

SERFF Tracking Number: MCHX-126336477 State: Arkansas
 Filing Company: OM Financial Life Insurance Company State Tracking Number: 43715
 Company Tracking Number: OMAD 6227 (08-2009)
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
 Variable
 Product Name: OMAD6227 (08-2009) Individual Annuity Application
 Project Name/Number: OMAD 6227 (08-2009) Individual Annuity Application /OMAD 6227 (08-2009) Individual Annuity Application

Filing at a Glance

Company: OM Financial Life Insurance Company

Product Name: OMAD6227 (08-2009) SERFF Tr Num: MCHX-126336477 State: Arkansas

Individual Annuity Application

TOI: A02I Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 43715
 Variable Closed

Sub-TOI: A02I.003 Single Premium

Co Tr Num: OMAD 6227 (08-2009) State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: SPI McHughConsulting

Disposition Date: 10/09/2009

Date Submitted: 10/08/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 11/06/2009

Implementation Date:

State Filing Description:

General Information

Project Name: OMAD 6227 (08-2009) Individual Annuity Application

Status of Filing in Domicile: Pending

Project Number: OMAD 6227 (08-2009) Individual Annuity Application

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: to be filed concurrently

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/09/2009

Explanation for Other Group Market Type:

State Status Changed: 10/09/2009

Deemer Date:

Created By: SPI McHughConsulting

Submitted By: SPI McHughConsulting

Corresponding Filing Tracking Number:

Filing Description:

Filing on Behalf of OM Financial Life Insurance Company

N.A.I.C. No.: 63274 F.E.I.N.: 52-6033321

New Traditional Fixed Annuity Application Form Filing for Approval, OMAD 6227 (08-2009)

McHugh Consulting Resources, Inc. has been requested to file the enclosed forms on behalf of OM Financial Life Insurance Company. We have provided an authorization letter for your files.

SERFF Tracking Number: MCHX-126336477 State: Arkansas
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Enclosed for your review and approval is the above captioned life insurance application form and any required checklists or certifications. The form is new and does not replace any forms on file with the Department. The Single Premium Fixed Deferred Annuity Application, form number OMAD 6227 (08-2009), which will be used exclusively in the Annuity market, is new and will not replace any forms currently on file with your Department. This form will be issued by OM Financial Life Insurance Company.

This application will be used with previously approved forms as well as new forms after Departmental approval.

The enclosed application is written in clear and simplified language and has passed the Flesch Reading Test, please see the attached certification. In addition, sections of the application have been bracketed and a statement of variability is attached.

This application will be available electronically so that it may be printed from a computer by an agent for completion and signature.

The forms are in final printed form subject only to changes in font style, margins, page numbers, ink, and paper stock. Printing standards will never be less than those required by law.

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

Company and Contact

Filing Contact Information

Jane Neal, Compliance Assistant mcr@mchughconsulting.com
McHugh Consulting Resources 215-230-7960 [Phone]
350 South Main Street, Suite 103 215-230-7961 [FAX]
Doylestown, PA 18901

Filing Company Information

(This filing was made by a third party - McHughConsulting)

OM Financial Life Insurance Company	CoCode: 63274	State of Domicile: Maryland
1001 Fleet Street	Group Code: 2598	Company Type:
Baltimore, MD 21202	Group Name:	State ID Number:
(410) 895-0091 ext. [Phone]	FEIN Number: 52-6033321	

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Filing Fees

Fee Required? Yes
Fee Amount: \$125.00
Retaliatory? Yes
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
OM Financial Life Insurance Company	\$125.00	10/08/2009	31144497

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	10/09/2009	10/09/2009

SERFF Tracking Number: MCHX-126336477 *State:* Arkansas
Filing Company: OM Financial Life Insurance Company *State Tracking Number:* 43715
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Disposition

Disposition Date: 10/09/2009

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	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Authorization Letter		Yes
Supporting Document	Form Listing		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Submission Letter		Yes
Supporting Document	Flesch Certification		Yes
Form	Single Premium Fixed Deferred Annuity Application		Yes

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Form Schedule

Lead Form Number: OMAD 6227 (08-2009)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	OMAD 6227 (08-2009)	Application/ Enrollment Form	Single Premium Fixed Deferred Annuity Application	Initial		50.800	OMAD 6227 (08-2009).PDF

Annuity Application

Product: _____

OM Financial Life Insurance Company

Home Office: [Baltimore, Maryland]

Administrative Office: [P.O. Box 81497; Lincoln, NE 68501-81497]

Owner(s)

Name: _____ [Jane Doe] _____

Joint Owner (if any): _____ [] _____

SSN/TIN: _____ [123-45-6789] _____

SSN/TIN: _____ [] _____

Male Female Date of Birth: _____ [01/01/49] _____

Male Female Date of Birth: _____ [] _____

Address: _____ [123 Main Street] _____

Address: _____ [] _____

Phone No.: _____ [(123)456-7890] _____

Phone No.: _____ [()] _____

Employer Name & Address: _____
[USA Company] _____

Employer Name & Address: _____
[] _____

Relationship to Annuitant: _____ [SELF] _____

Relationship to Owner: _____ [] _____

Identification # & State: _____ [ANY STATE USA] _____

Identification # & State: _____ [] _____

Type of Identification:
 State Issued Immigration
 Military Passport
 Other _____] _____

Type of Identification:
 State Issued Immigration
 Military Passport
 Other _____] _____

Annuitant(s) (if other than Owner, complete this section)

Name: _____ [] _____

Joint/Contingent (if any): _____ [] _____

SSN/TIN: _____ [] _____

SSN/TIN: _____ [] _____

Male Female Date of Birth: _____ [] _____

Male Female Date of Birth: _____ [] _____

Address: _____ [] _____

Address: _____ [] _____

Identification # & State: _____ [] _____

Identification # & State: _____ [] _____

Type of Identification:
 State Issued Immigration
 Military Passport
 Other _____] _____

Type of Identification:
 State Issued Immigration
 Military Passport
 Other _____] _____

Beneficiary

Note: If more than one beneficiary is named, indicate the class and percentage for each. Each class must total 100%

Primary Contingent

Name: [Child 1] _____ SSN/TIN: _____ [987-65-321] _____ % [100] _____
Relationship to Owner [Daughter] _____ Date of Birth: _____ [10/12/1999] _____

Name: [Child 2] _____ SSN/TIN: _____ [456-98-321] _____ % [100] _____
Relationship to Owner [Son] _____ Date of Birth: _____ [] _____

Name: _____ SSN/TIN: _____ [] _____ % [] _____
Relationship to Owner [] _____ Date of Birth: _____ [] _____

Name: _____ SSN/TIN: _____ [] _____ % [] _____
Relationship to Owner [] _____ Date of Birth: _____ [] _____

Purpose of Annuity (Choose ONE plan and if applicable, transfer/exchange form)

Qualified Traditional IRA Roth IRA SEP IRA

403(b) TSA Other (specify plan type): _____ [] _____

Annuity Application

Product: _____

Premium

Initial/Single Premium Paid:(premium paid with application)\$[10,000]

Make check payable to OM Financial Life Insurance Company.

Rollover Contribution for Tax Year [____]

Interest Rate Guaranteed Rate Annuity Year 1 [____]% or
Period [3] Year(s) [2]% Remainder of Rate Period (if applicable)

Replacement

Do you have an existing life insurance or annuity policy? Yes No
(If yes please list Insurance Company name, Policy type, Policy # and Year issued)

Will the annuity applied for replace or change an existing life insurance or annuity policy? Yes No

If a 1035 exchange or transfer, attach applicable forms.

Exchange/Transfer Amount:\$[_____]

Policy/Certificate No.: [_____] Company:[_____]

Guaranteed Minimum Withdrawal Benefit (GMWB)

Basic Enhanced Other _____ (Note: optional riders have charges and fees.)

Special Instructions

Fraud Warning Notices

(Please review the notice that applies in your state. If your state is not listed, please review the first notice listed.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may be subject to criminal and civil penalties.

AR/LA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or 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: 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 representative of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a contractholder 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 regulatory agencies.

DC: 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.

KY/OH: I understand that any person who, with intent to defraud, or knowing that he or she is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement is guilty of insurance fraud. _____ (Owner's Initials)

Annuity Application

Product: _____

FL: 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. _____ (Owner's Initials)

ME/TN/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 benefit.

MD: Any person who knowingly and willfully presents a false or 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.

NJ: Any person who includes any false or misleading information on an application for an insurance contract is subject to criminal and civil penalties.

NM/PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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.

OK: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OR/VT: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Authorizations

I/(We) have read the statements made in this application. To the best of my (our) knowledge and belief, the statements made are complete, true, and correctly recorded. I/(We) understand that: a copy of this application will form a part of any annuity issued; the annuity will not take effect until delivered to the Owner; no agent has the authority to modify any annuity issued; and there are terms, conditions, charges, and fees for any optional rider selected.

I/(We) understand that I (We) have applied for an annuity. I/(We) have received a copy of the Company's disclosure material for this annuity.

If the annuity is issued with a market value adjustment rider, the cash surrender values may increase or decrease based on a market value adjustment prior to the date or dates specified in the annuity; the market value adjustment applies when the surrender charge applies.

Signature(s)

I/(We) certify, under penalties of perjury, that I am a/(we are) U.S. Citizen(s) or resident(s) of the U.S. (includes U.S. resident aliens) and that the taxpayer identification number(s) is (are) correct. I/(We) understand that federal law requires all financial institutions to obtain identity information in order to verify my (our) identity(ies) and I (we) authorize its use for this purpose. This information includes, but is not limited to, the name(s), residential address(es), date(s) of birth, Social Security or taxpayer identification number(s), and any other information necessary to sufficiently verify identity(ies). I/(We) understand that failure to provide this information could result in the application being rejected. Third party sources may be used to verify the information provided.

Signed at: __[__ANY TOWN USA__]_____

Date: __[01/01/09]_____

Signature(s) of Owner(s): __[__JANE DOE__]_____

Signature(s) of Annuitant(s): _____

Annuity Application

Product: _____

Agent

Does the applicant have an existing life or annuity policy? Yes No

To the best of your knowledge, does this application replace or change existing life insurance or annuities? Yes No

I attest that I have witnessed all signatures. I certify that the Company's disclosure material has been presented to the applicant and a copy was provided to the applicant. I have not made any statements which differ from this material nor have I made any guarantees or promises about the expected future values of the annuity. I have received a copy of, have carefully read and complied with the applied for fixed annuity's training manual.

I have verified the identity of the Owner, joint Owner, annuitant and joint annuitant through an examination of a state or federal government photo identification card provided by the Owner, joint Owner, annuitant or joint annuitant such as a driver's license or passport.

I have truly and accurately recorded on this application the information provided by the applicant.

Signature(s)

Agent's Signature: [Agent USA] _____ Date: __[_01/01/2009]_____

Print Agent's Name: [Agent USA] _____ OM Financial Life Agent #: __123654_____

Agent's License No. (required only in FL): _____

Agent's Phone No.: (321)987-4563_____

Agent's Fax No.: [(321) 987-4569_]_____ Agent's Email Address: __[Agent USA@email.com]__

For Split Commissions second Agent complete the below section

Agent's Signature: [_____] Date: _[_____]

Print Agent's Name: [_____] OM Financial Life Agent #: _[_____]

Agent's License No. (required only in FL): [_____]

Agent's Phone No.: [(_____) _____]

Agent's Fax No.: [(_____) _____] Agent's Email Address: __[_____]__

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: see forms tab		

	Item Status:	Status Date:
Satisfied - Item: Authorization Letter		
Comments:		
Attachment: Authorization Letter.PDF		

	Item Status:	Status Date:
Satisfied - Item: Form Listing		
Comments:		
Attachment: Form Listing.PDF		

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

	Item Status:	Status Date:
Satisfied - Item: Submission Letter		
Comments:		

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Attachment:

Submission Letter.PDF

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR Readability.PDF

AR Cert of Compliance with Rule 19.PDF

AR Cert of Compliance with Rule 49.PDF

AR Cert of Compliance Bulletin 11-83.PDF



Old Mutual Financial Network
1001 Fleet Street
Baltimore, Maryland 21202
PH 410.895.0100
1.888.697.LIFE
FX 410.895.0162
www.oldmutualus.com

January 1, 2009

NAIC Company Code: 63274

To: The Insurance Commissioner

Re: Authorization

This letter, or a copy thereof, will authorize the consulting firm of McHugh Consulting Resources, Inc., 350 South Main, Suite 103 Doylestown, PA 18901, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

OM Financial Life Insurance Company

BY:

Karen T. Lam, FLMI, AIRC
Manager, Product Compliance

OM Financial Life Insurance Company

Forms Listing

OMAD 6227 (08-2009) Single Premium Fixed Deferred Annuity Application

STATEMENT OF VARIABILITY

Single Premium Fixed Annuity Application	OMAD 6227 (08-2009)
<u>Item</u>	<u>Explanation</u>
HOME OFFICE ADDRESS	To allow for flexibility should the corporation location change.
OWNERS, ANNUTITANT, BENEFICIARY	John Doe Information, varies on new issues. Primary and or Contingent Beneficiaries percentages must up to 100%.
PURPOSE OF ANNUTIY	To allow for flexibility should the corporation no longer offer the plan type.
PREMIUM	John Doe Information, varies on new issues
REPLACEMENT	John Doe Information, varies on new issues
RIDER	To allow for flexibility should the corporation no longer offer the rider type.
SIGNATURES	John Doe Information, varies on new issues

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McHugh Consulting Resources, Inc.

October 8, 2009

via **SERFF**

Jay Bradford
Insurance Commissioner
Arkansas Department of Insurance
Compliance - Life and Health
1200 West Third Street
Little Rock, AR 72201-1904

RE: Filing on Behalf of OM Financial Life Insurance Company
N.A.I.C. No.: 63274 F.E.I.N.: 52-6033321
New Traditional Fixed Annuity Application Form Filing for Approval, OMAD 6227 (08-2009)

Dear Commissioner Bradford:

McHugh Consulting Resources, Inc. has been requested to file the enclosed forms on behalf of OM Financial Life Insurance Company. We have provided an authorization letter for your files.

Enclosed for your review and approval is the above captioned life insurance application form and any required checklists or certifications. The form is new and does not replace any forms on file with the Department. The Single Premium Fixed Deferred Annuity Application, form number OMAD 6227 (08-2009), which will be used exclusively in the Annuity market, is new and will not replace any forms currently on file with your Department. This form will be issued by OM Financial Life Insurance Company.

This application will be used with previously approved forms as well as new forms after Departmental approval.

The enclosed application is written in clear and simplified language and has passed the Flesch Reading Test, please see the attached certification. In addition, sections of the application have been bracketed and a statement of variability is attached.

This application will be available electronically so that it may be printed from a computer by an agent for completion and signature.

The forms are in final printed form subject only to changes in font style, margins, page numbers, ink, and paper stock. Printing standards will never be less than those required by law.

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

Sincerely,



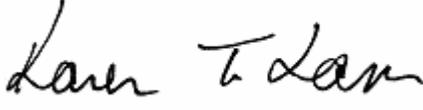
Betty Dabrowski
Consultant

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: OM Financial Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
OMAD 6227 (08-2009)	50.8

Signed: 
Name: Karen Lam
Title: Vice President Product and Advertising Compliance
Date: 10.06.09

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: OM Financial Life Insurance Company

Form Number(s): OMAD 6227 (08-2009)

I hereby certify that to the best of my knowledge and belief, the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Karen T. Lam

Name

Vice President - Product and Advertising
Compliance

Title

10/06/09

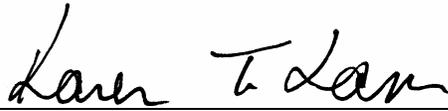
Date

CERTIFICATE OF COMPLIANCE

Insurer: OM Financial Life Insurance Company

Form Numbers: OMAD 6227 (08-2009)

I hereby certify that the filing above meets all applicable Arkansas requirements including Regulation 49 (Life and Health Guaranty Fund Notice) and Ark. Code Ann. 23-79-138 and Bulletin 11-88 (Consumer Information Notice).



Signature of Company Officer

Karen T. Lam

Name

Vice President - Product and
Advertising Compliance

Title

10/06/09

Date

STATE OF ARKANSAS

Certification

Name of Company: OM Financial Life Insurance Company

The above named company certifies that Life Insurance Application Form OMAD 6227 (08-2009) has been reviewed and complies with Arkansas Insurance Department Guidelines identified in its Bulletin No. 11-83.



Signature

Karen T. Lam

Print or Type Name

Vice President - Product and Advertising Compliance

Title