

SERFF Tracking Number: MNNL-126405128 State: Arkansas
Filing Company: Minnesota Life Insurance Company State Tracking Number: 44257
Company Tracking Number: 09-70181
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
Variable
Product Name: SecureOption Select Application
Project Name/Number: SO Select App/09-70181

Filing at a Glance

Company: Minnesota Life Insurance Company

Product Name: SecureOption Select Application SERFF Tr Num: MNNL-126405128 State: Arkansas

Application

TOI: A02I Individual Annuities- Deferred Non- Variable SERFF Status: Closed-Approved- Closed State Tr Num: 44257

Sub-TOI: A02I.003 Single Premium

Co Tr Num: 09-70181

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Angela Acker-Fisher,

Disposition Date: 12/07/2009

Monica Ramstad

Date Submitted: 12/04/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: SO Select App

Status of Filing in Domicile: Pending

Project Number: 09-70181

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: 12/07/2009

Explanation for Other Group Market Type:

State Status Changed: 12/07/2009

Deemer Date:

Created By: Monica Ramstad

Submitted By: Monica Ramstad

Corresponding Filing Tracking Number: 09-70181

Filing Description:

The attached application is new and does not replace any application currently on file. The application was submitted to our domiciliary state of Minnesota as part of an Interstate Compact filing, which is pending approval at this time.

The enclosed application will be used to apply for our previously approved SecureOption Select Annuity, a Single Payment Fixed Annuity with a Market Value Adjustment, form 04-70129. This form was approved in your state on

SERFF Tracking Number: MNNL-126405128 State: Arkansas
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TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
Variable
Product Name: SecureOption Select Application
Project Name/Number: SO Select App/09-70181

August 10, 2004. The Flesch Score for this application is 51.2.

The form is submitted in final print format and is subject to only minor modification in paper stock size, ink, border, Company logo, and adaptation to electronic media or computer printing.

Thank you for your continued attention to this filing. We look forward to its approval. Please do not hesitate to contact me if I can of assistance during your review.

Sincerely,

Angela Acker-Fisher
Sr. Product Compliance Specialist
Minnesota Life Insurance Company
Tel. 651.665.6438
Email angela.acker-fisher@securian.com

Company and Contact

Filing Contact Information

Monica Ramstad, Supervisor - Ind & RS monica.ramstad@securian.com
Product Compliance
400 ROBERT STREET NORTH 651-665-4838 [Phone]
ST. PAUL, MN 55101-2098 651-665-3853 [FAX]

Filing Company Information

Minnesota Life Insurance Company CoCode: 66168 State of Domicile: Minnesota
400 Robert Street North Group Code: 869 Company Type:
Law Department Group Name: State ID Number:
St. Paul, MN 55101-2098 FEIN Number: 41-0417830
(651) 665-3500 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

SERFF Tracking Number: MNNL-126405128 State: Arkansas
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TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
Variable
Product Name: SecureOption Select Application
Project Name/Number: SO Select App/09-70181
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Minnesota Life Insurance Company	\$50.00	12/04/2009	32497405

SERFF Tracking Number: MNNL-126405128 State: Arkansas
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Variable
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	12/07/2009	12/07/2009

SERFF Tracking Number: MNNL-126405128 *State:* Arkansas
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TOI: A021 Individual Annuities- Deferred Non- *Sub-TOI:* A021.003 Single Premium
Variable
Product Name: SecureOption Select Application
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Disposition

Disposition Date: 12/07/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MNNL-126405128 *State:* Arkansas
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Product Name: SecureOption Select Application
Project Name/Number: SO Select App/09-70181

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	SecureOption Select Fixed Annuity Application		Yes

SecureOption Select

Fixed Annuity Application

Minnesota Life Insurance Company – A Securian Company

Annuity Services • A3-9999

400 Robert Street North • St. Paul, Minnesota 55101-2098

Fax 651-665-7942
1-800-362-3141
Local 651-665-4877
www.minnesotalife.com

MINNESOTA LIFE

1. Type of Plan
2. Annuity Guarantee Period
3. Owner
4. Joint Owner (if applicable)
5. Annuitant
6. Joint Annuitant (if applicable)

Primary beneficiary designations must total 100%.

Contingent beneficiary designations must total 100%.

Please identify any additional beneficiaries in Section 9.

7. Beneficiary(ies)

Name			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity		Date of birth	Tax I.D. (SSN or TIN)
Relationship to Owner		Type of beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage %
Address			
City		State	Zip code
Name			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity		Date of birth	Tax I.D. (SSN or TIN)
Relationship to Owner		Type of beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage %
Address			
City		State	Zip code
Name			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity		Date of birth	Tax I.D. (SSN or TIN)
Relationship to Owner		Type of beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage %
Address			
City		State	Zip code

8. Replacement

Please be aware that client and representative/agent responses in Sections 8 and 13 must match.

If yes, a State Replacement form is required to be signed, dated and enclosed with this application for most states.

Please identify additional policies/contracts in Section 9.

Do you have any existing life insurance or annuity contracts? Yes No

Will the contract applied for replace or change an existing life insurance or annuity contract? If yes, complete the section below. Yes No

Company Name	Policy/Contract Number	Year Issued

9. Special Instructions

Minimum purchase payment is \$5,000.

Make checks payable to Minnesota Life.

10. Purchase Payment Method

1035 Exchange

\$ _____ Remitted with application

Direct Transfer/Rollover

\$ _____ Client initiated Rollover (approximate amount)

11. Notice to Applicant

Any person who knowingly, and with intent to injure, defraud, or deceive any insurance company, files a statement of claim or provides false, incomplete, or misleading information as part of the information provided to obtain coverage commits a fraudulent act, which is a crime, and may be subject to criminal and civil penalties.

12. Owner/Annuitant Signatures

I/we represent that the statements and answers in this application are full, complete, and true to the best of my/ our knowledge and belief. I/we agree that they are to be considered the basis of any contract issued to me/us. I/we have read and agree with the applicable statements. The representative left me/us the original or a copy of the written or printed communications used in this presentation.

I/we understand that this is a single payment contract. No additional contributions will be allowed into this annuity contract.

Amounts from the guaranteed term account that are withdrawn, surrendered or applied to provide annuity payments prior to the end of the guarantee period will be subject to a market value adjustment. The market value adjustment may increase or decrease the values available in this contract.

Contract owner's signature

X

Signed in (city)

State

Date

Joint Contract owner's signature, if any

X

Signed in (city)

State

Date

Annuitant's signature (if other than the owner)

Date

X

Joint Annuitant's signature, if any

Date

X

Representative/agent responses must match client responses in Section 8.

All Representative/agents involved in this sale must sign this application.

Representative/Agent split must total 100%.

13. To Be Completed By Representative/Agent

To the best of my knowledge and belief, this applicant has existing life insurance or annuity contracts. Yes No

To the best of my knowledge and belief, the contract applied for will replace or change any existing life insurance or annuity contract. Yes No

No written sales materials were used other than those furnished by the Home Office. I believe the information provided by this client is true and accurate to the best of my knowledge and belief.

Representative/Agent Name (Print)	Representative/Agent Code	
Representative/Agent Signature		%
X		

Representative/Agent Name (Print)	Representative/Agent Code	
Representative/Agent Signature		%
X		

Representative/Agent Name (Print)	Representative/Agent Code	
Representative/Agent Signature		%
X		

14. To Be Completed By Minnesota Life

Accepted By	Date	Contract number
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Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attached are the Certifications for the Guaranty Association Notice, the Important Notice to Contractholders and the Flesch Score for the application.

Attachments:

CERTIFICATION.pdf
 Flesch Score Certification.pdf

Item Status: **Status Date:**

Bypassed - Item: Application

Bypass Reason: The form submitted is an application and is attached uner the Form Schedule.

Comments:

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability

Comments:

Please see the attached Statement of Variability.

Attachment:

Statement of Variability.pdf

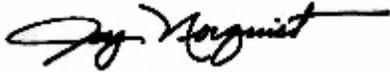
CERTIFICATION

I hereby certify that:

Each individual annuity contract issued in the State of Arkansas includes the Guaranty Association Notice to Contractholders, form F.MHC-41371 Rev. 2-2000; and

Each individual annuity contract issued in the State of Arkansas includes an Important Notice to Contractholders form F.38057 Rev. 10-1998; and

I have reviewed Regulation 6, and that the individual annuity forms issued are in compliance with this Regulation.



Name: Joy Norquist

Title: Assistant Secretary

Date: December 2, 2009



ARKANSAS CERTIFICATION OF READABILITY

Minnesota Life Insurance Company hereby certifies that this filing complies with 23-80-206 requirements for Flesch Scores. Following are the Flesch reading ease test scores:

<u>Form Title</u>	<u>Form Number</u>	<u>Flesch Score</u>
SecureOption Select Fixed Annuity Application	09-70181	51.2

A handwritten signature in black ink that reads "Matthew Harrington". The signature is written in a cursive style with a large initial 'M'.

Signature

Name: Matthew Harrington

Title: Assistant Secretary

Date: November 19, 2009

Minnesota Life Insurance Company

Statement of Variability

Application form 09-70181

November 18, 2009

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

Application Question 2- Annuity Guarantee Period

Currently we offer a 5, 7, or 9 year guarantee period. We have bracketed this section should we choose not to offer one of those guarantee periods due to economic conditions.