLE IRA. After the expiration of this two year period, the owner may roll over or transfer funds to any IRA of the owner that is qualified under Code Sections 408(a), 408(b), or 408(p), or to another eligible retirement plan described in Code Section 402(c)(8)(B).
10. This Contract does not require fixed premiums.
11. Any refund of premiums (other than those attributable to excess contributions) will be applied, before the close of the calendar following the year of refund, toward the payment of future premiums or the purchase of additional benefits.
12. The language contained in this endorsement supersedes anything to the contrary in the annuity contract.
13. This endorsement may be amended to comply with any changes to the Internal Revenue Code subject to the prior approval of the Insurance Department.

**SENTRY LIFE INSURANCE COMPANY**

*William O'Reilly*

Secretary

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> AR - READABILITY CERTIFICATION.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter		
<b>Comments:</b>		
<b>Attachment:</b> Cover Letter.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> IRS Opinion Letter		
<b>Comments:</b>		
<b>Attachment:</b> IRS Opinion Letter.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM		



**STATE OF ARKANSAS**  
**READABILITY CERTIFICATION**

**COMPANY NAME:** SENTRY 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
380-307(Rpt 1)	27.9*

\*The Flesch readability score of this form does not meet the Minimum required score. When combined with the policy, the aggregate score will exceed the minimum requirement.

Signed: *William O'Reilly*  
Name: William O'Reilly  
Title: Secretary  
  
Date: 3-16-2009

Sentry Life Insurance Company  
1800 North Point Drive  
P.O. Box 8028  
Stevens Point, WI 54481-8028

Sharon Paulsen  
Senior Product Specialist

Sharon.Paulsen@sentry.com

800 533-7827  
715 346-7283 Fax



**SENTRY**<sup>®</sup>  
INSURANCE

March 16, 2009

STATE OF ARKANSAS  
DEPARTMENT OF INSURANCE  
1200 W THIRD ST  
LITTLE ROCK AR 72201

SENTRY LIFE INSURANCE COMPANY NAIC #169-68810  
FORM 380-307 (Rpt 1) - SAVINGS INCENTIVE MATCH RETIREMENT PLAN FOR  
EMPLOYEES (SIMPLE) IRA ENDORSEMENT

The above forms are being submitted for your review.

The enclosed SIMPLE IRA Endorsement, form 380-307 (Rpt 1), was approved by your department on January 28, 2003 for use with our Variable Annuity contract. We would like to use the SIMPLE IRA Endorsement with our Flexible Premium Annuity, form 380-314, which was approved by your department on December 8, 1993.

A copy of the IRS Opinion Letter is enclosed.

We respectfully request your approval.

A handwritten signature in cursive script that reads "Linda Mijal".

Linda Mijal  
Compliance/Development Analyst  
715-346-7187(voice)  
715-346-6044(fax)  
Linda.Mijal@sentry.com



**DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
WASHINGTON, D.C. 20224**

**TAX EXEMPT AND  
GOVERNMENT ENTITIES  
DIVISION**

Plan Name: SIMPLE IRA Annuity Contract 380-314 w/Simple End 380-307(Rpt 1)  
FFN: 50151430009-022 Case: 200400735 EIN: 39-6040276  
Letter Serial No: K178497a

SENTRY LIFE INSURANCE CO  
1800 NORTH POINT DRIVE  
STEVENS POINT, WI 54481

Contact Person:  
Ms. Arrington 50-00197  
Telephone Number:  
(202) 283-8811  
In Reference To:  
T:EP:RA:T2  
Date: 11/10/2004

Dear Applicant:

In our opinion, the form of the prototype trust, custodial account or annuity contract identified above is acceptable under section 408 of the Internal Revenue Code, as amended through the Internal Revenue Service Restructuring and Reform Act of 1998, for use as a SIMPLE IRA under Code section 408(p). This opinion letter may not be relied on with respect to whether a SIMPLE IRA Plan, under which contributions are made by an employer to the SIMPLE IRA, satisfies the requirements of Code section 408(p).

Each individual who adopts this approved prototype will be considered to have a SIMPLE IRA that satisfies the requirements of Code section 408, provided he or she follows the terms of the approved prototype document, does not engage in certain transactions specified in Code section 408(e), and, if the SIMPLE IRA is a trust or custodial account, the trustee or custodian is a bank within the meaning of Code section 408(n) or has been approved by the Internal Revenue Service pursuant to Code section 408(a)(2).

Code section 408(i) and related regulations require that the trustee, custodian or issuer of a contract provide a disclosure statement to each adopting individual as specified in the regulations. Publication 590, Individual Retirement Arrangements (IRAs), gives information about the items to be disclosed. The trustee, custodian or issuer of a contract is also required to provide each adopting individual with annual reports of all transactions related to the SIMPLE IRA.

The Internal Revenue Service has not evaluated the merits of this SIMPLE IRA and does not guarantee contributions or investments made under the SIMPLE IRA. Furthermore, this letter does not express any opinion as to the applicability of Code section 4975, regarding prohibited transactions.

The prototype SIMPLE IRA may have to be amended to include or revise provisions in order to comply with future changes in the law or regulations.

If you have any questions concerning IRS processing of this case, call us at the above telephone number. Please refer to the File Folder Number (FFN) shown in the heading of this letter. Please provide those adopting this prototype with your telephone number, and advise them to contact your office if they have any questions about the operation of their SIMPLE IRA. Please provide a copy of this letter to each adopting individual.

You should keep this letter as a permanent record. Please notify us if you terminate sponsorship of this prototype SIMPLE IRA.

Sincerely yours,

Director,  
Employee Plans Determinations Redesign

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
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<b>2.</b>	<b>Department Use Only</b>	
	<b>State Tracking ID</b>	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
SENTRY LIFE INSURANCE COMPANY 1800 North Point Drive Stevens Point WI 54481	WI		169	68810	39-6040276	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Sharon Paulsen 1800 North Point Drive Stevens Point WI 54481	800-533-7827	715-346-6044	Sharon.Paulsen@sentry.com

<b>5. Requested Filing Mode</b>	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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<b>6. Company Tracking Number</b>	AF AR0162204F01
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<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b> Previous file # _____
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<b>8. Market</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise  <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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<b>9. Type of Insurance</b>	A02.1I Individual Annuities- Deferred Non-Variable and Variable
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<b>10. Product Coding Matrix Filing Code</b>	A02.1I.002 Flexible Premium
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<b>11. Submitted Documents</b>	<input checked="" type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____  <input type="checkbox"/> <b>RATES</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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12.	<b>Filing Submission Date</b>	3-16-2009
13.	<b>Filing Fee (If required)</b>	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	<b>Date of Domiciliary Approval</b>	2-23-2003
15.	<b>Filing Description:</b>	
<p>The enclosed SIMPLE IRA Endorsement, form 380-307 (Rpt 1), was approved by your department on January 28, 2003 for use with our Variable Annuity contract. We would like to use the SIMPLE IRA Endorsement with our Flexible Premium Annuity, form 380-314, which was approved by your department on December 8, 1993.</p> <p>A copy of the IRS Opinion Letter is enclosed.</p>		

16.	<b>Certification (If required)</b>	
<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>		
<p>Print Name <u>Sharon Paulsen</u> Title <u>Compliance/Development Specialist</u></p>		
<p>Signature <u></u> Date <u>3-10-2009</u></p>		

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>	AF AR0162204F01	
<b>This filing corresponds to rate filing company tracking number</b>		

	<b>Document Name</b>	<b>Form Number</b>		<b>Replaced Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	SIMPLE IRA Endorsement	380-307(Rpt 1)	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
02			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
03			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
04			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
05			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
06			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
07			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
08			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
09			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
10			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
11			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	