

SERFF Tracking Number: AOIC-125870365 State: Arkansas
Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 40655
Company Tracking Number: APP-ANN-10/08-AR
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: Annuity
Project Name/Number: Annuity Application/App-Ann-10/08-AR

Filing at a Glance

Company: Auto-Owners Life Insurance Company

Product Name: Annuity SERFF Tr Num: AOIC-125870365 State: ArkansasLH
TOI: A10 Annuities - Other SERFF Status: Closed State Tr Num: 40655
Sub-TOI: A10.000 Annuities - Other Co Tr Num: APP-ANN-10/08-AR State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Author: Karin Dewley Disposition Date: 10/24/2008
Date Submitted: 10/23/2008 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Annuity Application Status of Filing in Domicile: Not Filed
Project Number: App-Ann-10/08-AR 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: 10/24/2008
State Status Changed: 10/24/2008 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

This application is used to apply for our annuity product. Form 61608 (9-08) replaces 10800 (3-08). We have changed the form number for internal administrative purposes only. No other parts of the application have changed.

Company and Contact

Filing Contact Information

Karin Dewley, Senior Business Systems Analyst dewley.karin@aoins.com

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P.O. Box 30325 (517) 886-1920 [Phone]
Lansing, MI 48909

Filing Company Information

Auto-Owners Life Insurance Company CoCode: 61190 State of Domicile: Michigan
P.O. Box 30325 Group Code: 280 Company Type: LAH
Lansing, MI 48917 Group Name: Auto-Owners Ins State ID Number:
Group
(800) 346-0346 ext. [Phone] FEIN Number: 38-1814333

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Filing Fees

Fee Required? Yes
Fee Amount: \$70.00
Retaliatory? No
Fee Explanation: \$50 per filing; \$20 per form. One filing plus one form equals \$70.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Life Insurance Company	\$70.00	10/23/2008	23423001

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/24/2008	10/24/2008

<i>SERFF Tracking Number:</i>	<i>AOIC-125870365</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 10/24/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Annuity Application		Yes

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Form Schedule

Lead Form Number: 61608 (9-08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	61608 (9-08)	Application/ Enrollment Form	Annuity Application	Initial		51	61608 (9-08).pdf

Annuity Application to the... *Auto-Owners Life Insurance Company*

P.O. BOX 30325 • LANSING, MICHIGAN 48909

CONTRACT INFORMATION

Annuitant (print full name)

Soc. Sec. # or Fed. ID #	Birthdate	Gender
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Home Street Address

City	State	Zip Code
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Name, Address & Relationship of Policy Owner (if different than Annuitant)

Soc. Sec. # or Fed. ID #	Birthdate
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Beneficiary of Policy

A. Primary (full name and relationship)

B. Contingent (if primary beneficiary is not living)

SUITABILITY INFORMATION

These questions are designed to assist your agent in determining if this product is suitable for you.

I do not wish to provide this information.

Approximate annual income \$ _____

Approximate value of liquid assets \$ _____

Approximate monthly expenses \$ _____

Within 5 years, anticipate significant annual income change? Yes No

If yes, approximate annual income change \$ _____

Number of dependents _____

Investment objective(s) (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Safety of principal | <input type="checkbox"/> Supplement retirement income |
| <input type="checkbox"/> Tax deferred growth | <input type="checkbox"/> Guaranteed income for life |
| <input type="checkbox"/> Diversification of investment | <input type="checkbox"/> Other _____ |

HOME OFFICE ENDORSEMENT/SPECIAL REQUESTS:

IT IS UNDERSTOOD AND AGREED: (1) That all answers to the questions on this application are complete and true to the best of my knowledge and/or belief. (2) That all answers to such questions, together with this agreement, shall form the basis and become a part of any contract issued. (3) That acceptance of any contract issued on this application will constitute a ratification of any correction in or addition to this application made by the Company, however, no change shall be made as to the annuity plan, or beneficiary unless agreed to in writing. (4) Only the President or Secretary of the Company can make, modify, alter or discharge contracts or waive any of the Company's rights or requirements.

THE AGENT AND I CERTIFY that I have read, or the agent has read to me, the completed application. I realize that any false statement or misrepresentation in my application may result in loss of tax deferred benefit or disqualification (if part of a qualified retirement plan) under the United States Tax Code. Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Signed at _____ Date _____
City, State

Signature of Annuitant

Signature of Owner (if different than Annuitant)

Check ONE

TYPE OF PLAN

Check all that apply

Individual

- Non-Qualified
 Individual Retirement Annuity (IRA)
 Roth IRA

- Contributory
 Transfer
 Rollover
 Conversion
 1035 Exchange

Employer Sponsored

- Simplified Employee Pension Plan (SEP)
 Savings Incentive Match Plan (SIMPLE)
 Tax Sheltered Annuity (TSA)
 Money Purchase or Profit Sharing Plan

CONTRACT TYPE

Check ONE

- Item #300**
 Item #301 Renewable Accumulation Period (RAP)
_____ year RAP
 Item #275 Single Premium Immediate Annuity (SPIA)
(Send copy of Home Office proposal with application.)

Will this annuity replace or change any existing life or annuity policy from this or any other company? Yes No

(If yes, send completed replacement form with application.)

Company _____

Policy # _____

DEPOSIT INFORMATION

Amount with application \$ _____ Tax Year _____

Monthly Electronic Funds Transfer (EFT) Yes No

If no, do you wish to receive reminder notices? Yes No

Reminder Notice Planned Payment \$ _____

monthly quarterly semi-annual annual

Agent Signature

Agency Code

Agent's Name (please print)

Producer Code

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

10/23/2008

Comments:

Attachments:

61608-19.pdf

61608-read.pdf

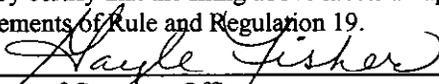
Certificate of Compliance with

Arkansas Rule and Regulation 19

Insurer: Auto-Owners Insurance Company

Form Number(s): 61608 (9-08)

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

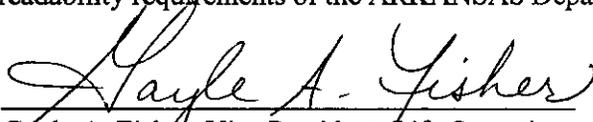
Gayle A. Fisher
Name

Vice President, Life Operations
Title

October 23, 2008
Date

AUTO-OWNERS LIFE INSURANCE COMPANY
Certification of Readability

I hereby certify, to the best of my knowledge and belief, that the following forms have the respective Flesch Scores, which meet the readability requirements of the ARKANSAS Department of Insurance.



Gayle A. Fisher, Vice President, Life Operations

FORM 61608 (9-08) - Annuity Application
FLESCH SCORE = 51