

SERFF Tracking Number: AEGN-126414122 State: Arkansas  
Filing Company: Transamerica Life Insurance Company State Tracking Number: 44304  
Company Tracking Number: GNC-103 92022 R REVISED 2009  
TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.001 Fixed Premium  
Product Name: GNC-103 92022 R Revised 2009  
Project Name/Number: GNC-103 92022 R/GNC-103 92022 R

## Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: GNC-103 92022 R Revised 2009 SERFF Tr Num: AEGN-126414122 State: Arkansas

TOI: A02G Group Annuities - Deferred Non-variable SERFF Status: Closed-Approved-Closed State Tr Num: 44304

Sub-TOI: A02G.001 Fixed Premium Co Tr Num: GNC-103 92022 R State Status: Approved-Closed REVISED 2009

Filing Type: Form

Reviewer(s): Linda Bird  
Author: Debbie Brunson Disposition Date: 12/14/2009  
Date Submitted: 12/09/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: GNC-103 92022 R  
Project Number: GNC-103 92022 R  
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed  
Date Approved in Domicile:  
Domicile Status Comments: This is a single case filing and will not be filed in our domicile state.

Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 12/14/2009

Market Type: Group  
Group Market Size: Small and Large  
Group Market Type: Employer  
Explanation for Other Group Market Type:  
State Status Changed: 12/14/2009  
Created By: Debbie Brunson  
Corresponding Filing Tracking Number:

Deemer Date:  
Submitted By: Debbie Brunson  
Filing Description:  
Re: Transamerica Life Insurance Company  
NAIC # 86231-0468  
FEIN: 39-0989781

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Form No: GNC-103 92022 R Revised 2009 Retired Annuity Certificate

On behalf of Transamerica Life Insurance Company, we submit the above form for review and approval. This form will be implemented upon approval by the Department.

This form is submitted on a single-case basis and will not be issued in any other state.

Form GNC-103 92022 R Revised 2009 will be used in lieu of Form GNC-103 92022 R on a going forward basis. Form GNC-103 92022 R was previously approved June 18, 2009 via SERFF. The SERFF Tracking number and State Tracking number for that filing is AEGN-125194967 and 36059 respectively.

We have included the following items in support of this filing:

1. Filing fees remitted via EFT
2. Any required certifications
3. A copy of the previously approved contract Application

## Company and Contact

### Filing Contact Information

Debbie Brunson, Contract Analyst debbie.brunson@transamerica.com  
1150 S. Olive St., T-09-09 800-319-7626 [Phone] 3768 [Ext]  
Los Angeles, CA 90015 213-763-9779 [FAX]

### Filing Company Information

Transamerica Life Insurance Company CoCode: 86231 State of Domicile: Iowa  
1150 S. Olive Street, T-09-09 Group Code: 468 Company Type: Life  
Los Angeles, CA 90015 Group Name: TLIC State ID Number:  
(800) 319-7626 ext. 3768[Phone] FEIN Number: 39-0989781  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation: 1 non-policy form at \$20.00 each = \$20.00  
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$20.00	12/09/2009	32649567

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/14/2009	12/14/2009

*SERFF Tracking Number:*      *AEGN-126414122*                      *State:*                      *Arkansas*  
*Filing Company:*              *Transamerica Life Insurance Company*              *State Tracking Number:*      *44304*  
*Company Tracking Number:*      *GNC-103 92022 R REVISED 2009*  
*TOI:*                      *A02G Group Annuities - Deferred Non-variable*      *Sub-TOI:*                      *A02G.001 Fixed Premium*  
*Product Name:*              *GNC-103 92022 R Revised 2009*  
*Project Name/Number:*              *GNC-103 92022 R/GNC-103 92022 R*

## **Disposition**

Disposition Date: 12/14/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



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## Form Schedule

**Lead Form Number: GNC-103 92022 R Revised 2009**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GNC-103 92022 R Revised 2009	Certificate	Retired Annuity Certificate	Initial		0.000	GNC-103 92022 R Revised 2009 Cert AR.pdf



Transamerica Life Insurance Company  
1150 South Olive Street  
Los Angeles, CA 90015

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<b>PARTICIPANT</b>	[PARTICIPANT NAME]	[xxxxxxx]	<b>CERTIFICATE NO.</b>
<b>MONTHLY ANNUITY</b>	[\$x,xxx.xx ]	[May 1, 2007]	<b>COMMENCEMENT DATE</b>

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**THIS CERTIFIES THAT** a Monthly Annuity has been provided for you, the Participant, under the Group Contract issued to the Contract Holder, as shown on the Data Page.

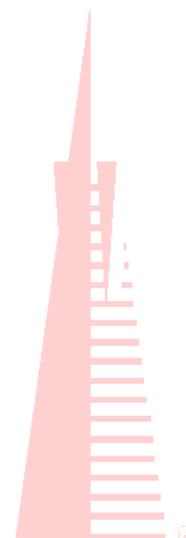
**THIS CERTIFICATE** merely summarizes the provisions of the Contract which affect your benefits. It does not in any way constitute a contract. The benefits described herein are subject to the provisions of the Contract. The Contract is the sole agreement under which the benefits are provided.

**TRANSAMERICA LIFE INSURANCE COMPANY**

PRESIDENT

SECRETARY

**RETIRED ANNUITY  
CERTIFICATE**



**RETIRED ANNUITY CERTIFICATE****DATA PAGE**


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<b>PARTICIPANT</b>	[PARTICIPANT NAME]	[xxxxxxx]	<b>CERTIFICATE NO.</b>
<b>MONTHLY ANNUITY</b>	[\$[x,xxx.xx ]	[May 1, 2007]	<b>COMMENCEMENT DATE</b>

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**GROUP CONTRACT NO.:** 92022, herein called the Contract.

**CONTRACT HOLDER'S NAME:** Jefferson Hospital Association, Inc.

**PLAN NAME:** Jefferson Hospital Association Pension Plan.

**PARTICIPANT'S DATE OF BIRTH:** [PARTICIPANT DATE OF BIRTH]

**PARTICIPANT'S SEX:** [PARTICIPANT SEX]

**ANNUITY FORM:** [ANNUITY FORM]

**[CONTINGENT/JOINT ANNUITANT'S NAME:]** [CONTINGENT NAME]

**[CONTINGENT/JOINT ANNUITANT'S SSN:]** [\*\*\*-\*\*-9999]

**[CONTINGENT/JOINT ANNUITANT'S SEX:]** []

**[CONTINGENT/JOINT ANNUITANT'S DATE OF BIRTH:]** [Mmmmm dd, YYYY]

**[CONTINGENT/SURVIVOR MONTHLY ANNUITY:]** \$[x,xxx.xx]

**[PERIOD CERTAIN:]** [xxx] months

## DEFINITIONS

For the purposes of this Certificate, the following definitions will apply:

**Administrative Office** – Transamerica Life Insurance Company, 1150 South Olive Street, Los Angeles, CA 90015. Mailing address: P.O. Box 30206, Los Angeles, CA 90099-0206.

**Beneficiary** – The person(s) entitled to receive benefits, if any, as provided under the Contract, upon your death. A Beneficiary is neither a Contingent Annuitant nor a Joint Annuitant.

**Commencement Date** – The date shown as such in the Data Page.

**Contingent Annuitant** – The person named as such on the Data Page.

**Employer** – Jefferson Hospital Association, Inc.

**Joint Annuitant** – The person named as such on the Data Page.

**Monthly Annuity** – A series of payments provided for you, the participant, and any other Payee as described in this Certificate.

**Payee** – You, your Contingent Annuitant, Joint Annuitant, Spouse, Beneficiary or Alternate Payee, as applicable, who is entitled to or is receiving benefits under the applicable provisions of the Contract.

**Spouse** – The person to whom you are legally married as of the applicable date as specified in this Certificate.

**We, Us, Our, and the Company** – Transamerica Life Insurance Company.

## ANNUITY PROVISIONS

**ANNUITY PAYMENTS.** Payments, in the amount shown as Monthly Annuity on the Data Page, start on the Commencement Date, if you are living. Such payments will be made under the appropriate Annuity Form, as described below, which corresponds with the Annuity Form shown on the Data Page.

**SUSPENSION OF PAYMENTS.** If you return to full-time employment with the Employer after your Commencement Date, we will suspend payments of your Monthly Annuity. Payments will recommence under the appropriate Annuity Form and in the same amount once we receive the notice from the Employer of your termination of employment.

## ANNUITY FORMS

**LIFE ANNUITY.** The Monthly Annuity will be payable to you for as long as you live. Payments will end with the one payable for the month in which your death occurs. No death benefit is payable under this Annuity Form.

**JOINT AND CONTINGENT ANNUITY.** The Monthly Annuity will be payable to you for as long as you live. Such payments will end with the one payable for the month in which your death occurs. Thereafter, if your Contingent Annuitant survives you, monthly payments, in the amount shown on the Data Page as the Contingent Monthly Annuity, will be made to your Contingent Annuitant for as long as he or she lives. Such payments will end with the one payable for the month in which your Contingent Annuitant's death occurs. If your Contingent Annuitant does not survive you, the payments will end with the one payable for the month in which your death occurs.

For the purpose of this Annuity Form, the term "Contingent Annuitant" applies only to the individual named as such on the Data Page of this Retired Annuity Certificate.

**[JOINT AND CONTINGENT ANNUITY WITH PERIOD CERTAIN.** The Monthly Annuity will be payable to you for the longer of: (a) your life; or (b) the Period Certain, as shown on the Data Page. If you die before the end of the Period Certain, the remaining payments for the Period Certain will be payable to your Contingent Annuitant as they become due, in the amount shown as the Monthly Annuity on the Data Page. Thereafter, your Contingent Annuitant, if living, will receive the amount shown as the Contingent Monthly Annuity on the Data Page, for as long as he or she lives. Payments will end with the one for the month in which the Contingent Annuitant's death occurs. If

your Contingent Annuitant does not survive you, payments under this Annuity Form will end with the one payable for the later of: (a) the month in which your death occurs; or (b) the last month of the Period Certain.

If you and your Contingent Annuitant both die before the end of the Period Certain, the remaining payments for the Period Certain will be payable to the designated Beneficiary of the last to die, or, if none, in accordance with the Beneficiary Provisions section on Page [4]. Payments will end with the one for the last month of the Period Certain.]

**JOINT AND SURVIVOR ANNUITY.** The Monthly Annuity will be payable to you for as long as you and your Joint Annuitant are both living. Upon your or your Joint Annuitant's death, payments will continue to the survivor for as long as he or she lives in the amount shown on the Data Page as the Survivor Monthly Annuity. The Survivor Monthly Annuity will start as of the first day of the month immediately following your or your Joint Annuitant's death, as applicable, and end with the payment for the month in which the survivor's death occurs.

For the purpose of this Annuity Form, the term "Joint Annuitant" applies only to the individual named as such on the Data Page of this Retired Annuity Certificate.

**[JOINT AND SURVIVOR ANNUITY WITH PERIOD CERTAIN.** The Monthly Annuity will be payable to you for the longer of: (a) either your life, or your Joint Annuitant's life; or (b) the Period Certain, as shown on the Data Page. If you or your Joint Annuitant die before the end of the Period Certain, the remaining payments for the Period Certain will be payable to the survivor as they become due, in the amount shown as the Monthly Annuity on the Data Page. Thereafter, the survivor will receive the amount shown as the Survivor Monthly Annuity on the Data Page. The payments to the survivor will start on the first day of the month immediately following your date of death or your Joint Annuitant's date of death, as applicable, and will end with the payment for the month in which the survivor's death occurs.

If you and your Joint Annuitant both die before the end of the Period Certain, the remaining payments for the Period Certain will be payable to the designated Beneficiary of the last to die, or, if none, in accordance with the Beneficiary Provisions section on Page [4]. Payments will end with the one for the last month of the Period Certain.]

**LIFE ANNUITY WITH PERIOD CERTAIN.** The Monthly Annuity will be payable to you for the Period Certain, as shown on the Data Page, and thereafter for as long as you live. If you die before all payments have been made for the Period Certain, the remaining payments will be paid to your Beneficiary as they become due. If the Beneficiary dies before receiving all payments due to him or her, the remaining payments will be made to his or her estate.

If you die after all payments have been made for the Period Certain, payments will end with the one payable for the month in which your death occurs.

**PERIOD CERTAIN ONLY ANNUITY.** The Monthly Annuity will be payable to you for the Period Certain, as shown on the Data Page. If you die before all payments have been made for the Period Certain, the remaining payments will be paid to your Beneficiary as they become due. Payments will end with the one payable for the month which is last the month of the Period Certain.

### **BENEFIT PAYABLE UPON YOUR DEATH**

The monthly benefit, if any, payable upon your death, will be as provided by the Annuity Form then in effect.

Proof of death of any Payee must be given to Us at our Administrative Office.

### **BENEFICIARY PROVISIONS**

This Beneficiary Provisions Section applies to you only if your Annuity Form is a Life Annuity with Period Certain, [or a Joint and Contingent Annuity with Period Certain], [or a Joint and Survivor Annuity with Period Certain], as shown on the Data Page.

**DESIGNATION OF BENEFICIARY.** You may designate any person to be your Beneficiary or you may change your prior Beneficiary designation, if any, by giving Us written notice. If, however, you are married and the person being named as your Beneficiary is someone other than your Spouse, such Beneficiary designation will not be effective unless We receive the written consent of your Spouse, witnessed by a representative of the Plan or notary public, at Our Administrative Office. If, however, you can establish that such spousal consent cannot be obtained because your Spouse cannot be located, or because of such other circumstances as the Secretary of the Treasury may by regulations prescribe, then your election will be honored. When received, whether you are living or not, such designation or change will take effect as of the latest date the notice and/or spousal consent, if applicable, were signed. Any payment made by Us before We received the notice and consent will not be adjusted or amended.

**SUCCESSIVE PREFERENCE BENEFICIARIES.** If a Beneficiary has not been designated or if the designated Beneficiary does not survive you, payment will be made to the surviving person or persons in the first of the following classes of successive preference beneficiaries of which a member survives you: your (a) Spouse, (b) children, including legally adopted children, (c) parents, (d) brothers and sisters, (e) estate. In determining the Beneficiary, We may rely upon an affidavit by a member of any of the classes of preference beneficiaries. Payment based upon the affidavit will be a complete discharge of Our obligation unless, before the payment is made, We have received notice of a valid claim by some other person. If two or more persons become entitled to benefits as preference beneficiaries, they will share equally, unless provided otherwise by you.

**RIGHTS OF BENEFICIARY.** The rights of any Beneficiary who does not survive you will revert to you unless you have given Us notice of some other arrangement.

#### GENERAL PROVISIONS

**DISCLAIMER OF RESPONSIBILITY.** We are not a party to, nor bound by, the Plan or any other document or agreement which is issued in connection with the Plan, other than the Contract.

If any benefits are required to be provided by the Plan, the Internal Revenue Code of 1986, as amended, or the Employee Retirement Income Security Act of 1974, as amended, and such benefits are NOT provided in the Contract, the Company will NOT be responsible for any such excluded benefits, but such benefits shall be the sole responsibility of the Contract Holder.

**PROTECTION OF BENEFIT.** To the extent permitted by law, no benefit under the Contract will be subject to any claim or process of law by any creditor.

**MISSTATEMENT.** If any payment made under the Contract was based on any incorrect or inaccurate information, We may take whatever action, based on the actual facts, We find necessary to correct the error.

**LIMITATION OF ASSIGNMENT OF BENEFITS.** Except as permitted by law, no person has the right to anticipate, alienate, sell, transfer, assign, pledge, encumber or charge any benefit under the Contract. Any assignment permitted by law will be subject to the provisions contained in the following paragraph.

No assignment of any benefits to which you are entitled under the Contract will be binding on Us unless in writing and given to Us at Our Administrative Office. We are not responsible for the adequacy of any assignment. Your rights will be subject to the rights of any assignee of record, as permitted by law.

**RELIANCE ON INFORMATION.** In acting under the Contract, We are entitled to rely on the information provided by the Contract Holder or by any person authorized by the Contract Holder. We do not need to question the accuracy or completeness of the information. We will be fully protected by the Contract Holder in any transaction made under the Contract in reliance upon information furnished by the Contract Holder or by any person authorized by the Contract Holder.

**PAYMENTS BY US.** All payments described in this Certificate are payable by Us at Our Administrative Office. Except as provided below, such payments will be made to you, or any other Payee, as provided under the Annuity Form in effect.

[PARTICIPANT'S NAME]

[CERTIFICATE NO.]

[ISSUE DATE]

Exception - If a Payee is a minor, or if We have reason to believe that a valid receipt cannot be given for any payment due the Payee, payment will be made as follows: (a) to the Payee's legal guardian or conservator; or (b) to such other person(s) as We have reason to believe has assumed the custody and principal support of the Payee.

Before making any payment under the Contract, We may require proof of the Payee's existence.

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## Supporting Document Schedules

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

Arkansas Other Cert 92022 AR.pdf  
Cert of Comp Reg 19 GNC-103 92022 R Rev AK.pdf  
ReadabilityCert 92022 Rev CertAR.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Application

**Comments:**

The attached application was approved June 18, 2007 under SERFF and State tracking numbers AEGN-125194967 and 36059 respectively. This application is used with the contract to which form GNC-103 92022 R Revised 2009 applies.

**Attachment:**

92022 JHA Application DOI.pdf

# ARKANSAS CERTIFICATION

Transamerica Life Insurance Company hereby  
INSURER

certifies. that this filing complies with the Arkansas requirements under  
Rule and Regulation 49, and the requirements under ACA 23-79-138 and  
Bulletin 11-88.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Associate Vice President

Type name and title. (Must be an Officer.)

\_\_\_\_\_  
December 8, 2009

Date

Policy Form Number:

# GNC-103 92022 R *Revised 2009*

## Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Transamerica Life Insurance Company

Form Number(s): GNC-103 92022 R *Revised 2009*

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



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

Beverly Sanchez  
\_\_\_\_\_  
Name

Associate Vice President  
\_\_\_\_\_  
Title

December 8, 2009  
\_\_\_\_\_  
Date

**ARKANSAS  
CERTIFICATION  
OF  
READABILITY**

Transamerica Life Insurance Company hereby  
INSURER

certifies that this filing complies with the Arkansas readability requirements  
via the exemption under 23-80-204 (b)(3).



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Associate Vice President

Type name and title. (Must be an Officer.)

\_\_\_\_\_  
December 8, 2009

Date

Policy Form Number:

# GNC-103 92022 R *Revised 2009*

**TRANSAMERICA LIFE INSURANCE COMPANY**

Administrative Office: Los Angeles, California

**APPLICATION FOR AND ACCEPTANCE OF GROUP ANNUITY CONTRACT**

Jefferson Hospital Association, Inc.  
(Applicant and Contract Holder)

hereby applies for and accepts Group Annuity Contract No. 92022. The Contract, a copy of which is attached and of which this Application is made a part, has been approved and the terms thereof are hereby accepted.

It is understood and agreed that this Application supersedes any Application for this Contract previously signed by the Contract Holder on the date this "Application for and Acceptance of Group Annuity Contract" is signed by the Contract Holder or the date on which the Group Annuity Contract is executed by the Company, whichever is the later date.

Signed in \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_.

Jefferson Hospital Association, Inc.  
(Applicant and Contract Holder)

By \_\_\_\_\_

Title \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_