

SERFF Tracking Number: SYMX-126270704 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 43255
Company Tracking Number: TL AR0014510F01
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: L-10010 5/09 - Term Life Insurance Policy
Project Name/Number: IND- Individual/TL AR0014510F01

Filing at a Glance

Company: Symetra Life Insurance Company

Product Name: L-10010 5/09 - Term Life
Insurance Policy

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Filing Type: Form

SERFF Tr Num: SYMX-126270704 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 43255
Closed

Co Tr Num: TL AR0014510F01

State Status: Approved-Closed

Author: Symetra Life

Date Submitted: 08/18/2009

Reviewer(s): Linda Bird

Disposition Date: 08/21/2009

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: 09/22/2009

State Filing Description:

General Information

Project Name: IND- Individual

Project Number: TL AR0014510F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/21/2009

Deemer Date:

Submitted By: Symetra Life

Filing Description:

August 17, 2009

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/21/2009

Created By: Symetra Life

Corresponding Filing Tracking Number:

SYMETRA Life Insurance Company

NAIC # 1129-68608 FEIN # 91-0742147

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L-10010 5/09 - Term Life Insurance Policy

We are submitting copies of final versions of the above referenced form for your review. The form is new and does not replace any form currently in use in your state. The content does not deviate from normal company or industry standards.

L-10010 5/09, Term Life Insurance Policy, is a term policy with an intermediate endowment provision and will be offered in the general market.

The issue ages for the 20 year term product are 20 to 55. The issue ages for the 30 year term product are 20 to 50.

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

As this policy is completely guaranteed, it is not subject to the illustration regulation.

If you have questions, please contact me at the numbers noted below.

Sincerely,
Elizabeth A. Hampton
Contract Analyst
lisa.hampton@symetra.com
425-256-5468
800-796-3872 ext 65468

Company and Contact

Filing Contact Information

Elizabeth Hampton, Senior Insurance Compliance Analyst
Lisa.Hampton@Symetra.com
P.O. Box 34690 SC-11 425-256-8000 [Phone] 65468 [Ext]
Seattle, WA 98124-1690 425-256-5466 [FAX]

Filing Company Information

Symetra Life Insurance Company CoCode: 68608 State of Domicile: Washington
P.O. Box 34690 Group Code: 1129 Company Type:
Seattle, WA 98124-1690 Group Name: State ID Number: 667
(425) 256-8000 ext. [Phone] FEIN Number: 91-0742147

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: Base policy = 50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Symetra Life Insurance Company	\$50.00	08/18/2009	29917180

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/21/2009	08/21/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	08/20/2009	08/20/2009	Symetra Life	08/20/2009	08/20/2009

SERFF Tracking Number: SYMX-126270704 *State:* Arkansas
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Disposition

Disposition Date: 08/21/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Application		Yes
Supporting Document	AR Certification 19s10b		Yes
Supporting Document	AR Certification		Yes
Form	L-10010 5/09 - Term Life Insurane Policy		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/20/2009
Submitted Date 08/20/2009
Respond By Date 09/21/2009

Dear Elizabeth Hampton,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 6-87 and Bulletin 11-88 further address this issue. Please review your issue procedures and assure us that you are in compliance with Ark. Code Ann. 23-79-138 as provided by these bulletins.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/20/2009
Submitted Date 08/20/2009

Dear Linda Bird,

Comments:

We are addressing your concerns as follows.

Response 1

Comments: The required certifications are attached.

Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 6-87 and Bulletin 11-88 further address this issue. Please review your issue procedures and assure us that you are in compliance with Ark. Code Ann. 23-79-138 as provided by these bulletins.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: AR Certification 19s10b

Comment:

Satisfied -Name: AR Certification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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Thank you for reviewing our filing.

Sincerely,
Symetra Life

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Form Schedule

Lead Form Number: L-10010 5/09

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	L-10010 5/09	Policy/Cont	L-10010 5/09 - Term ract/Fratern Life Insurane Policy al Certificate	Initial		50.100	L-10010 5_09.PDF

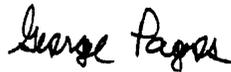
Life Insurance Policy

Primary Insured: John Doe
Policy Number: AA0000000000 **Class:** Standard
Face Amount: \$100,000 Male
Effective Date: 1/01/09 Non-Nicotine
Initial Term Period: 30 Years

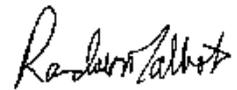
TERM LIFE INSURANCE POLICY

- Symetra Life Insurance Company will pay the insurance benefits and provide the other rights and benefits of this policy in accordance with its provisions.
- This is a level term policy that provides a cash value using an intermediate endowment feature and has been issued in consideration of the application and payment of the initial premium.
- Intermediate cash value available prior to the end of the Initial Term Period.
- After the Initial Term Period, the premiums increase annually through age 95.
- Annually renewable until the Policy Anniversary following the Primary Insured's 95th birthday.

Signed for Symetra Life Insurance Company, a stock company, at its Home Office on the issue date.



George Pagos
Secretary



Randall H. Talbot
President

RIGHT TO EXAMINE THE POLICY: Within 30 days after this policy is received, it may be cancelled by delivering or mailing it to the agent or insurance producer through whom it was purchased, or any agent or insurance producer of Symetra, or to our Home Office. Upon cancellation, all money will be refunded.

**THIS POLICY IS A LEGAL CONTRACT BETWEEN YOU AND US.
PLEASE READ YOUR POLICY CAREFULLY.**

**IF YOU HAVE ANY QUESTIONS, COMMENTS OR COMPLAINTS,
PLEASE CONTACT SYMETRA AT 1-800-796-3872**

SYMETRA
FINANCIAL

Term Life Insurance
Renewable
Convertible
Nonparticipating

Symetra Life Insurance Company

Symetra Life Insurance Company Home Office:
A Stock Company 777 108th Avenue NE
(800) 796-3872 Bellevue, WA 98004
TTY/TDD (800) 833-6388(Deaf/HH)

Mailing Address:
PO Box 34690
Seattle, WA 98124-1690
www.symetra.com

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COVERAGE DESCRIPTION -----

PRIMARY INSURED: JOHN DOE

EFFECTIVE DATE: 1/1/09

AMOUNT OF COVERAGE	COVERAGE	EXPIRATION DATE	INITIAL ANNUAL PREMIUM
PRIMARY INSURED: ISSUE AGE: PREMIUM CLASS:	JOHN DOE 35 STANDARD MALE NON-NICOTINE		
\$150,000	30 YEAR LEVEL TERM INSURANCE WITH INTERMEDIATE ENDOWMENT BENEFIT	1/1/2069	\$658.50
	SUBTOTAL TOTAL		\$658.50 \$658.50
YOU MAY ALSO PAY:	SEMI-ANNUALLY \$329.25	QUARTERLY \$164.62	MONTHLY EFT \$54.87

The annual premiums are guaranteed and shown in the following Schedule of Premiums.

COVERAGE DESCRIPTION -----

Primary Insured: John Doe
 30 Year Level Term Insurance
 Annual Premiums for the Initial Term Period for the Level Term Insurance on the Primary Insured: [\$658.50]

TABLE OF GUARANTEED POLICY VALUES

If all Premiums for the Level Term Insurance on the Primary Insured have been paid, the Policy Values will be:

At the end of Policy Year	On Jan 1	Cash Value	Extended Term Insurance Period	Reduced Paid-Up Insurance Amount
01	2010	\$0.00	NONE	\$0.00
02	2011	\$0.00	NONE	\$0.00
03	2012	\$0.00	NONE	\$0.00
04	2013	\$0.00	NONE	\$0.00
05	2014	\$0.00	NONE	\$0.00
06	2015	\$181.50	0 YRS 275 DAYS	\$880.50
07	2016	\$576.00	2 YRS 041 DAYS	\$2,679.00
08	2017	\$991.50	3 YRS 075 DAYS	\$4,420.50
09	2018	\$1,428.00	4 YRS 054 DAYS	\$6,105.00
10	2019	\$1,888.50	5 YRS 022 DAYS	\$7,743.00
11	2020	\$2,373.00	5 YRS 322 DAYS	\$9,336.00
12	2021	\$2,884.50	6 YRS 204 DAYS	\$10,890.00
13	2022	\$3,423.00	7 YRS 027 DAYS	\$12,403.50
14	2023	\$3,991.50	7 YRS 154 DAYS	\$13,881.00
15	2024	\$4,590.00	7 YRS 245 DAYS	\$15,319.50
16	2025	\$5,223.00	7 YRS 315 DAYS	\$16,734.00
17	2026	\$5,890.50	8 YRS 002 DAYS	\$18,118.50
18	2027	\$6,597.00	8 YRS 036 DAYS	\$19,489.50
19	2028	\$7,345.50	8 YRS 053 DAYS	\$20,848.50
20	2029	\$8,140.50	8 YRS 058 DAYS	\$22,210.50
21	2030	\$8,983.50	8 YRS 053 DAYS	\$23,572.50
22	2031	\$9,882.00	8 YRS 042 DAYS	\$24,949.50
23	2032	\$10,837.50	8 YRS 022 DAYS	\$26,335.50
24	2033	\$11,856.00	7 YRS 358 DAYS	\$27,735.00
25	2034	\$12,945.00	7 YRS 325 DAYS	\$29,161.50
26	2035	\$14,109.00	7 YRS 291 DAYS	\$30,619.50
27	2036	\$15,361.50	7 YRS 260 DAYS	\$32,133.00
28	2037	\$16,713.00	7 YRS 231 DAYS	\$33,715.50
29	2038	\$18,172.50	7 YRS 203 DAYS	\$35,373.00
30	2039	\$19,755.00	7 YRS 171 DAYS	\$37,120.50
31 +	2040*	\$0.00	NONE	\$0.00

The Policy Values above are based on the [gender and] smoking status of the Primary Insured, with interest at [5%] during the Initial Term Period, and 4% thereafter.

Any Policy loan and loan interest will decrease the amounts available.

Cash Values during a Policy year will be a pro rata amount based on the Premium paid-to-date. The Premium paid-to-date is the date to which Premiums have been paid. Within 30 days after a Policy anniversary, the Cash Value or Extended Term Insurance or Reduced Paid-up Insurance will not be less than the amount on such anniversary.

* The Cash Value is now zero because the Intermediate Endowment Benefit (Return of Premium) has been paid according to Section 3.0 of this Policy.

SCHEDULE OF PREMIUMS -----

\$150,000 30 Year Level Term Insurance

BEGINNING OF POLICY YEAR	ON JAN 1	GUARANTEED ANNUAL PREMIUM
01	2009	\$658.50
02	2010	\$658.50
03	2011	\$658.50
04	2012	\$658.50
05	2013	\$658.50
06	2014	\$658.50
07	2015	\$658.50
08	2016	\$658.50
09	2017	\$658.50
10	2018	\$658.50
11	2019	\$658.50
12	2020	\$658.50
13	2021	\$658.50
14	2022	\$658.50
15	2023	\$658.50
16	2024	\$658.50
17	2025	\$658.50
18	2026	\$658.50
19	2027	\$658.50
20	2028	\$658.50
21	2029	\$658.50
22	2030	\$658.50
23	2031	\$658.50
24	2032	\$658.50
25	2033	\$658.50
26	2034	\$658.50
27	2035	\$658.50
28	2036	\$658.50
29	2037	\$658.50
30	2038	\$658.50
31	2039	\$4,869.00
32	2040	\$5,334.00
33	2041	\$5,820.00
34	2042	\$6,333.00
35	2043	\$6,909.00
36	2044	\$7,581.00
37	2045	\$8,397.00
38	2046	\$9,351.00
39	2047	\$10,356.00
40	2048	\$11,436.00
41	2049	\$12,612.00

SCHEDULE OF PREMIUMS -----

\$150,000 30 Year Level Term Insurance

BEGINNING OF POLICY YEAR	ON JAN 1	GUARANTEED ANNUAL PREMIUM
42	2050	\$13,938.00
43	2051	\$15,480.00
44	2052	\$17,271.00
45	2053	\$19,278.00
46	2054	\$21,516.00
47	2055	\$23,949.00
48	2056	\$26,526.00
49	2057	\$29,340.00
50	2058	\$32,469.00
51	2059	\$35,949.00
52	2060	\$39,777.00
53	2061	\$43,914.00
54	2062	\$48,312.00
55	2063	\$52,926.00
56	2064	\$57,522.00
57	2065	\$62,046.00
58	2066	\$66,786.00
59	2067	\$71,784.00
60	2068	\$77,049.00

SCHEDULE OF TOTAL PREMIUMS -----

BEGINNING OF POLICY YEAR	ON JAN 1	GUARANTEED ANNUAL PREMIUM
01	2009	\$658.50
02	2010	\$658.50
03	2011	\$658.50
04	2012	\$658.50
05	2013	\$658.50
06	2014	\$658.50
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12	2020	\$658.50
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14	2022	\$658.50
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16	2024	\$658.50
17	2025	\$658.50
18	2026	\$658.50
19	2027	\$658.50
20	2028	\$658.50
21	2029	\$658.50
22	2030	\$658.50
23	2031	\$658.50
24	2032	\$658.50
25	2033	\$658.50
26	2034	\$658.50
27	2035	\$658.50
28	2036	\$658.50
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56	2064	\$57,522.00
57	2065	\$62,046.00
58	2066	\$66,786.00
59	2067	\$71,784.00
60	2068	\$77,049.00

To determine a premium other than annual, multiply the annual premium by:

.50 for semi-annual
.25 for quarterly
.08333 for monthly EFT

1. DEFINITIONS

“We,” “our,” and “us” — mean Symetra Life Insurance Company. The address of our Home Office is: 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004-5135. You should send all payments, notices and correspondence to our Home Office.

“You” and “your” — mean the owner of the Policy at the time an owner’s right is exercised.

Premium Due Date — is the date by which you must pay Premiums, other than the first Premium. The due date of the initial Premium may vary from the date on which subsequent Premiums are due. If you choose the annual mode of Premium payment, the Premium Due Dates are the Policy Anniversaries; see Section 2.6 of this Policy. If you choose the quarterly or semi-annual mode of Premium payment, the Premium Due Dates are, respectively, every 3 months or 6 months from the Effective Date, shown in the Coverage Description. You may select a monthly mode of Premium payment using electronic funds transfer (EFT). Under this mode, the Premium Due Dates are every 1 month from the Effective Date.

Primary Insured — identified in the Coverage Description.

2. GENERAL PROVISIONS

2.1 The Contract

We issue this Policy in consideration of the application and payment of the initial Premium payment shown in the Coverage Description.

This Policy, any riders, supplementary benefits, endorsements or amendments, the attached copy of the initial and all subsequent applications to change the Policy, and all additional Coverage Descriptions, make up the entire contract.

2.2 Change of Contract

Only our President, Secretary, a Vice President or Assistant Secretary can modify this Policy or waive any of our rights or requirements under it. The person making these changes must put them in writing and sign them.

2.3 Incontestability

We have the right to contest the validity of this Policy based on material misrepresentations made in the application, subsequent applications to change the Policy or any amendment or endorsement to an application. However, we will not contest the validity of this Policy, except for nonpayment of Premiums, after it has been in effect during the lifetime of the Primary Insured for two years from the Effective Date shown in the Coverage Description. We will not contest any Policy change that requires an application, or any reinstatement of the Policy, after the change or reinstatement has been in effect for two years during the lifetime of the Primary Insured.

We will not use a statement to contest a claim unless it is contained in an application or an amendment to an application. All statements made in an application are representations and not warranties.

See any supplementary benefits and riders for modifications of this provision that apply to them.

2.4 Misstatement of Age or Gender

If an insured’s age or gender has been misstated on any application, the benefits of this Policy and benefits provided by any supplementary benefits and riders to this Policy will be those which the Premiums paid would have purchased at the correct age or gender.

2.5 Suicide Exclusion

If the Primary Insured commits suicide, while sane or insane, within two years of the Effective Date, we will limit the death benefit payable to:

- the Premiums paid; minus
- the Premium paid on an additional term rider and benefits attached to the rider under this Policy.

If any insured under a rider commits suicide, while sane or insane, within two years of the Effective Date, we will limit the death benefit payable to the Premium paid for that insured.

2.6 Policy Dates

The Effective Date, which is shown in the Coverage Description, is the date insurance coverage begins under this Policy. Policy years are measured from the Effective Date. Each yearly anniversary from the Effective Date is a Policy Anniversary.

2.7 Policy Expiration

This Policy will expire on the Policy Expiration date shown in the Coverage Description.

2.8 Termination

You may request termination of this Policy. Termination will take place as of the end of the Policy month in which we receive a request in writing, or any method of notification approved by us, to terminate this Policy. If the Primary Insured dies while coverage is in force, this Policy will terminate.

2.9 Basis of Computations

We provide Cash Values that are at least equal to or more than those required by law. If required to do so, we have filed with the insurance supervisory official of the jurisdiction in which the Policy is delivered a detailed statement of our method of computing such values.

We base minimum Cash Values on the Commissioners 2001 Age Last Birthday Standard Ordinary Ultimate Mortality Tables with interest at no more than the maximum allowable nonforfeiture rate. Deaths are assumed to occur at the end of the Policy year. See the Table of Guaranteed Policy Values in the Coverage Description.

3. Intermediate Endowment Benefit

While this Policy is in force and the Primary Insured is alive, we will pay an Intermediate Endowment Benefit, also known as a Return of Premium benefit, at the end of the Initial Term Period.

The benefit amount will be:

- the total of the Premiums paid for the Level Term Insurance on the Primary Insured during the Initial Term Period; and
- will be reduced by any outstanding policy loan balance, accrued interest, and past due Premiums.

The benefit amount will not include any Premiums for supplemental benefits or riders.

3.1 Cash Value

The Cash Value is shown in the Table of Guaranteed Policy Values in the Coverage Description for the end of each Policy year during the Initial Term Period. If you surrender the Policy between Policy Anniversaries, the Cash Value will be a pro rata amount based on the Premium paid-to-date. The Cash Value after the Initial Term Period is zero.

3.2 Net Cash Value

The Net Cash Value is equal to:

- the Cash Value; minus
- any outstanding loan and loan interest.

3.3 Non-payment of Premium

If your Policy enters the Grace Period (see Section 5.2, Grace Period) and the Policy has a Cash Value as shown in the Table of Guaranteed Policy Values in the Coverage Description, you may use the Net Cash Value to exercise one of the Nonforfeiture Options described in Section 3.5.

3.4 Surrender

If your Policy has a Net Cash Value, you may surrender your Policy by exercising one of the Nonforfeiture Options described in Section 3.5.

3.5 Nonforfeiture Options

Extended Term Insurance – Under this option, you may continue the Policy as nonparticipating Extended Term Insurance. The amount of Extended Term Insurance will be the face amount of this Policy less any Policy loan and loan interest. The term period will begin on the earliest of the due date of the unpaid Premium, or the next monthly anniversary after we receive your request. The length of the term period will be determined by applying the Net Cash Value as a net single premium at the then current age of the Insured. The Table of Guaranteed Policy Values in the Coverage Description shows the period of Extended Term Insurance at the end of each Policy Year. At the end of that period, coverage will terminate and there will be no Cash Value remaining.

Reduced Paid-Up Insurance - Under this option, you may continue the Policy as nonparticipating reduced paid-up term insurance. The amount of insurance will be the amount that the Net Cash Value will purchase as a net single premium at the then current age of the Insured. The paid-up policy will retain the same terms as this Policy, other than those related to payment of Premiums. The Table of Guaranteed Policy Values in the Coverage Description shows the Reduced Paid-up Insurance amount at the end of each Policy Year.

Cash Surrender – You may surrender your Policy for its Net Cash Value by sending us written notice, or any method of notification approved by us, and the Policy or a lost Policy affidavit. The Cash Value is shown in the Table of Guaranteed Policy Values in the Coverage Description for the end of each Policy year during the Initial Term Period. If you surrender the Policy between Policy Anniversaries, the Cash Value will be a pro rata amount based on the Premium paid-to-date. The Cash Value after the Initial Term Period is zero.

Automatic Option - If no option is selected, the Extended Term Insurance Option will be automatic.

Riders and Benefits

All riders and benefits that are attached to your Policy will terminate when a Nonforfeiture Option is exercised.

We will notify you of any changes to your Policy when a Nonforfeiture Option is exercised.

3.6 Surrender of Coverage under Extended Term or Reduced Paid-up Insurance Options

Any coverage provided under the Extended Term Insurance Option or Reduced Paid-up Insurance Option may be surrendered for its Net Cash Value by sending us written notice, or any method of

notification approved by us, and the Policy or a lost Policy affidavit. The Net Cash Value will equal the net single premium for the coverage remaining. If the surrender occurs within 30 days after a Policy Anniversary, the value will not be less than the Net Cash Value on such anniversary.

3.7 Deferral of Cash Value

We have the right to defer payment of the Cash Value for up to 6 months after we receive your request. If we defer payment for more than 30 days, we will pay interest at a rate not less than the minimum rate required by law.

3.8 Policy Loans

While this Policy is in force, you may borrow money from us on the sole security of this Policy. The maximum loan amount is:

- the Net Cash Value of this Policy; minus
- interest on the loan to the next Policy Anniversary.

You may borrow all or part of the maximum loan available. We have the right to postpone making a Policy loan for the period permitted by law. We will not postpone a Policy loan for more than 6 months after we receive the written loan request. We will not postpone a Policy loan to be applied to the payment of Premiums on any Policy with us.

Policy loans are not available if a Nonforfeiture Option is in effect.

If you do not pay Premium after a loan is taken, your Policy may lapse. See Section 5.2, Grace Period.

3.9 Loan Interest

Loan interest is payable in advance and will be charged on any Policy loan from the date of the loan to the next Policy Anniversary. Loan interest will again be due and payable on each Policy Anniversary. If the loan interest is not paid on, or prior to, the Policy Anniversary, it will be added to the loaned amount and will bear interest at the loan interest rate.

The loan interest rate is 7.4% paid in advance.

3.10 Loan Repayment

You may repay all or part of a Policy loan at any time while the Primary Insured is alive and this Policy is in force. We will assume that any payment in excess of the Premium due is a loan repayment. You may not apply EFT payments as loan repayments. Each loan repayment must be at least \$25.00, with an exception for the final loan repayment.

If at any time the loan and loan interest exceed the Cash Value, we may require payment of all or part of the loan and loan interest. If not repaid, your Policy may lapse. See Section 5.2, Grace Period.

4. OWNER AND BENEFICIARY PROVISIONS

4.1 Owner

The owner of this Policy is the Primary Insured unless named otherwise in the application, or later changed.

You are entitled to exercise the rights of this Policy while the Primary Insured is living. The rights pass to the estate of the owner if the owner dies before the Insured.

4.2 Beneficiary

The Beneficiary is as named in the application, unless later changed. The Beneficiary is entitled to the insurance benefits of this Policy. If two or more Beneficiaries are named, those who survive the insured will share the insurance benefits equally, unless you have made other arrangements with us.

If there is no designated Beneficiary living at the death of the Insured we will pay the benefits to the Owner or Owner's estate. If any Beneficiary dies within 60 days after the Insured, and before payment of any proceeds, payments will be made as though the Beneficiary had died before the Insured. The Beneficiary designation may include provisions that replace these.

4.3 Changing Owner or Beneficiary

While the Primary Insured is living and this Policy is in force, you may change the owner or beneficiary by sending us a written notice, or any method of notification approved by us. The notice must have the name of the beneficiary, name and notarized signature of the new owner, and be signed by you. If acceptable, changes related to beneficiaries and ownership will take effect as of the date received.

4.4 Assignment

You may assign this Policy. We will not accept or be bound by an assignment unless we receive a written assignment that is signed by you. Your rights and those of any other person referred to in this Policy will be subject to the assignment. We assume no responsibility for the validity of an assignment. A collateral assignment will not change ownership. We will consider an absolute assignment as a change of ownership.

5. PREMIUM PROVISIONS

5.1 Premiums

Premiums are shown in the Coverage Description.

The initial Premium shown in the Coverage Description is due on or before delivery of the Policy. No insurance will take effect before the initial Premium is paid. Subsequent Premiums are payable in advance at our Home Office. We show the amount and due date of the Premium in the Coverage Description. We will send you reminder notices, unless you request otherwise. Premiums must be paid at the amount and frequency shown in the Coverage Description. You may change the frequency of the Premiums, as described in the Definitions Section of this Policy, by notifying us by telephone or in writing, or any method of notification approved by us.

5.2 Grace Period

We will allow a 31-day grace period for payment of any Premium after the initial Premium or any loan repayment required under Section 3.10, Loan Repayment. Coverage will remain in force during the grace period. If the Premium due or any required loan repayment is not paid by the end of the grace period either:

- coverage will terminate as of the due date of the unpaid amount if there is no Net Cash Value; or
- coverage will continue under the automatic Nonforfeiture Option.

If the Primary Insured dies during the grace period, we will pay the death benefits as defined in Section 6 of this Policy and we will deduct one monthly Premium from the proceeds.

5.3 Reinstatement

If this Policy has lapsed for non-payment of Premium or required loan repayment, you may reinstate this Policy while the Primary Insured is alive, if you:

- submit an application for reinstatement to us within 5 years after the Policy lapse date;
- provide evidence of insurability satisfactory to us;
- pay any past due Premiums with interest at 6% per year compounded annually to the date of reinstatement; and

- pay any indebtedness against the Policy.

The Policy will be reinstated the date we approve your reinstatement application.

If your Policy has expired or you have surrendered it for the Cash Value, it cannot be reinstated.

6. DEATH OF PRIMARY INSURED PROVISION

We will pay the insurance benefits of this Policy to the Beneficiary when we receive at our Home Office:

- proof that the Primary Insured died while this Policy was in force; and
- documentation acceptable to us to establish the right of the claimant to the Policy proceeds; and
- a completed claim form for each named Beneficiary; and
- this Policy or a lost Policy affidavit.

The death benefit includes the following amounts which we will determine as of the date of the Primary Insured's death:

- the face amount of this Policy; plus
- any other amounts then due from any riders and/or supplementary benefits to this Policy; minus
- any Premiums due if the Primary Insured dies during the grace period; minus
- any outstanding loan and loan interest.

We will return any Premiums paid which are for a period beyond the Policy month in which the Primary Insured dies.

We will pay interest on the resulting amount, from the date we receive due proof of death, until the date the funds are released, at the rate required by law.

Payment of these benefits may also be affected by Sections 2.3, 2.4, 2.5, 5.2, and any special exclusions attached to this Policy.

7. BENEFIT PAYMENT PROVISIONS

7.1 Optional Methods of Payment

We will pay the death benefit in a lump sum upon the death of a Primary Insured, unless you choose one of the options described in Section 7.2 or 7.3.

If you do not choose an option before the Primary Insured dies, the beneficiary will have this right when the Primary Insured dies. If you have selected an option, the beneficiary cannot change it after the Primary Insured dies.

We may require that the payee under any option selected be a natural person. Selection of an option will also be subject to our rules in effect at the time of selection. Such rules include the minimum amount to be applied under an option and the minimum amount for each payment. All funds held by us under Option 2 will earn interest at a rate of not less than 2% per year.

Your payment choice (or any later changes) will take effect upon receipt and must be submitted to us in writing, or any method approved by us, and will control payments made after that time. To the extent permitted by law, amounts put into effect under these options will not be subject to the claims of creditors or to legal process.

7.2 Option 1

You or the beneficiary may leave the death benefit on deposit with us. It will earn interest at a rate not less than 2% per year compounded and credited annually. The beneficiary must submit a request to us in writing, or other method of notification approved by us, to make a withdrawal. The beneficiary may

withdraw the entire amount, or an amount of \$250 or more, at any time. We have the right to postpone payment for the period permitted by law. We will not postpone payment for more than six months after we receive the request.

7.3 Option 2

The death benefit may be paid in equal installments for a fixed period of up to 30 years. We show the amount of monthly installments for each \$1,000 of death benefit in the "Table of Monthly Payments Under Option 2 Per \$1,000 of Proceeds."

TABLE OF MONTHLY PAYMENTS UNDER OPTION 2 PER \$1,000 OF PROCEEDS

Payments for a Fixed Period

<u>Years</u>	<u>Amount</u>										
1	\$84.09	6	\$14.72	11	\$8.42	16	\$6.07	21	\$4.85	26	\$4.10
2	\$42.46	7	\$12.74	12	\$7.80	17	\$5.77	22	\$4.67	27	\$3.98
3	\$28.59	8	\$11.25	13	\$7.26	18	\$5.50	23	\$4.51	28	\$3.87
4	\$21.65	9	\$10.10	14	\$6.81	19	\$5.26	24	\$4.36	29	\$3.77
5	\$17.49	10	\$9.18	15	\$6.42	20	\$5.04	25	\$4.22	30	\$3.68

8. CONVERSION PROVISIONS

8.1 Conversion

Prior to the end of the Initial Term Period, or the Policy Anniversary following the Primary Insured's 75th birthday, whichever occurs first, you may convert this Policy to a new Policy without evidence of insurability. This Policy must be currently in force with the monthly Premium not being waived. You must send to us a request in writing, or any method of notification approved by us, to convert this Policy prior to the end of the Initial Term Period or the Policy Anniversary following the Primary Insured's 75th birthday, whichever occurs first.

8.2 New Policy

The new Policy will be any permanent life plan made available by us for the purpose of conversion on the date of the conversion. The face amount of the new Policy may not exceed the amount of insurance of this Policy. The costs associated with the new Policy will be based on the attained age of the Insured on the conversion date. The same underwriting and/or rate class may not be available under the new Policy on the date of conversion. In such case, we will determine an appropriate and reasonably equivalent rate class for the Insured based on the rate class structure applicable to your new Policy and using underwriting criteria consistent with those used when this Policy was issued. Otherwise, your new Policy will be issued with the same rate class as this Policy. The conversion date will be the Effective Date of the new Policy. On the conversion date, the first Premium must be paid on the new Policy and this Policy will terminate.

If this Policy limits any payment in the event of death from specified causes or under specified conditions, the new Policy may also, at our option, contain the same limits.

8.3 Additional Benefits

Any supplementary benefits on the life of the Primary Insured that are a part of this Policy will be issued in the new Policy with our consent and subject to our requirements. These benefits may not exceed those in force under this Policy. We have the right to require evidence of insurability.

Term Life Insurance
Renewable
Convertible
Nonparticipating

Symetra Life Insurance Company

Symetra Life Insurance Company
A Stock Company
(800) 796-3872
TTY/TDD (800) 833-6388 (Deaf/HH)

Home Office:
777 108th Avenue NE
Bellevue, WA 98004

Mailing Address:
P.O. Box 34690
Seattle, WA 98124-1690
www.symetra.com

SERFF Tracking Number: SYMX-126270704 State: Arkansas
 Filing Company: Symetra Life Insurance Company State Tracking Number: 43255
 Company Tracking Number: TL AR0014510F01
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: L-10010 5/09 - Term Life Insurance Policy
 Project Name/Number: IND- Individual/TL AR0014510F01

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Certificate of Readability.PDF		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: Statement of Variability.PDF		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: We will use previously approved application form LUC-148 7/09, approved 7/27/09, in conjunction with this policy.		

	Item Status:	Status Date:
Satisfied - Item: AR Certification 19s10b		
Comments:		
Attachment: AR Certification 19s10b.PDF		

	Item Status:	Status Date:
Satisfied - Item: AR Certification		
Comments:		

SERFF Tracking Number: SYMX-126270704 *State:* Arkansas
Filing Company: Symetra Life Insurance Company *State Tracking Number:* 43255
Company Tracking Number: TL AR0014510F01
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

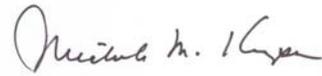
Product Name: L-10010 5/09 - Term Life Insurance Policy
Project Name/Number: IND- Individual/TL AR0014510F01

Attachment:
AR Certification.PDF

CERTIFICATION OF READABILITY

To the best of my knowledge, this form meets all applicable statutes and regulations for readability standards. The Flesch score is:

L-10010 5/09 – 50.1

A handwritten signature in black ink, appearing to read "Michele M. Kemper". The signature is written in a cursive style with a large initial 'M'.

Michele Kemper, V.P.
Symetra Life Insurance Company

Statement of Variability

The following items are being filed in brackets in the contract.

Coverage Description

In the paragraph below,

The Policy Values above are based on the [gender and] smoking status of the Primary Insured, with interest at [5%] during the Initial Term Period, and 4% thereafter.

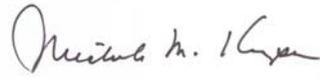
The interest rate [5%] may change subject to what the valuation interest rate is for each policy year. Currently the maximum non-forfeiture interest rate is 5%. If this should change in the future, then this interest rate will be subject to change.

State of Arkansas

CERTIFICATION

L-10010 5/09

I hereby certify that to the best of my knowledge this filing is in compliance with Regulation 19s 10B and all other applicable requirements of the Department.

A handwritten signature in black ink, appearing to read "Michele M. Kemper". The signature is written in a cursive style with a large initial 'M'.

Michele Kemper, V.P.
Symetra Life Insurance Company

State of Arkansas

CERTIFICATION

L-10010 5/09

I hereby certify that we are in compliance with 23-79-138; Bulletin 6-87; Bulletin 11-88; and Regulation 49.

A handwritten signature in cursive script that reads "Laura Johnson".

Laura Johnson, A.V.P.
Symetra Life Insurance Company