

SERFF Tracking Number: NDPL-126260637 State: Arkansas
Filing Company: Aviva Life and Annuity Company State Tracking Number: 43307
Company Tracking Number: AGENTS REPORTS 2009
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Agents Reports 2009
Project Name/Number: /

Filing at a Glance

Company: Aviva Life and Annuity Company

Product Name: Agents Reports 2009

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: NDPL-126260637 State: Arkansas

SERFF Status: Closed-Accepted State Tr Num: 43307

For Informational Purposes

Co Tr Num: AGENTS REPORTS State Status: Filed-Closed
2009

Authors: Angela Vennall, Jaime
Gertsen

Date Submitted: 08/24/2009

Reviewer(s): Linda Bird

Disposition Date: 08/25/2009

Disposition Status: Accepted For
Informational Purposes

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/25/2009

Status of Filing in Domicile: Pending

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: 08/25/2009

Created By: Jaime Gertsen

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jaime Gertsen

Filing Description:

For your information, the following Agent Reports are included in this filing:

Form 15897 7/09 – Agent's Report for Life Application-replacing Form 15897 2/07

Form 15898 7/09 – Agent's Report for TeleApp Application-replacing Form 15898 2/07

Form 15658 7/09 - Agent's Report for TeleApp Application for Simplified Issue - replacing Form 15658 2/07

Form 17145 7/09 - Producer's Report for Simplified Issue/Guaranteed Issue - replacing Form 17145 4/09

Form 15897 2/07, Form 15898 2/07, and Form 15658 2/07 were previously acknowledged by your Department on

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08/28/06 under SERFF tracking number USPH-6SRPJV431.

Form 17145 4/09 was previously acknowledged by your Department on 3/2/2009 under SERFF tracking number NDPL-126045593.

The Agent's Reports are to be used with the following applications that have been previously approved by your Department:

- Form 14530 2/07 – Application for Life Insurance
- Form 11501 2/07 – Supplemental Application
- Form 15094 2/07 – TeleApp Application for Life Insurance
- Form 15656 2/07 – Application for Simplified Issue
- Form 15652 2/07 – TeleApp Application for Single Premium Life
- Form 17146 4/09 - Life Insurance Application for Simplified Issue/Guaranteed Issue

All of these applications were approved on 08/28/06 under SERFF tracking number USPH-6SRPJV431, with the exception of Form 17146 4/09, which was approved on 3/2/2009 under SERFF tracking number NDPL-126045593.

Please feel free to contact me via SERFF or by telephone at 515-242-8761 with any questions regarding this submission.

Jaime Gertsen

Company and Contact

Filing Contact Information

Jaime Gertsen, Product Compliance Analyst jaime.gertsen@avivausa.com
Aviva Life and Annuity Company 515-242-8761 [Phone]
611 Fifth Avenue
Des Moines, IA 50309

Filing Company Information

Aviva Life and Annuity Company CoCode: 61689 State of Domicile: Iowa
611 Fifth Avenue Group Code: 1225 Company Type:
Des Moines, IA 50309 Group Name: State ID Number:
(317) 927-6749 ext. [Phone] FEIN Number: 42-0175020

Filing Fees

SERFF Tracking Number: NDPL-126260637 State: Arkansas
Filing Company: Aviva Life and Annuity Company State Tracking Number: 43307
Company Tracking Number: AGENTS REPORTS 2009
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Fee Required? Yes
Fee Amount: \$80.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aviva Life and Annuity Company	\$80.00	08/24/2009	30059807

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		08/25/2009	08/25/2009

SERFF Tracking Number: NDPL-126260637 State: Arkansas
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Company Tracking Number: AGENTS REPORTS 2009
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
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Project Name/Number: /

Disposition

Disposition Date: 08/25/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NDPL-126260637 *State:* Arkansas
Filing Company: Aviva Life and Annuity Company *State Tracking Number:* 43307
Company Tracking Number: AGENTS REPORTS 2009
TOI: L08 Life - Other *Sub-TOI:* L08.000 Life - Other
Product Name: Agents Reports 2009
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Agent's Reports - For Information Only		Yes

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: na		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: na		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Agent's Reports - For Information Only		
Comments:		
Attachments:		
15658.pdf		
15897.pdf		
15898.pdf		
17145.pdf		

PRODUCER'S CERTIFICATION

I certify that:

- I saw and know the proposed insured(s) to be the person(s) described in this application;
- I reviewed the appropriate documents, and have truly and accurately recorded the information supplied by the applicant;
- I know of no condition affecting the eligibility or insurability of the applicant not fully set forth in the application;
- I have made no declaration, representation, or waiver regarding coverage or the provisions or terms of the application or policy;
- Other than policy-related information, I have given the proposed insured or owner(s) nothing of value in connection with this application or policy;
- I am licensed in the state in which this application was completed;
- I have delivered all required notices and disclosures and fully complied with all privacy and replacement regulations;
- Only company approved sales materials were used and copies of such materials were left with the client and retained in my files;
- I assume full responsibility for the delivery of the policy and the submission of the first premium.

Agency No. _____ Agency Name _____

List of all producers (please print)	Producer code#	Commission share

Signed at _____ Signed (writing producer) **X** _____ Date _____

Phone # _____ E-Mail _____ Fax # _____

Preferred mode of communication? Phone E-Mail Fax





- 1. a. Does the proposed insured have any life insurance or annuity contract(s) currently active with our company or any other company?
b. Will any annuity or life insurance presently or recently in force be replaced or changed by this policy applied for?
i. What is the primary reason for the replacement?
ii. Are you the writing producer on the current policy?
iii. When was the current policy issued?
iv. With what underwriting classification was the current policy issued?
v. What are the current/proposed annualized premiums?
vi. What are the current/proposed death benefit amounts?
vii. What are the remaining surrender charges on the current policy?
viii. Have you discussed/described the surrender charges and surrender charge period regarding the proposed policy?
ix. If values from an existing annuity contract are being used to pay premiums on the proposed policy, how has the original objective of the annuity contract changed?
x. If values from an existing annuity contract are being used to pay premiums on the proposed policy, have any tax implications been explained to the customer?
xi. 1035 Exchange (attach required forms) External Internal

- 2. a. How long have you known the proposed insured?
b. Is the proposed insured a relative of or does proposed insured have a business relationship with the producer?
c. Did the producer personally see all the persons to be covered and were answers recorded exactly as given?
d. I personally viewed all driver's licenses or other government issued photo identification documents
3. Is proposed insured(s) a U.S. citizen?
4. Was any other person present to answer questions?
5. Does proposed insured and owner speak and understand English?

6. a. If proposed insured is a minor dependent, complete for all brothers and sisters:

Table with 2 columns: Age, Sex, Amount of Life Insurance in Force. Two identical empty tables side-by-side.

b. Amount of life insurance in force on each supporting parent or legal guardian \$

7. Medical requirements arranged Paramedical Exam EKG Blood Analysis Physician's Exam Date Scheduled

Check here if the exam has already been done. Name & Phone # of vendor

- 8. If Married:
a. Spouse's name
b. Spouse's occupation
c. Amount of life insurance in force on spouse \$
d. Spouse's annual earned income \$

- 9. a. Purpose of insurance Business Personal Estate
(If multi-purpose, give percentage of face or split the amount by purpose in remarks section below.)

b. If business: Deferred Comp Buy/Sell Split Dollar Key Person Premium Financing Mortgage Financing

Business net annual income \$ Business net worth \$

Proposed insured's business life insurance in force \$ % of ownership

Business life insurance issued or applied for on other owners, officers, partners or key person(s):

Table with 4 columns: Name and Title, % of Business Owned, Insurance Company, Amount in Force. Three empty rows.



10. Additional Alternate policy: Amount \$ _____ Plan _____

11. Remarks _____

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I certify that:

- I saw and know the proposed insured(s) to be the person(s) described in this application;
- I reviewed the appropriate documents, and have truly and accurately recorded the information supplied by the applicant;
- I know of no condition affecting the eligibility or insurability of the applicant not fully set forth in the application;
- I have made no declaration, representation, or waiver regarding coverage or the provisions or terms of the application or policy;
- Other than policy-related information, I have given the proposed insured or owner(s) nothing of value in connection with this application or policy;
- I am licensed in the state in which this application was completed;
- I have delivered all required notices and disclosures and fully complied with all privacy and replacement regulations;
- Only company approved sales materials were used and copies of such materials were left with the client and retained in my files;
- I assume full responsibility for the delivery of the policy and the submission of the first premium.

Agency No. _____ Agency Name _____

List of all producers (please print)	Producer code#	Commission share

Signed at _____ Signed (writing producer) **X** _____ Date _____

Phone # _____ E-Mail _____ Fax # _____

Preferred mode of communication? Phone E-Mail Fax





1. a. Does the proposed insured have any life insurance or annuity contract(s) currently active with our company or any other company? Yes No
(If Yes, and if required by state regulation, any Replacement Comparison, Notice or Statement must accompany this application.)
- b. Will any annuity or life insurance presently or recently in force be replaced or changed by this policy applied for? Yes No
if 1b is answered "yes", please complete the following questions:
 - i. What is the primary reason for the replacement? _____
 - ii. Are you the writing producer on the current policy? Yes No
 - iii. When was the current policy issued? _____
 - iv. With what underwriting classification was the current policy issued? _____
 - v. What are the current/proposed annualized premiums? _____
 - vi. What are the current/proposed death benefit amounts? _____
 - vii. What are the remaining surrender charges on the current policy? _____
 - viii. Have you discussed/described the surrender charges and surrender charge period regarding the proposed policy? Yes No
 - ix. If values from an existing annuity contract are being used to pay premiums on the proposed policy, how has the original objective of the annuity contract changed? _____
 - x. If values from an existing annuity contract are being used to pay premiums on the proposed policy, have any tax implications been explained to the customer? Yes No
 - xi. 1035 Exchange (attach required forms) External Internal _____
2. I personally viewed all driver's licenses or other government issued photo identification documents. Yes No
3. Is proposed insured a U.S. citizen? Yes No If no, how long in U.S.? _____ Permanent resident? . . . Yes No
If not a U.S. citizen/permanent resident, type of Visa? _____
4. Does the proposed insured and owner speak and understand English? Yes No
5. Additional Alternate Amount \$ _____ Plan _____
6. Remarks _____

7. If Married:
 - a. Spouse's name _____ b. Spouse's occupation _____
 - c. Amount of life insurance in force on spouse \$ _____ d. Spouse's annual earned income \$ _____

8. a. **If proposed insured is a minor dependent, complete for all brothers and sisters:**

Age	Sex	Amount of Life Insurance in Force	Age	Sex	Amount of Life Insurance in Force

- b. Amount of life insurance in force on each supporting parent or legal guardian \$ _____
9. a. Purpose of insurance Business Personal Estate (If multi-purpose, give percentage of face or split the amount by purpose in remarks section below.)
- b. If business: Deferred Comp Buy/Sell Split Dollar Key Person Premium Financing Mortgage Financing

Business net annual income \$ _____ Business net worth \$ _____
Proposed insured's business life insurance in force \$ _____ % of ownership _____
Business life insurance issued or applied for on other owners, officers, partners or key person(s):

Name and Title	% of Business Owned	Insurance Company	Amount in Force



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List of all producers (please print)	Producer code#	Commission share

Signed at _____ Signed (writing producer) **X** _____ Date _____

Phone # _____ E-Mail _____ Fax # _____

Preferred mode of communication? Phone E-Mail Fax



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