

SERFF Tracking Number: GRAX-G126840794 State: Arkansas  
 Filing Company: Manhattan National Life Insurance Company State Tracking Number: 46940  
 Company Tracking Number: E6031910NW  
 TOI: A02I Individual Annuities- Deferred Non- Variable Sub-TOI: A02I.002 Flexible Premium  
 Product Name: Annuity Individual Fixed  
 Project Name/Number: Annuity Individual Fixed/E6031910NW

## Filing at a Glance

Company: Manhattan National Life Insurance Company

Product Name: Annuity Individual Fixed	SERFF Tr Num: GRAX-G126840794	State: Arkansas
TOI: A02I Individual Annuities- Deferred Non-Variable	SERFF Status: Closed-Approved-Closed	State Tr Num: 46940
Sub-TOI: A02I.002 Flexible Premium	Co Tr Num: E6031910NW	State Status: Approved-Closed
Filing Type: Form	Author: SPI	Reviewer(s): Linda Bird
	GreatAmericanFinancialRes	Disposition Date: 10/04/2010
	Date Submitted: 09/30/2010	Disposition Status: Approved-Closed
Implementation Date Requested:		Implementation Date:

State Filing Description:

## General Information

Project Name: Annuity Individual Fixed	Status of Filing in Domicile: Pending
Project Number: E6031910NW	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type:
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 10/04/2010	Explanation for Other Group Market Type:
	State Status Changed: 10/04/2010
Deemer Date:	Created By: SPI GreatAmericanFinancialRes
Submitted By: SPI GreatAmericanFinancialRes	Corresponding Filing Tracking Number:
Filing Description:	

Enclosed for your review and approval, please find the form referenced above. This form is a new form and does not replace any existing form, nor has it been previously submitted to your Department for preliminary review. This submission does not contain any provisions, conditions, or concepts that are uncommon, unusual or possibly controversial from the standpoint of normal company or industry standards. This form was filed in Illinois, our state of domicile, on 09/28/10.

SERFF Tracking Number: GRAX-G126840794 State: Arkansas  
 Filing Company: Manhattan National Life Insurance Company State Tracking Number: 46940  
 Company Tracking Number: E6031910NW  
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
 Variable  
 Product Name: Annuity Individual Fixed  
 Project Name/Number: Annuity Individual Fixed/E6031910NW

Form number E6031910NW modifies the annuity commencement date of the contract to be the Contract Anniversary following the contract owner's 95th birthday. It also modifies the default settlement option of the contract to be a life annuity with payments guaranteed for at least 10 years or, if fewer, the maximum number of whole years permitted under any tax qualification endorsement attached to the contract.

This endorsement will be used with all in-force Manhattan National Life Insurance Company individual annuity contracts unless the annuity contract language already reflects these defaults. It will also be added to our closed block of business for the following companies which have been merged into or assumed by Manhattan National Life Insurance Company:

Pioneer Life Insurance Company  
 Secura Life Insurance Company

## Company and Contact

### Filing Contact Information

Juli Fleming, Senior Compliance Analyst jfleming@gafri.com  
 P. O. Box 5420 513-412-0018 [Phone] 10018 [Ext]  
 Cincinnati, OH 45201-5420 513-412-1470 [FAX]

### Filing Company Information

Manhattan National Life Insurance Company CoCode: 67083 State of Domicile: Illinois  
 P.O. Box 5420 Group Code: 84 Company Type:  
 Cincinnati, OH 45201 Group Name: Great American State ID Number:  
 Financial Resources, Inc.  
 (800) 854-3649 ext. [Phone] FEIN Number: 45-0252531  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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SERFF Tracking Number: GRAX-G126840794 State: Arkansas  
Filing Company: Manhattan National Life Insurance Company State Tracking Number: 46940  
Company Tracking Number: E6031910NW  
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
Variable  
Product Name: Annuity Individual Fixed  
Project Name/Number: Annuity Individual Fixed/E6031910NW  
Manhattan National Life Insurance Company \$50.00 09/30/2010 40041381

SERFF Tracking Number: GRAX-G126840794 State: Arkansas  
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TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
Variable  
Product Name: Annuity Individual Fixed  
Project Name/Number: Annuity Individual Fixed/E6031910NW

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	10/04/2010	10/04/2010

*SERFF Tracking Number:* GRAX-G126840794      *State:* Arkansas  
*Filing Company:* Manhattan National Life Insurance Company      *State Tracking Number:* 46940  
*Company Tracking Number:* E6031910NW  
*TOI:* A021 Individual Annuities- Deferred Non-      *Sub-TOI:* A021.002 Flexible Premium  
Variable  
*Product Name:* Annuity Individual Fixed  
*Project Name/Number:* Annuity Individual Fixed/E6031910NW

## **Disposition**

Disposition Date: 10/04/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRAX-G126840794 State: Arkansas  
 Filing Company: Manhattan National Life Insurance Company State Tracking Number: 46940  
 Company Tracking Number: E6031910NW  
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
 Variable  
 Product Name: Annuity Individual Fixed  
 Project Name/Number: Annuity Individual Fixed/E6031910NW

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	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		Yes
Supporting Document	Cover Letter		Yes
Form	Default Annuity Starting Date and Payment Option Endorsement		Yes

SERFF Tracking Number: GRAX-G126840794 State: Arkansas  
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 Variable  
 Product Name: Annuity Individual Fixed  
 Project Name/Number: Annuity Individual Fixed/E6031910NW

## Form Schedule

**Lead Form Number: E6031910NW**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	E6031910NW	Policy/Contract	Default Annuity Starting Date and Payment Option Certificate: Endorsement Amendment, Insert Page, Endorsement or Rider	Initial		60.100	E6031910NW.PDF

# MANHATTAN NATIONAL LIFE INSURANCE COMPANY

Home Office: Cincinnati, Ohio  
Administrative Office: P.O. Box 5420, Cincinnati, Ohio 45201-5420

## DEFAULT ANNUITY STARTING DATE AND PAYMENT OPTION ENDORSEMENT

The annuity contract (the "Contract") is changed to add the following new provision:

### **Default Annuity Starting Date and Payment Option**

Your annuity starting date, maturity date, or retirement date ("Annuity Starting Date") is changed to the Contract anniversary following your 95th birthday. Unless we agree, you may not choose an Annuity Starting Date that is later than that date.

You may choose an earlier date as your Annuity Starting Date. Your choice must be made by Written Request that is received by us no later than the chosen date, and at least thirty (30) days before to the date of the first payment to be made under a payment option.

Annuity benefit payments shall be made in the form of a life annuity with payments guaranteed for a fixed period of ten (10) years, or if fewer, the maximum number of whole years permitted under federal tax law as applicable to the Contract. Payments shall be made in annual installments, with the payments to be made on the last day of each annual payment interval. The interest rate and life expectancies used to calculate the payments will be no less favorable to you than those guaranteed under the Contract.

In place of that, you may choose to have annuity benefit payments made in the form of any other option that is available to you under the Contract. Your choice must be made by Written Request that is received by us no later than the Annuity Starting Date, and at least thirty (30) days before the date of the first payment to be made.

We reserve the right to pay the annuity value in a lump sum in place of annuity benefit payments in cases that are below the minimum set out in the Contract.

This Endorsement is part of the Contract. It is not a separate contract. It changes the Contract only as and to the extent stated. In all cases of conflict with the other terms of the Contract, the provisions of this Endorsement shall control.

Signed for us at our office as of the date of issue.



**MARK F. MUETHING**  
SECRETARY



**CHARLES R. SCHEPER**  
PRESIDENT

SERFF Tracking Number: GRAX-G126840794 State: Arkansas  
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 Variable  
 Product Name: Annuity Individual Fixed  
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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b>		
AR - READABILITY CERTIFICATION.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		
<b>Comments:</b>		
<b>Attachments:</b>		
AR - NAIC TRANSMITTAL DOCUMENT.PDF		
AR - NAIC FORM FILING ATTACHMENT.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter		
<b>Comments:</b>		
<b>Attachment:</b>		
Cover Letter.PDF		

**STATE OF ARKANSAS**  
**READABILITY CERTIFICATION**

**COMPANY NAME:** Manhattan National 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
E6031910NW	60.1

Signed:   
Name: John P Gruber  
Title: Vice President  
Date: 09/30/10

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
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<b>2.</b>	<b>Department Use Only</b>	
	<b>State Tracking ID</b>	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
Manhattan National Life Insurance Company P.O. Box 5420 Cincinnati OH 45201	IL		084	67083	45-0252531	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Juli K. Fleming P. O. Box 5420 Cincinnati OH 45201-5420	800-854-3649 Ext. 10018	513-412-1470	jffleming@gafri.com

<b>5. Requested Filing Mode</b>	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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<b>6. Company Tracking Number</b>	E6031910NW
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<b>7. <input checked="" type="checkbox"/> New Submission</b>	<input type="checkbox"/> Resubmission	Previous file # _____
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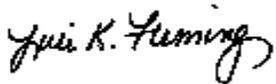
<b>8. Market</b>	Group	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise
		<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

<b>9. Type of Insurance</b>	A02I Individual Annuities- Deferred Non-Variable
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<b>10. Product Coding Matrix Filing Code</b>	A02I.002 Flexible Premium
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<b>11. Submitted Documents</b>	<input checked="" type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____  <input type="checkbox"/> <b>RATES</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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12.	<b>Filing Submission Date</b>	09/30/10
13.	<b>Filing Fee (If required)</b>	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	<b>Date of Domiciliary Approval</b>	pending
15.	<b>Filing Description:</b>	
<p>Enclosed for your review and approval, please find the form referenced above. This form is a new form and does not replace any existing form, nor has it been previously submitted to your Department for preliminary review. This submission does not contain any provisions, conditions, or concepts that are uncommon, unusual or possibly controversial from the standpoint of normal company or industry standards. This form was filed in Illinois, our state of domicile, on 09/28/10.</p> <p>Form number E6031910NW modifies the annuity commencement date of the contract to be the Contract Anniversary following the contract owner's 95th birthday. It also modifies the default settlement option of the contract to be a life annuity with payments guaranteed for at least 10 years or, if fewer, the maximum number of whole years permitted under any tax qualification endorsement attached to the contract.</p> <p>This endorsement will be used with all in-force Manhattan National Life Insurance Company individual annuity contracts unless the annuity contract language already reflects these defaults. It will also be added to our closed block of business for the following companies which have been merged into or assumed by Manhattan National Life Insurance Company:</p> <p>Pioneer Life Insurance Company Secura Life Insurance Company</p>		

16.	<b>Certification (If required)</b>	
<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>		
<p>Print Name <u>Juli K. Fleming</u> Title <u>Senior Compliance Analyst</u></p>		
<p>Signature <u></u> Date <u>09/30/10</u></p>		

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>	E6031910NW	
<b>This filing corresponds to rate filing company tracking number</b>		

	<b>Document Name</b>	<b>Form Number</b>		<b>Replaced Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	Default Annuity Starting Date and Payment Option Endorsement	E6031910NW	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
02			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
03			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
04			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
05			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
06			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
07			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
08			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
09			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
10			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
11			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	

# MANHATTAN NATIONAL LIFE INSURANCE COMPANY

Home Office: Cincinnati, Ohio  
Administrative Office: P.O. Box 5420, Cincinnati, Ohio 45201-5420

September 30, 2010

NAIC No. 084-67083  
FEIN No. 45-0252531

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

RE: Request For Approval - Manhattan National Life Insurance Company  
E6031910NW Default Annuity Starting Date and Payment Option Endorsement

Dear Insurance Commissioner Bradford:

Enclosed for your review and approval, please find the form referenced above. This form is a new form and does not replace any existing form, nor has it been previously submitted to your Department for preliminary review. This submission does not contain any provisions, conditions, or concepts that are uncommon, unusual or possibly controversial from the standpoint of normal company or industry standards. This form was filed in Illinois, our state of domicile, on 09/28/10.

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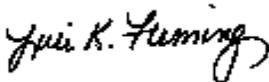
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Pioneer Life Insurance Company  
Secura Life Insurance Company

With this information, I look forward to receiving a favorable response to this filing.

If you have any questions or require additional information regarding this submission, please feel free to contact me at either of the phone numbers indicated below or via e-mail at [jfleming@gafri.com](mailto:jfleming@gafri.com).

Sincerely,



Juli K. Fleming  
Senior Compliance Analyst

**JULI K. FLEMING , SENIOR COMPLIANCE ANALYST**  
**(800) 854-3649 (TOLL FREE - EXT. 10018)**  
**(513) 412-0018 (DIRECT DIAL) \* (513) 412-1470 FAX**