

SERFF Tracking Number: AMER-125704974 State: Arkansas
Filing Company: Aviva Life and Annuity Company State Tracking Number: 39382
Company Tracking Number: APPLICATION 6/08
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: Application 6/08
Project Name/Number: Application 6/08/Application 6/08

Filing at a Glance

Company: Aviva Life and Annuity Company

Product Name: Application 6/08

TOI: A071 Individual Annuities - Special

Sub-TOI: A071.001 Equity Indexed

Filing Type: Form

SERFF Tr Num: AMER-125704974 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39382

Co Tr Num: APPLICATION 6/08

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Authors: Denise Ellis, Stephany Hopkins, Jessica Johnson, Tara Frahm

Disposition Date: 06/25/2008

Date Submitted: 06/23/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Application 6/08

Project Number: Application 6/08

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/25/2008

State Status Changed: 06/25/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: Aviva Life and Annuity Company

Application Form: 80500 6/08 FW

NAIC #: 61689

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 06/20/2008

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

The above referenced filing is attached in readability form for the Department's review and approval. This new application, form 80500 6/08 FW, will be utilized with our annuity contract forms. The Application has achieved a Flesch

SERFF Tracking Number: AMER-125704974 State: Arkansas
Filing Company: Aviva Life and Annuity Company State Tracking Number: 39382
Company Tracking Number: APPLICATION 6/08
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: Application 6/08
Project Name/Number: Application 6/08/Application 6/08

Reading Ease Test Score of 53.39. The Iowa Insurance Department approved the Application on 06/20/2008. Application form, 80500 6/08 FW, will replace application form AVIVAPP (05/07) AR that was previously approved by the Department on 06/22/2007.

The required Fraud Warning language has been added to the Application.

We certify that American Investors Life Insurance Company of Topeka, Kansas, Inc. does attach a Life and Health guaranty notice with all of the policies that are issued in the State of Arkansas. The form is titled, "LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND DISABILITY INSURANCE GUARANTY ASSOCIATION ACT." With the issuance of this form with all issued contracts we believe we are in compliance with Regulation 49.

We certify that American Investors Life Insurance Company of Topeka, Kansas, Inc. does attach an IMPORTANT INFORMATION TO CONTRACTHOLDERS NOTICE to all of the contracts that are issued in the State of Arkansas. With the issuance of this form with all issued contracts we believe we are in compliance with Ark. Code Ann. 23-79-138.

Concerning Regulation 19§10B: We certify that the annuity contracts issued by American Investors Life Insurance Company of Topeka, Kansas, Inc. meet the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance Department. In this regard, please be advised that the guaranteed benefits associated with our annuity contracts do not differentiate between males and females. In fact, the only time we differentiate between males and females is when the annuity contract is annuitized and our current rates generate a larger benefit than is generated using the contract's guaranteed rates. In calculating an annuity benefit based on our current annuitization rates, we utilize the age and sex of the annuitant and the 2000 Annuity Mortality Table. We believe, and we trust you will agree, this method of calculating annuitization benefits is based on both sound actuarial principles and a valid classification system.

To the best of my knowledge and belief, this filing complies with the rules and regulations of the State of Arkansas. Please let me know if I may be of further assistance. I appreciate your review and subsequent approval.

Company and Contact

Filing Contact Information

Stephany Hopkins, Compliance Associate stephanyh@amerusannuity.com

SERFF Tracking Number: AMER-125704974 State: Arkansas
Filing Company: Aviva Life and Annuity Company State Tracking Number: 39382
Company Tracking Number: APPLICATION 6/08
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: Application 6/08
Project Name/Number: Application 6/08/Application 6/08

555 South Kansas Avenue (785) 295-4442 [Phone]
Topeka, KS 66603 (785) 295-4345[FAX]

Filing Company Information

Aviva Life and Annuity Company CoCode: 61689 State of Domicile: Iowa
555 South Kansas Avenue Group Code: -99 Company Type: Insurance
Topeka, KS 66603 Group Name: State ID Number:
(785) 295-4352 ext. [Phone] FEIN Number: 42-0175020

SERFF Tracking Number: AMER-125704974 State: Arkansas
Filing Company: Aviva Life and Annuity Company State Tracking Number: 39382
Company Tracking Number: APPLICATION 6/08
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: Application 6/08
Project Name/Number: Application 6/08/Application 6/08

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aviva Life and Annuity Company	\$50.00	06/23/2008	21046253

SERFF Tracking Number: AMER-125704974 State: Arkansas
Filing Company: Aviva Life and Annuity Company State Tracking Number: 39382
Company Tracking Number: APPLICATION 6/08
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: Application 6/08
Project Name/Number: Application 6/08/Application 6/08

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/25/2008	06/25/2008

SERFF Tracking Number: AMER-125704974 *State:* Arkansas
Filing Company: Aviva Life and Annuity Company *State Tracking Number:* 39382
Company Tracking Number: APPLICATION 6/08
TOI: A071 Individual Annuities - Special *Sub-TOI:* A071.001 Equity Indexed
Product Name: Application 6/08
Project Name/Number: Application 6/08/Application 6/08

Disposition

Disposition Date: 06/25/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMER-125704974 State: Arkansas
 Filing Company: Aviva Life and Annuity Company State Tracking Number: 39382
 Company Tracking Number: APPLICATION 6/08
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Application 6/08
 Project Name/Number: Application 6/08/Application 6/08

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	Application for Deferred or Indexed Deferred Annuity		Yes

SERFF Tracking Number: AMER-125704974 State: Arkansas
 Filing Company: Aviva Life and Annuity Company State Tracking Number: 39382
 Company Tracking Number: APPLICATION 6/08
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Application 6/08
 Project Name/Number: Application 6/08/Application 6/08

Form Schedule

Lead Form Number: Application 6/08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	80500 6/08 FW	Application/ Enrollment Form	Application for Deferred or Indexed Deferred Annuity	Initial		53	80500_608_FW_App.pdf



1 Product

Product Name: _____

Rider(s): _____

2 Annuitant

First Name (as to appear on contract) M.I. Last Name

Male Female

Date of Birth Social Security Number

Address

City State Zip Code Phone Number

3 Joint Annuitant

If applicable

First Name (as to appear on contract) M.I. Last Name

Male Female

Date of Birth Social Security Number

Address

City State Zip Code Phone Number

4 Owner

If other than Annuitant

First Name of Individual or Entity M.I. Last Name

Male Female

Date of Birth Social Security or Tax I.D. Number Relationship to Annuitant(s)

Address

City State Zip Code Phone Number

Note: If the proposed owner(s) is not a natural person, for example a trust, a corporation or an association, then additional documentation will be required to establish the entity's legal identity and who has authority to legally act on behalf of the entity.

5 Joint Owner

Not applicable to qualified contracts

First Name of Individual or Entity M.I. Last Name

Male Female

Date of Birth Social Security or Tax I.D. Number Relationship to Annuitant(s)

Address

City State Zip Code Phone Number

AZ Residents:

Upon Written Request the Company will provide within a reasonable time reasonable factual information regarding the benefits and provisions of Your Contract.

If You are not satisfied with Your Contract, return it to the Company within 10 days (30 days if the Contract Owner is sixty-five years of age or older on the date of the application) after the Contract is delivered and receive a full refund of all monies paid.



6 Contingent Owner

If Owner and Annuitant are different

First Name of Individual or Entity _____ M.I. _____ Last Name _____
Date of Birth _____ Social Security or Tax I.D. Number _____ Male Female _____ Relationship to Annuitant(s) _____
Address _____
City _____ State _____ Zip Code _____ Phone Number _____

7 Funding Source

Premium Submitted with Application: \$ _____
Anticipated Premium from Transfer: \$ _____

8 Tax Qualification

Select ALL that apply

Non-Qualified 1035 Exchange Internal Conversion Contract Number: _____
 IRA Roth IRA SEP IRA Keogh/HR-10 Other Qualified Plan*
*Owner must be the Plan
Select ALL that apply:
 Contribution for Tax Year: _____
 Rollover (Within 60 days)
 Direct Transfer from IRA/SEP
 Direct Transfer from ROTH IRA
 Roth Conversion
 Direct Transfer from 401(k); HR10; 403(b); Pension Plan

9 Replacement

1. Yes No Do you have an existing life insurance policy or an existing annuity contract?
2. Yes No Will this annuity replace or change an existing life insurance policy or annuity contract?

10 Beneficiaries

Unless otherwise specified, multiple surviving beneficiaries will share equally. If a beneficiary is not a natural person, include name and date on the Beneficiary Name line. All beneficiaries must be living at the time of application.

Primary Contingent Tertiary
Beneficiary Name _____ SSN or Tax I.D. _____ Relationship to Annuitant(s) _____ %
 Primary Contingent Tertiary
Beneficiary Name _____ SSN or Tax I.D. _____ Relationship to Annuitant(s) _____ %
 Primary Contingent Tertiary
Beneficiary Name _____ SSN or Tax I.D. _____ Relationship to Annuitant(s) _____ %
 Primary Contingent Tertiary
Beneficiary Name _____ SSN or Tax I.D. _____ Relationship to Annuitant(s) _____ %
 Primary Contingent Tertiary
Beneficiary Name _____ SSN or Tax I.D. _____ Relationship to Annuitant(s) _____ %

*The sum of the percentages for Primary, Contingent, and Tertiary Beneficiaries, respectively, must total 100%.

11 Special Instructions



12 Agreements and Signatures

The Owner agrees to the following:

1. All statements and answers to questions in this application are true to the best of my knowledge and belief.
2. The effective date of the Contract will be the Contract Date set by the Company.
3. No producer or person other than the President or Secretary of the Company has the authority to change or modify the Contract or waive any of its provisions.

AR Residents: Any person who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CO Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or producer of an insurance company who knowingly provides false, incomplete or misleading facts or information to a contract holder or claimant for the purpose of defrauding or attempting to defraud the contract holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DC Residents: 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.

FL Residents: 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.

Residents of KY, LA, NM, OH: 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 fraud.

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

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

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

Residents of all states except DE, IN, MN, MO, OR, PA, UT and WA: Amounts payable under the Contract are subject to a Market Value Adjustment (if applicable) on the date or dates, as specified in the Contract.

Indexed Deferred Annuity Applicants:
I understand that I am applying for an equity indexed deferred annuity and realize that while the values of the contract may be affected by an external index, the contract does not directly participate in any stock or equity investments. I further understand that index-linked interest credits will not be credited to any amount withdrawn during a term period and that any values shown, other than guaranteed minimum values, are not guarantees, promises or warranties.

I have received a copy of the disclosure material and understand that the results shown, other than the Guaranteed Minimum Values, are not guarantees, promises, or warranties.

Payment must be made payable to Aviva Life and Annuity Company.

Signed at: _____ on _____
(city) (state) (date)

Annuitant Signature Joint Annuitant Signature (if applicable)

Owner Signature (if other than Annuitant) Joint Owner Signature (if applicable)



13 Producer Use Only:

- 1. Yes No Does the applicant have an existing life insurance policy or an existing annuity contract?
- 2. Yes No Will this annuity replace or change an existing life insurance policy or annuity contract? (If yes to either question, and if required by state regulation, replacement forms must accompany this application.)

By signing below, I certify that I have truly and accurately recorded on this application the information provided by the applicant. I certify that only company approved sales materials were used and that copies of such materials were 1) left with the client and 2) retained in my files. I certify that any required disclosure material has been presented to the applicant. I have not made any statements which differ from this material nor have I made any promises, about the future expected values of this Contract.

 Producer Signature _____
 Producer Name (print please)

 Producer Number _____
 Producer Insurance License Number (FL only) _____
 Producer Phone Number and/or email address

Complete the following section for any split producers and indicate the split percentages.

Producer Name	Producer Number	Producer Insurance License Number (FL only)	Split %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	100%

Option 1 Option 2 Option 3
 (If unchecked, the default is Option 1.)



<i>SERFF Tracking Number:</i>	<i>AMER-125704974</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aviva Life and Annuity Company</i>	<i>State Tracking Number:</i>	<i>39382</i>
<i>Company Tracking Number:</i>	<i>APPLICATION 6/08</i>		
<i>TOI:</i>	<i>A071 Individual Annuities - Special</i>	<i>Sub-TOI:</i>	<i>A071.001 Equity Indexed</i>
<i>Product Name:</i>	<i>Application 6/08</i>		
<i>Project Name/Number:</i>	<i>Application 6/08/Application 6/08</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMER-125704974 State: Arkansas
Filing Company: Aviva Life and Annuity Company State Tracking Number: 39382
Company Tracking Number: APPLICATION 6/08
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: Application 6/08
Project Name/Number: Application 6/08/Application 6/08

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

06/20/2008

Comments:

Attachment:

AR_608_Application_SCORECERT..pdf

AVIVA LIFE AND ANNUITY COMPANY
Topeka, Kansas

CERTIFICATION

This is to certify that the attached

has achieved a Flesch Reading Ease Score of _____ and complies with the requirements of
Arkansas Insurance Laws, Chapter 80, cited as the Life and Disability Insurance Policy Language
Simplification Act.

Date

Officer's Name

Randy Matzke, FLMI
Vice President, Product Compliance

Title