

SERFF Tracking Number: SYMX-126600105 State: Arkansas
 Filing Company: Symetra Life Insurance Company State Tracking Number: 45510
 Company Tracking Number: AV AR0020010F01
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
 Variable and Variable
 Product Name: ICC_RA1 Spinnaker Application
 Project Name/Number: RS- Retirement Services/AV AR0020010F01

Filing at a Glance

Company: Symetra Life Insurance Company

Product Name: ICC_RA1 Spinnaker Application SERFF Tr Num: SYMX-126600105 State: Arkansas

TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 45510

Variable and Variable Closed

Sub-TOI: A02.11.002 Flexible Premium

Co Tr Num: AV AR0020010F01

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Symetra Life

Disposition Date: 04/27/2010

Date Submitted: 04/26/2010

Disposition Status: Approved-

Closed

Implementation Date Requested: 05/24/2010

Implementation Date:

State Filing Description:

General Information

Project Name: RS- Retirement Services

Status of Filing in Domicile: Pending

Project Number: AV AR0020010F01

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/27/2010

Explanation for Other Group Market Type:

State Status Changed: 04/27/2010

Deemer Date:

Created By: Symetra Life

Submitted By: Symetra Life

Corresponding Filing Tracking Number:

Filing Description:

April 26, 2010

State of Arkansas

Submitted via SERFF/Tracker

RE: Symetra Life Insurance Company NAIC# 1129-68608 FEIN# 91-0742147

ICC10_RA1: Individual Flexible Premium Deferred Variable Annuity Application

SERFF Tracking Number: SYMX-126600105 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 45510
Company Tracking Number: AV AR0020010F01
TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium
Variable and Variable
Product Name: ICC_RA1 Spinnaker Application
Project Name/Number: RS- Retirement Services/AV AR0020010F01

This submission contains no unusual or possibly controversial items from normal company or industry standards.

Form ICC10__RA1 is an Individual Flexible Premium Deferred Variable Annuity Application. This is a new form and will not replace an existing form and will be used in the Non-Qualified, Roth, SEP, Simple and Traditional IRA markets. The form will be used with contract LPC-1175 2/04 approved in your state on April 16, 2004.

This variable form is a security and subject to federal jurisdiction, therefore the Flesch requirements do not apply.

The accompanying Statement of Variability provides an explanation of the variable items applicable to this form.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

The forms are submitted in final print and subject to only minor modification in paper size, stock, ink, border, Company logo and adaptation to electronic media or computer printing. At some point in the future, our Company may decide to change the policy print system that currently generates the above referenced application and related contract policy forms. In this event, it is our understanding that certain print functions pertaining to a new policy print system may slightly alter the appearance and pagination but not the text of the policy forms.

Should you have any questions, please contact me toll free at (800) 796-3872 ext. 65536, or via electronic mail at jennifer.bowles@symetra.com

Sincerely,

Jennifer Bowles
Symetra Life Insurance Company
Insurance Compliance Unit
(425) 256-5536

Company and Contact

Filing Contact Information

Jennifer Bowles, Insurance Compliance Analyst Jennifer.Bowles@symetra.com
P.O. Box 34690 SC-11 425-256-8000 [Phone]
Seattle, WA 98124-1690 425-256-5466 [FAX]

Filing Company Information

SERFF Tracking Number: SYMX-126600105 *State:* Arkansas
Filing Company: Symetra Life Insurance Company *State Tracking Number:* 45510
Company Tracking Number: AV AR0020010F01
TOI: A02.11 Individual Annuities- Deferred Non- *Sub-TOI:* A02.11.002 Flexible Premium
Variable and Variable
Product Name: ICC_RA1 Spinnaker Application
Project Name/Number: RS- Retirement Services/AV AR0020010F01

Disposition

Disposition Date: 04/27/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SYMX-126600105 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 45510
Company Tracking Number: AV AR0020010F01
TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium
Variable and Variable
Product Name: ICC_RA1 Spinnaker Application
Project Name/Number: RS- Retirement Services/AV AR0020010F01

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/26/2010
Submitted Date 04/26/2010
Respond By Date 05/26/2010

Dear Jennifer Bowles,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Regulation 57 was revised effective January 1, 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$30.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: SYMX-126600105 *State:* Arkansas
Filing Company: Symetra Life Insurance Company *State Tracking Number:* 45510
Company Tracking Number: AV AR0020010F01
TOI: A02.11 Individual Annuities- Deferred Non- *Sub-TOI:* A02.11.002 Flexible Premium
Variable and Variable
Product Name: ICC_RA1 Spinnaker Application
Project Name/Number: RS- Retirement Services/AV AR0020010F01

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/26/2010
Submitted Date 04/26/2010

Dear Linda Bird,

Comments:

Thank you for your letter dated April 26, 2010

Response 1

Comments: I have requested an additional \$30.00 to be submitted for the filing via EFT. My apologies for the error.

Related Objection 1

Comment:

Regulation 57 was revised effective January 1, 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$30.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your notification, and continued review of this filing. Please let me know if you do not receive the additional funds, or have any additional questions.

Thank you,
Jennifer Bowles

Sincerely,
Symetra Life

[SPINNAKER®]

Individual Flexible Premium Variable Deferred Annuity Application

Product Information	[Spinnaker®] (Minimum: NQ - \$2,000, IRA - \$30)	Initial Purchase Payment \$ _____
	<input type="checkbox"/> Non-Qualified <input type="checkbox"/> 1035 Exchange*	<input type="checkbox"/> Qualified <input type="checkbox"/> IRA for tax year _____ <input type="checkbox"/> Check if Roth IRA <input type="checkbox"/> Check if SEP IRA <input type="checkbox"/> Check if SIMPLE IRA <input type="checkbox"/> Check if Transfer* <input type="checkbox"/> Check if Rollover* <input type="checkbox"/> Other _____
*Must complete rollover, transfer, and/or exchange request form.		

Owner Information <i>(The maximum issue age is 85.)</i>	Owner's Name _____	SSN/TIN _____
	Address (number and street, city, state, zip) _____	Phone No. (include area code) _____
	Birth Date _____	Trust <input type="checkbox"/> Sex <input type="checkbox"/> M <input type="checkbox"/> F E-Mail Address _____

Joint Owner Information <i>(The maximum issue age is 85.)</i>	Joint Owner's Name (Non-Qualified Only) _____	SSN/TIN _____
	Address (number and street, city, state, zip) _____	Phone No. (include area code) _____
	Date of Birth _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F E-Mail Address _____

Annuitant Information <i>(If different from Owner. The maximum issue age is 85.)</i>	Annuitant's Name – If Different from Owner (Non-Qualified Only) _____	SSN/TIN _____
	Address (number and street, city, state, zip) _____	Phone No. (include area code) _____
	Date of Birth _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F E-Mail Address _____
	Joint Annuitant's Name – If Different from Joint Owner (Non-Qualified Only) _____	SSN/TIN _____
	Address (number and street, city, state, zip) _____	Phone No. (include area code) _____
	Date of Birth _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F E-Mail Address _____

Beneficiaries <i>(The percentages must total 100% for all primary beneficiaries and 100% for all contingent beneficiaries.)</i> <i>P - primary C - contingent</i>	Percentage(%)	Name	SSN/TIN
<input type="checkbox"/> P			
<input type="checkbox"/> P			
<input type="checkbox"/> C			
<input type="checkbox"/> P			
<input type="checkbox"/> C			

For additional beneficiaries, attach a separate signed and dated sheet and check here .
 Note: A surviving Joint Owner will become the sole Primary Beneficiary upon the death of a Joint Owner.

Purchase Payments	Purchase Payments to the Symetra Life Fixed Account will be allocated immediately upon receipt. Purchase Payments to the variable Portfolios may initially be allocated to the [Fidelity VIP Money Market Portfolio – Service Class 2] as described in your Contract and then will be allocated according to your investment instructions, unless you have canceled the Contract.
	<ul style="list-style-type: none"> For your initial Purchase Payment, indicate your investment instructions on the following page in “Column 1: Initial Purchase Payment”. For subsequent Purchase Payments, indicate your investment instructions on the following page in “Column 2: Subsequent Purchase Payments”.

Scheduled Transfers

- I have read the information in the prospectus about the following scheduled transfers and would like to elect:
 - Dollar Cost Averaging:** I elect to transfer \$_____ ([\$50] minimum) from the Fixed Account **and/or** the _____ Portfolio monthly **or** quarterly to the Portfolios listed on the following page in “Column 3: Scheduled Transfers”. If I have elected transfers from two or more investment options and I have different investment instructions for the transfers, I have attached a separate signed and dated sheet with those instructions and I have checked here . Transfers from the Fixed Account are limited to 1.33% per month (4% per quarter) of the value in the Fixed Account as of the date of the initial transfer. However, if the transfer limit is recalculated annually, the limit is raised to 1.5% per month (4.5% per quarter). If I am electing transfers from the Fixed Account, I elect to have the dollar amount to be transferred calculated as of the date of the initial transfer **or** recalculated annually.
 - Appreciation or Interest Sweep** ([\$10,000] minimum contract value required): I elect to have the appreciation of the [Fidelity VIP Money Market Portfolio – Service Class 2] (up to [10%] of the money market account value each Contract Year) **and/or** the interest earned on the Fixed Account (up to [10%] of the Fixed Account value each Contract Year) transferred monthly **or** quarterly **or** annually to the Portfolios listed on the following page in “Column 3: Scheduled Transfers”. If I have elected transfers from both the [Fidelity VIP Money Market Portfolio – Service Class 2] and the Fixed Account and I have different investment instructions for the transfers, I have attached a separate signed and dated sheet with those instructions and I have checked here . Appreciation or Interest Sweep cannot be used to transfer money to the Fixed Account or to the [Fidelity VIP Money Market Portfolio – Service Class 2].
 - Portfolio Rebalancing** ([\$10,000] minimum contract value required): I elect to rebalance the portion of my contract value allocated to the Portfolios quarterly **or** semiannually **or** annually according to the percentages listed on the following page in “Column 3: Scheduled Transfers”.

Investment Instructions

Please indicate your investment instructions below. You can only use whole percentages and the totals in each applicable column must equal 100%.

Initial Purchase Payment	Subsequent Purchase Payments	Scheduled Transfers	Investment Options
%	%	%	[American Century VP Balanced Fund]
%	%	%	[American Century VP Inflation Protection Class II Fund]
%	%	%	[American Century VP International Fund]
%	%	%	[American Century VP Large Company Value Class II Fund]
%	%	%	[American Century VP Ultra® Class II Fund]
%	%	%	[American Century VP Value Fund]
%	%	%	[Calvert VP Balanced Index Portfolio]
%	%	%	[Calvert VP Barclays Capital Aggregate Bond Index Portfolio]
%	%	%	[Calvert VP EAFE International Index Portfolio – Class F]
%	%	%	[Calvert VP Nasdaq-100 Index Portfolio]
%	%	%	[Calvert VP Russell 2000 Small Cap Index Portfolio – Class F]
%	%	%	[Calvert VP S&P MidCap 400 Index Portfolio – Class F]
%	%	%	[Dreyfus IP – Technology Growth Portfolio – Initial Shares]
%	%	%	[The Dreyfus Socially Responsible Growth Fund, Inc. – Initial Shares]
%	%	%	[Dreyfus Stock Index Fund, Inc. – Service Shares]
%	%	%	[DWS Capital Growth VIP – Class B Shares]
%	%	%	[DWS Global Opportunities VIP – Class B Shares]
%	%	%	[DWS Global Thematic VIP – Class B Shares]
%	%	%	[DWS International VIP – Class A Shares]
%	%	%	[Fidelity VIP Contrafund® Portfolio – Initial Class]
%	%	%	[Fidelity VIP Equity-Income Portfolio – Initial Class]
%	%	%	[Fidelity VIP Freedom 2010 Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Freedom 2015 Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Freedom 2020 Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Freedom 2025 Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Freedom 2030 Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Freedom Income Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Growth & Income Portfolio – Initial Class]
%	%	%	[Fidelity VIP Mid Cap Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Money Market Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Overseas Portfolio – Service Class 2]
%	%	%	[Franklin Flex Cap Growth Securities Fund – Class 2]
%	%	%	[Franklin Income Securities Fund – Class 2]

Electronic Delivery (cont.)

This consent will be in effect until you revoke it. You may revoke it any time by calling [1-800-SYMETRA (1-800-796-3872)]. If you consent to electronic delivery, at any time you also may request that we send you a paper copy.

I/we hereby authorize Symetra to accept and act on telephone instructions from me or any person(s) listed below regarding the transfer of funds between investment options of this contract. This authorization will remain in effect until Symetra receives written revocation from me.

Owner Statements and Certification

Please Read and Complete

Have you received a current prospectus? Yes No

Would you like to receive a copy of the Statement of Additional Information (SAI)? Yes No

Do you have any existing life insurance policies or annuity contracts with this or any other company? Yes No

Will the annuity applied for here replace any annuity or life insurance from this or any other company? Yes No If yes, please provide the company name and policy number.

Company Name	Policy Number
Company Name	Policy Number

I declare that the statements and answers on this application are full, complete, and true, to the best of my knowledge and belief, and shall form a part of the annuity contract issued hereon. I understand and agree that any fees or taxes specified in the contract will be deducted from my purchase payments or contract value, as applicable.

Under penalties of perjury, I certify that the Social Security Number or Tax Identification Number listed on this application is correct and that I am not subject to backup withholding either because I have not been notified by the IRS that I am subject to backup withholding or the IRS has notified me that I am no longer subject to backup withholding.

I understand that when benefits are based on investment performance of the Separate Account, the dollar amounts of any benefits are on a variable basis and may increase or decrease based on the investment experience of the Separate Account. I understand they cannot be predicted or guaranteed as to fixed dollar amount. With this in mind, I believe that the Contract is consistent with my financial needs.

Signature of Owner	Signature of Joint Owner (if applicable)
Signed in the City and State of	Date

Agency / Agent Statements

Mail contract directly to:

- Owner
- Agent's office for delivery to owner

Does the Owner have any existing life insurance policies or annuity contracts with this or any other company? Yes No

Will the annuity applied for here replace any annuity or life insurance from this or any other company? Yes No If yes, I have attached the required state replacement forms, if applicable.

Agency's explanation of how this Contract will serve the Owner's needs: _____

I hereby certify that the answers to the questions above are true to the best of my knowledge and belief.

Print Agent Name and Agency Name		Agent Stat #
Signature of Agent(s)	Address	
Location/State ID #	Telephone	Date

Fraud Warning

For Residents of Other States not listed below: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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.

SERFF Tracking Number: SYMX-126600105 State: Arkansas
 Filing Company: Symetra Life Insurance Company State Tracking Number: 45510
 Company Tracking Number: AV AR0020010F01
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
 Variable and Variable
 Product Name: ICC_RA1 Spinnaker Application
 Project Name/Number: RS- Retirement Services/AV AR0020010F01

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: This filing is exempt from flesch certification.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: This filing is for an application, therefore is it included under the Forms tab.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: Not applicable to this filing.		
Comments:		

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

	Item Status:	Status Date:
Satisfied - Item: AR - NAIC TRANSMITTAL DOCUMENT		
Comments:		
Attachment:		

SERFF Tracking Number: SYMX-126600105 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 45510
Company Tracking Number: AV AR0020010F01
TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium
Variable and Variable
Product Name: ICC_RA1 Spinnaker Application
Project Name/Number: RS- Retirement Services/AV AR0020010F01

AR - NAIC TRANSMITTAL DOCUMENT.PDF

Item Status:

Status

Date:

Satisfied - Item: AR - NAIC FORM FILING
ATTACHMENT

Comments:

Attachment:

AR - NAIC FORM FILING ATTACHMENT.PDF

Statement of Variability

ICC10 RA1

Variable	Explanation
Company Address, Mailing Address and Telephone Number	The company address, mailing address, and telephone numbers have been bracketed as variable to allow for future address changes. The telephone number on the application has been bracketed as variable to allow for future telephone number changes.
Product Name	The product name has been bracketed as variable to allow for future product name changes.
Purchase Payments	The Portfolio name where initial purchase payments may initially be allocated has been bracketed as variable to allow for future portfolio changes as investment options, or the fund company may change the name of the portfolios we are offering.
Scheduled Transfers	<p>The Dollar Cost Averaging transfer amount has been bracketed as variable to allow the minimum amount to change in the future. The current minimum amount is \$50.00. The range is \$25.00 to \$200.00.</p> <p>The Appreciation or Interest Sweep minimum contract value required amount has been bracketed as variable to allow the minimum amount to change in the future. Currently, a customer's minimum contract value must be \$10,000.00. The range is \$5,000.00 to \$50,000.00.</p> <p>The Portfolio name where the Appreciation or Interest Sweep transfer is coming from, or going to, has been bracketed as variable to allow for future portfolio changes as investment options, or the fund company may change the name of the portfolios we are offering.</p> <p>The Appreciation or Interest Sweep percentage amount of the account value has been bracketed as variable to allow the amount to change in the future. The current amount is 10%. The range is from 1%-15%.</p> <p>The Portfolio Rebalancing minimum contract value required amount has been bracketed as variable to allow the minimum amount to change in the future. Currently, a customer's minimum contract value must be \$10,000.00. The range is \$5,000.00 to \$50,000.00.</p>
Investment Options	The Portfolio name where purchase payments may be allocated has been bracketed as variable to allow for future portfolio changes as investment options, or the fund company may change the name of the portfolios we are offering.
Investment Instructions	<p>The years of initial guaranteed interest period has been bracketed as variable to allow for a change in the future. Currently, we are offering a 3 year and 5 year period. We may offer a 2, 3, 4 or 5 year initial guaranteed interest period.</p> <p>The minimum dollar amount required in one of the initial guaranteed interest periods has been bracketed as variable to allow the minimum amount to change in the future. Currently the minimum is \$1,000.00. The range is \$500.00 to \$10,000.00.</p>

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
-----------	----------------------------------	----------

2.	Department Use Only	
	State Tracking ID	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
Symetra Life Insurance Company P.O. Box 34690 Seattle WA 98124-1690	WA	Life	1129	68608	91-0742147	667

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Jennifer Bowles P.O. Box 34690 SC-11 Seattle WA 98124-1690	800-796-3872	425-256-5466	Jennifer.Bowles@symetra.com

5. Requested Filing Mode	<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): _____
--------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

6. Company Tracking Number	AV AR0020010F01
-----------------------------------	-----------------

7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
-----------	------------------------------------------------------------------------------------------------------------------------------

8. Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise	
	Group	<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: _____

9. Type of Insurance	A02.1I Individual Annuities- Deferred Non-Variable and Variable
-----------------------------	-----------------------------------------------------------------

10. Product Coding Matrix Filing Code	A02.1I.002 Flexible Premium
----------------------------------------------	-----------------------------

11. Submitted Documents	<input checked="" type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input checked="" type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____ <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input checked="" type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
--------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

12.	Filing Submission Date	4/26/2010
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	Pending
15.	Filing Description:	
	<p>April 26, 2010</p> <p>State of Arkansas Submitted via SERFF/Tracker</p> <p>RE: Symetra Life Insurance Company NAIC# 1129-68608 FEIN# 91-0742147 ICC10_RA1: Individual Flexible Premium Deferred Variable Annuity Application</p> <p>This submission contains no unusual or possibly controversial items from normal company or industry standards.</p> <p>Form ICC10_RA1 is an Individual Flexible Premium Deferred Variable Annuity Application. This is a new form and will not replace an existing form and will be used in the Non-Qualified, Roth, SEP, Simple and Traditional IRA markets. The form will be used with contract LPC-1175 2/04 approved in your state on April 16, 2004.</p> <p>This variable form is a security and subject to federal jurisdiction, therefore the Flesch requirements do not apply.</p> <p>The accompanying Statement of Variability provides an explanation of the variable items applicable to this form.</p> <p>To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.</p> <p>The forms are submitted in final print and subject to only minor modification in paper size, stock, ink, border, Company logo and adaptation to electronic media or computer printing. At some point in the future, our Company may decide to change the policy print system that currently generates the above referenced application and related contract policy forms. In this event, it is our understanding that certain print functions pertaining to a new policy print system may slightly alter the appearance and pagination but not the text of the policy forms.</p> <p>Should you have any questions, please contact me toll free at (800) 796-3872 ext. 65536, or via electronic mail at jennifer.bowles@symetra.com</p> <p>Sincerely,</p> <p>Jennifer Bowles Symetra Life Insurance Company Insurance Compliance Unit (425) 256-5536</p>	

16.	Certification (If required)	
	<p>I HEREBY CERTIFY 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>Jennifer Bowles</u> Title <u>Insurance Compliance Analyst</u></p> <p>Signature <u></u> Date <u>4/26/2010</u></p>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	AV AR0020010F01	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Spinnaker Application	ICC_RA1	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	