

SERFF Tracking Number: THRV-126317363 State: Arkansas  
Filing Company: Thrivent Financial for Lutherans State Tracking Number: 44066  
Company Tracking Number:  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: Replacement Face Page VA  
Project Name/Number: /

## Filing at a Glance

Company: Thrivent Financial for Lutherans

Product Name: Replacement Face Page VA

TOI: A03I Individual Annuities - Deferred Variable

Sub-TOI: A03I.002 Flexible Premium

Filing Type: Form

SERFF Tr Num: THRV-126317363 State: Arkansas

SERFF Status: Closed-Approved-Closed State Tr Num: 44066

Co Tr Num:

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Karen Guyette

Disposition Date: 11/16/2009

Date Submitted: 11/05/2009

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/16/2009

Status of Filing in Domicile:

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: 11/16/2009

Created By: Karen Guyette

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Karen Guyette

Filing Description:

In order to comply with Arkansas Rule 97 Life Insurance And Annuities Replacement, we are submitting for your review and approval the following form.

Replacement Face Page, Form W-BC-FPVAR AR (10)

This replacement face page will be used with Flexible Premium Deferred Variable Annuity Contract, form W-BC-FPVA (05), which was approved by your department on 1/18/2005 (State Tracking No. 28404).

This replacement face page will be used in place of the existing contract face page when the application for insurance indicates that a replacement is involved. The replacement face page contains the 30-day notice of right to return the

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 contract.

## Company and Contact

### Filing Contact Information

Karen Guyette, Compliance Specialist II karen.guyette@Thrivent.com  
 625 Fourth Ave. South 800-847-4836 [Phone] 37251 [Ext]  
 Minneapolis, MN 55415 612-340-5040 [FAX]

### Filing Company Information

Thrivent Financial for Lutherans CoCode: 56014 State of Domicile: Wisconsin  
 4321 North Ballard Road Group Code: 2938 Company Type: Fraternal  
 Appleton, WI 54919-0001 Group Name: State ID Number:  
 (800) 847-4836 ext. [Phone] FEIN Number: 39-0123480  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: 1 form X \$20 = \$20  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Thrivent Financial for Lutherans	\$20.00	11/05/2009	31827965

SERFF Tracking Number: *THR-126317363* State: *Arkansas*  
Filing Company: *Thrivent Financial for Lutherans* State Tracking Number: *44066*  
Company Tracking Number:  
TOI: *A031 Individual Annuities - Deferred Variable* Sub-TOI: *A031.002 Flexible Premium*  
Product Name: *Replacement Face Page VA*  
Project Name/Number: */*

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	11/16/2009	11/16/2009

*SERFF Tracking Number:*      *THR-126317363*                      *State:*                      *Arkansas*  
*Filing Company:*              *Thrivent Financial for Lutherans*              *State Tracking Number:*      *44066*  
*Company Tracking Number:*  
*TOI:*                      *A031 Individual Annuities - Deferred Variable*      *Sub-TOI:*                      *A031.002 Flexible Premium*  
*Product Name:*              *Replacement Face Page VA*  
*Project Name/Number:*      */*

## **Disposition**

Disposition Date: 11/16/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *THRV-126317363* State: *Arkansas*  
 Filing Company: *Thrivent Financial for Lutherans* State Tracking Number: *44066*  
 Company Tracking Number:  
 TOI: *A031 Individual Annuities - Deferred Variable* Sub-TOI: *A031.002 Flexible Premium*  
 Product Name: *Replacement Face Page VA*  
 Project Name/Number: */*

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Form</b>	Replacement Face Page		Yes

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 Filing Company: *Thrivent Financial for Lutherans* State Tracking Number: *44066*  
 Company Tracking Number:  
 TOI: *A031 Individual Annuities - Deferred Variable* Sub-TOI: *A031.002 Flexible Premium*  
 Product Name: *Replacement Face Page VA*  
 Project Name/Number: */*

## Form Schedule

### Lead Form Number: W-BC-FPVAR AR (10)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	W-BC-FPVAR AR (10)	Other	Replacement Face Page	Initial			Replacement Face Page W-BC-FPVAR AR (10).pdf

This certificate of membership and variable annuity is a legal contract between you and Thrivent Financial for Lutherans. We issue this contract based on the Application signed by the applicant(s) and the payment of the first premium.

We will pay you the Annuity Income beginning on the Annuity Date (see page 3) if all Annuitants are living on that date and this contract is in force. If an Annuitant dies after Annuity Income payments have begun, any amount payable will depend upon the terms of the settlement option elected. We will pay the Death Proceeds to the beneficiary if the death of the Annuitant, or the death of the first Annuitant to die if this contract has two Annuitants, occurs before the Annuity Date. The Annuity Income and Death Proceeds will be paid according to the provisions of this contract.

**Accumulated Value, Death Proceeds and Annuity Income payments, when based on the investment experience of the Variable Account, may increase or decrease daily and are not guaranteed as to minimum dollar amount.**

**The amount of any full or partial surrender from Fixed Period Allocations may be increased or decreased by a Market Value Adjustment (see Section 11.3). No adjustment will be applied to surrenders made from a Fixed Period Allocation within 30 days before the end of its allocation period. Death Proceeds are not subject to a Market Value Adjustment.**

**Right to Cancel. Please read this contract carefully.** You may cancel the contract for any reason before midnight of the 30th day after you first receive it. Do this by (1) mailing or delivering written notice to our Service Center or to the representative through whom you bought it, and (2) returning the contract. Notice given by mail and return of the contract by mail are effective on being postmarked, properly addressed and postage prepaid. If you cancel the contract, it will be deemed void from the beginning. Within 7 days after we receive notice of cancellation and the returned contract, we will refund the Accumulated Value.

Flexible premium deferred variable annuity.  
Annuity Income payable at Annuity Date.  
Death Proceeds payable at death of Annuitant before Annuity Date.  
Return on investments reflected in contract benefits.  
Fixed Period Allocations subject to Market Value Adjustment.  
Annual dividends payable if earned.

Signed for the Society

\_\_\_\_\_  
President [  ]

\_\_\_\_\_  
Secretary [  ]

ANNUITANT: [ JOHN DOE ]

AGE: [ 35 ] SEX: [ MALE ]

[ ANNUITANT: [ JANE DOE ]

AGE: [ 35 ] SEX: [ FEMALE ] ]

CONTRACT NUMBER: [ LC1234567 ]

DATE OF ISSUE: [ JANUARY 1, 2010 ]

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> AR VA Ctf of Compliance.pdf		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> N/A - no policy being filed at this time. <b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo <b>Bypass Reason:</b> N/A - no policy being filed at this time. <b>Comments:</b>		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b> AR VA Statement of Variability.pdf		

**CERTIFICATION  
OF  
COMPLIANCE**

FORM NUMBER

**W-BC-FPVAR AR (10)**

FORM TITLE

**Replacement Face Page**

I certify that the above form submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance Department.

\_\_\_\_\_  
Signature of Officer

**David J. Christianson**

Name (Typed or Printed)

**Director, Contract Forms and Compliance**

Title

**November 5, 2009**

Date

## STATEMENT OF VARIABILITY

### **Replacement Face Page, Form W-BC-FPVAR AR (10)**

The following items have been bracketed to indicate that the information may be different in different replacement face pages or may be subject to change:

- Officers' signatures will change if new officers are elected
- Name of annuitant, age, and sex are specific to each annuitant
- The name of the second annuitant, age, and sex will only appear if there is a joint annuitant
- Contract Number is different for each contract that we issue
- Date of issue is the date the application is signed