

SERFF Tracking Number:	OXFR-126839113	State:	Arkansas
Filing Company:	Oxford Life Insurance Company	State Tracking Number:	46928
Company Tracking Number:			
TOI:	A05I Individual Annuities- Immediate Non-Variable	Sub-TOI:	A05I.000 Annuities - Immediate Non-variable
Product Name:	SPITA500-OLIC		
Project Name/Number:	/		

Filing at a Glance

Company: Oxford Life Insurance Company

Product Name: SPITA500-OLIC

SERFF Tr Num: OXFR-126839113 State: Arkansas

TOI: A05I Individual Annuities- Immediate Non-Variable

SERFF Status: Closed-Approved- Closed State Tr Num: 46928

Sub-TOI: A05I.000 Annuities - Immediate Non-variable

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Author: Liza Perry

Reviewer(s): Linda Bird

Date Submitted: 09/29/2010

Disposition Date: 10/08/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

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: 10/08/2010

Explanation for Other Group Market Type:

State Status Changed: 10/08/2010

Deemer Date:

Created By: Liza Perry

Submitted By: Liza Perry

Corresponding Filing Tracking Number:

Filing Description:

The attached forms, Form Nos. SPITA500 and EWT-OLIC, are being submitted to you for your review and approval. This is a new form filing; no part of this filing contains any unusual or possibly controversial items from normal company or industry standards. The attached documents are the final and printed versions.

The Contract is a Single Premium Immediate Temporary Annuity contract. The Contract will be marketed through independent agents without an illustration. The target market is issue ages 60-80.

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I certify that I have performed the Flesch readability test on these forms, and that the following forms, Form Nos. SPITA500 and EWT-OLIC, combined, achieved a minimum Flesch Reading Ease Score of 50.

It is anticipated that the above-referenced forms will be sold and used in conjunction with Form No. LP100, a limited premium whole life policy, which has been filed for review and approval.

Application Form No. EWT-OLIC will also be used with Form No. LP100.

Please let me know if you have any questions. I can be reached at (602) 263-6666, Extension 670131, or via email at lizaperry@oxfordlife.com. Thank you.

Company and Contact

Filing Contact Information

Liza Perry, Regulatory Compliance Analyst LizaPerry@Oxfordlife.com
 2721 N. Central Ave. 602-263-6666 [Phone] 670131
 [Ext]

Phoenix, AZ 85004

Filing Company Information

Oxford Life Insurance Company CoCode: 76112 State of Domicile: Arizona
 2721 N. Central Avenue Group Code: Company Type:
 Phoenix, AZ 85004-1172 Group Name: State ID Number:
 (888) 757-3732 ext. [Phone] FEIN Number: 86-0216483

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Oxford Life Insurance Company	\$0.00	09/29/2010	
Oxford Life Insurance Company	\$100.00	09/30/2010	40062208

SERFF Tracking Number: OXFR-126839113 State: Arkansas
 Filing Company: Oxford Life Insurance Company State Tracking Number: 46928
 Company Tracking Number:
 TOI: A051 Individual Annuities- Immediate Non- Sub-TOI: A051.000 Annuities - Immediate Non-variable
 Variable
 Product Name: SPITA500-OLIC
 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	10/08/2010	10/08/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	10/07/2010	10/07/2010	Liza Perry	10/07/2010	10/07/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fee	Note To Reviewer	Liza Perry	09/30/2010	09/30/2010

SERFF Tracking Number: OXFR-126839113 State: Arkansas
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TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable
Variable
Product Name: SPITA500-OLIC
Project Name/Number: /

Disposition

Disposition Date: 10/08/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: OXFR-126839113 State: Arkansas
 Filing Company: Oxford Life Insurance Company State Tracking Number: 46928
 Company Tracking Number:
 TOI: A051 Individual Annuities- Immediate Non- Variable Sub-TOI: A051.000 Annuities - Immediate Non-variable
 Product Name: SPITA500-OLIC
 Project Name/Number: /

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	Redlined Version		Yes
Form (revised)	Single Premium Immediate Temporary Annuity		Yes
Form	Single Premium Immediate Temporary Annuity	Replaced	Yes
Form	Single Premium Immediate Temporary Annuity and Life Insurance Application		Yes

SERFF Tracking Number: OXFR-126839113 State: Arkansas
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TOI: A05I Individual Annuities- Immediate Non- Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable
Product Name: SPITA500-OLIC
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/07/2010
Submitted Date 10/07/2010
Respond By Date 11/08/2010

Dear Liza Perry,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Please refer to policy General Provisions under the Arbitration provision. The provision is in violation of Arkansas law and regulation in reference to arbitration. Please review Ark. Code Ann. 23-79-203 and Bulletin 19-89 as to arbitration. Arkansas will only allow voluntary post dispute non-binding arbitration.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: OXFR-126839113 State: Arkansas
 Filing Company: Oxford Life Insurance Company State Tracking Number: 46928
 Company Tracking Number:
 TOI: A051 Individual Annuities- Immediate Non- Variable Sub-TOI: A051.000 Annuities - Immediate Non-variable
 Product Name: SPITA500-OLIC
 Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 10/07/2010
 Submitted Date 10/07/2010

Dear Linda Bird,

Comments:

Dear Ms. Bird,

In accordance with your correspondence dated October 7, 2010, attached policy Form No. LP100 has been revised as follows:

Response 1

Comments: The arbitration provision on page 4 has been removed.

A redlined version is attached for your reference.

Related Objection 1

Comment:

Please refer to policy General Provisions under the Arbitration provision. The provision is in violation of Arkansas law and regulation in reference to arbitration. Please review Ark. Code Ann. 23-79-203 and Bulletin 19-89 as to arbitration. Arkansas will only allow voluntary post dispute non-binding arbitration.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Redlined Version

Comment: A redlined version of the policy form is attached for your reference.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Single Premium Immediate Temporary	SPITA500 AR		Policy/Contract/Fraternal Certificate	Initial		50.000	SPITA500 AR

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Project Name/Number: /

Note To Reviewer

Created By:

Liza Perry on 09/30/2010 04:50 PM

Last Edited By:

Linda Bird

Submitted On:

10/06/2010 03:39 PM

Subject:

Filing Fee

Comments:

I have remitted the \$100 form filing fee (\$50 for each form). My apologies; it was my understanding that Arkansas' fees were retaliatory and Arizona, Oxford Life Insurance Company's state of domicile, does not require this form to be submitted for approval.

Please let me know if you have any questions. I can be reached at (602) 263-6666, Extension 670131, or via email at lizaperry@oxfordlife.com. Thank you for your assistance with this matter.

Liza Perry
Regulatory Compliance Analyst
Oxford Life Insurance Company

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 Product Name: SPITA500-OLIC
 Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	SPITA500AR	Policy/Contract/Fraternal Temporary Annuity Certificate	Initial		50.000	SPITA500AR100710.pdf
	EWT-OLIC	Application/Single Premium Enrollment Form Temporary Annuity and Life Insurance Application	Initial		50.000	EWT-OLIC Rev9-16-10.pdf



2721 North Central Avenue, Phoenix, Arizona 85004-1172
(866) 641-9999

SINGLE PREMIUM IMMEDIATE TEMPORARY ANNUITY

OXFORD LIFE INSURANCE COMPANY, a stock life insurance company, will provide the benefits described in this Policy in consideration of the payment of a Single Premium.

This Policy is a legal contract between You and Us. *Upon written request, We are required to provide within a reasonable period of time reasonable factual information regarding the benefits and provisions of this Policy.* To obtain any additional information or to make further inquiries regarding this Policy, You may call Our toll-free number, 866-641-9999, write to Us at the address shown above or visit Our website at www.oxfordlife.com.

**NOTICE OF THIRTY DAY RIGHT TO EXAMINE
– RIGHT TO CANCEL –**

YOU HAVE PURCHASED AN ANNUITY POLICY. PLEASE READ IT CAREFULLY. THIS POLICY INCLUDES THE PROVISIONS BOTH ON THE PAGES WITHIN AND ON ANY AMENDMENTS, RIDERS OR ENDORSEMENTS THAT ARE ATTACHED.

IF, FOR ANY REASON, YOU ARE NOT SATISFIED WITH THIS POLICY, YOU MAY RETURN IT TO US AT OUR ADDRESS SHOWN ABOVE OR TO ANY PRODUCER OF OURS WITHIN THIRTY DAYS FROM THE DATE YOU RECEIVED IT FOR A FULL PREMIUM REFUND. IF WE DO NOT MAKE THE REFUND WITHIN TEN DAYS OF THE DATE WE RECEIVE THE POLICY, WE SHALL PAY INTEREST AS REQUIRED BY THE STATE IN WHICH THIS POLICY IS DELIVERED.

Signed for the Oxford Life Insurance Company at Phoenix, Arizona.

President

Secretary

**SINGLE PREMIUM IMMEDIATE TEMPORARY ANNUITY
NO BENEFITS UPON DEATH OF ANNUITANT
NO ANNUAL DIVIDENDS
NON-PARTICIPATING**

POLICY DATA PAGE

Plan Name:	Single Premium Immediate Temporary Annuity	Policy Number:	[AFX12345678]
Owner:	[John Doe]	Annuitant:	[John Doe]
Owner's Date of Birth:	[7/1/1945]	Annuitant's Date of Birth:	[7/1/1945]
Owner's Gender:	[Male]	Annuitant's Gender:	[Male]
Owner's Age:	[65]	Annuitant's Age:	[65]
Policy Date:	[7/1/2011]	Risk Class:	[Non-Tobacco]
Single Premium:	[\$20,000.00]		

Payment Schedule				
Payee	Annuity Payment	Commencement Date	Ending Date	Payment Frequency
[Jane Doe]	[\$500.00]	[07/01/2011]	[7/2/2020 or upon Annuitant's death if earlier]	[Annually]

[State Department of Insurance 1-888-XXX-XXXX]

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Policy Data Page 2

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Annuity Provisions 5

Death Provisions 5

DEFINITIONS

Age – Age on last birthday.

Annuitant – The person on the Policy Data Page on whose life the payments are based. The Annuitant may not be changed after this Policy has been issued.

Home Office – The Home Office of Oxford Life Insurance Company is 2721 N. Central Ave., Phoenix, AZ 85004-1172.

Internal Revenue Code – The Internal Revenue Code, as amended, and the tax rules and regulations issued thereunder.

Natural Person – A human being.

Owner, You and Your – The person or entity on the Policy Data Page who possesses all rights and privileges under this Policy. The Owner may be changed according to the Change of Owner provision. If the Owner is not a Natural Person, it must have a taxpayer identification number.

Parties – Owner, Annuitant, Payee, claimant or heirs and Oxford Life Insurance Company.

Payee – The person or entity designated by the Owner to receive annuity payments.

Policy Anniversary – The same day and month as the Policy Date in each year subsequent to the Policy Date. The first policy year begins on the Policy Date.

Policy Date – The date this Policy was issued and the annuity commenced. It is shown on the Policy Data Page.

Single Premium – The money You pay to Us for this Policy and the benefits it provides. The Single Premium is deposited on the Policy Date.

We, Us and Our – Oxford Life Insurance Company.

Written Request – Instructions received by Us at Our Home Office, in writing, using a form provided by Us. A Written Request must be signed and dated by all Owners and assignees. We reserve the right to reject any Written Requests that are incomplete or unclear.

GENERAL PROVISIONS

Assignment – No assignment of this Policy shall be binding on Us unless it is a Written Request that has been recorded at Our Home Office. Any assignment will be subject to any prior assignment of record. We will not assume any responsibility for the validity or sufficiency of an assignment. Any claim under an assignment shall be subject to proof of the assignee's interest. Unless otherwise specified by the Owner, the assignment shall take effect on the date the notice of assignment is signed, subject to any payments made or actions taken by Us prior to receipt of this notice.

Basis of Computations – A detailed statement of the method of determining reserves and values under this Policy has been filed with the insurance supervisory official of the jurisdiction in which the Policy is delivered.

Change of Law – We may amend this Policy to comply with any changes in law governing benefits or taxation of benefits under it.

Change of Owner – Subject to the prior written consent of any assignee, to the extent permitted by law, You may make Written Requests to change the Owner. We will not be bound by any change unless it is recorded at Our Home Office. Unless otherwise specified by the Owner, the change of Owner shall take effect on the date the notice of assignment is signed, subject to any payments made or actions taken by Us prior to receipt of this notice.

Currency – All financial transactions under this Policy are to be made in United States dollars.

Entire Policy – This Policy is issued in consideration of the application and payment of the Single Premium. This Policy, the application, a copy of which is attached, and any attached amendments, endorsements and riders make the Entire Policy. All statements made by the applicant for the issuance of the Policy will, in the absence of fraud, be deemed representations and not warranties.

Incontestability – This Policy is not contestable.

Jurisdiction – This Policy is subject to the laws of the jurisdiction in which it is delivered. If any provision of this Policy is contrary to any law to which it is subject, such provision is amended to the minimum requirements of such law.

Misstatement of Age, Gender or Tobacco – If the Age, Gender or Tobacco status of the Annuitant has been misstated, all amounts payable under this Policy shall be those which would be due if the correct Age, Gender or Tobacco status had been stated. Any underpayment shall be paid immediately. Any overpayment shall be charged as rapidly as possible against future payments with interest charged at the rate of 6% per annum.

Notices and Directions – We will not be bound by any authorization, direction, election or notice that is not made by Written Request. No Written Request will be binding on Us unless it has been recorded at Our Home Office. All Written notices required of Us by this Policy shall be presumed made on the date of mailing to the last known address of the Owner as shown on Our records.

Policy Changes – Only Our President and Secretary have the authority to make changes to this Policy. No other person has the authority to make any change to this Policy. Any such change must be made in writing. Unless You object in writing, We will change this Policy, as necessary, to permit it to be treated as an annuity policy under any applicable federal or state law, rule or regulation.

Premium Tax – Some state and local governments tax annuity premiums. Such taxes, if any, will be levied at the time We receive the Single Premium.

Proof of Age and Gender – We may require proof of any Annuitant's Age and gender, including a copy of the Birth Certificate and/or a copy of the state identification of such Annuitant, prior to issue.

Proof of Survival – We may require proof that the Annuitant is alive at the time each annuity payment is due, including a sworn, notarized affidavit from the Annuitant.

ANNUITY PROVISIONS

Date Annuity Payments Start – The first annuity payment provided by this Policy will be payable on the Commencement Date shown on the Policy Data Page.

Annuity Payments – Payments will be made based on the Net Premium and Payment Frequency You selected. At issue of the annuity, the payment schedule for this Policy is shown on the Policy Data Page.

Date Annuity Payments End – The last payment provided by this Policy will be payable on the Ending Date shown on the Policy Data Page. The last payment will complete Our obligations under this Policy.

DEATH PROVISION

Upon the death of the Annuitant, this policy will terminate and no further benefits will be paid.

Notification of Death – Upon the death of the Annuitant, We must receive proof of the Annuitant's death. A certified copy of the final death certificate issued by the state Office of Vital Records and Statistics is sufficient proof of death. We may accept alternative proof at our sole discretion.

Death of Owner – If the Owner is a Natural Person and dies, ownership will pass to the Owner's estate. The remaining portion of this Policy will be distributed at least as rapidly as under the method of distribution being used as of the date of the Owner's death.



2721 North Central Avenue, Phoenix, Arizona 85004-1172
(866) 641-9999

**SINGLE PREMIUM IMMEDIATE TEMPORARY ANNUITY
NO BENEFITS UPON DEATH OF ANNUITANT
NO ANNUAL DIVIDENDS
NON-PARTICIPATING**

OXFORD[®]
LIFE INSURANCE COMPANY

2721 NORTH CENTRAL AVENUE
PHOENIX, AZ 85004



**SINGLE PREMIUM IMMEDIATE
TEMPORARY ANNUITY
AND LIFE INSURANCE
APPLICATION**

CONTENTS:

APPLICATION

HIPAA AUTHORIZATION RELEASE OF HEALTH RELATED INFORMATION

CONDITIONAL RECEIPT

PRIVACY NOTICE

FAIR CREDIT REPORTING ACT NOTICE

MEDICAL INFORMATION BUREAU (MIB) PRE-NOTICE

STRANGER OWNED LIFE INSURANCE (STOLI) NOTICE



Printed with soy ink on recycled paper.
Thanks for recycling.



TELEPHONE INTERVIEW 1-888-801-5123

Section A — Personal Information

PROPOSED INSURED is also the ANNUITANT

SINGLE PREMIUM IMMEDIATE TEMPORARY ANNUITY AND LIFE INSURANCE APPLICATION

Name (First, MI, Last)

Address, City, State, Zip Code

SSN, Tax I.D.# or Green Card Number	Gender	Date of Birth	Birth State	Phone Number ()
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Email Address

U.S. Citizen Yes No
If no, are you a Permanent U.S. Resident Yes No

OWNER (If other than Proposed Insured)

Owner's Name (First, MI, Last)	Owner's Address, City, State, Zip Code
--------------------------------	--

Owner's SSN, Tax I.D.# or Green Card Number	Relationship	Phone Number ()
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Does the Proposed Insured and/or Owner, have any existing life insurance or annuity coverage? Yes No
Are any of these policies being purchased to replace any existing life insurance or annuity coverage? Yes No If Yes, please list:

Company	Policy No.	Address, City, State, Zip Code
---------	------------	--------------------------------

Has the Owner, Proposed Insured or Beneficiary entered into or made plans to enter into any agreement or contract to sell or assign the ownership of, or a beneficial interest in this policy? Yes No If yes, no coverage will be issued.

Section B — Policy Information

■ SINGLE PREMIUM IMMEDIATE TEMPORARY ANNUITY

ANNUITY PAYOUT SCHEDULES	Ages 60-75: The earlier of [10] Years or Life Ages 76-80: The earlier of [7] Years or Life	ESTIMATED ANNUITY PREMIUM AMOUNT \$ _____
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ANNUITY TAX STATUS Roth IRA Non-Qualified IRA Other _____

Annuity Payout Payee: [Oxford Life Insurance Company] **ESTIMATED START DATE:** _____

Notice of Tax Withholding and Election: I understand that all or a portion of each annual payment from my Single Premium Immediate Temporary Annuity (SPITA) may be considered taxable income, depending on whether the source of funds is qualified or non-qualified. I acknowledge that I am responsible for payments of income taxes on the portion of my annuity distribution. I understand that I may be subject to tax penalties if my payments of tax and withholding are not adequate.

I understand that if I elect tax withholding from each SPITA payout, that will decrease the SPITA payout amount and may decrease my life insurance death benefit. I understand that I will be billed for any additional premium due on the life insurance policy. If the entire annual premium is not paid, my policy may lapse. If I do not complete the election below, the Company is required to withhold federal and/or state income tax on the annuity distributions.

_____ Owner's Initials

I elect **not** to withhold any income tax from the annuity payments. Withhold income tax from the annuity payments.
Federal: 10% 15% 20%

Section B — Policy Information continued			
■ LIMITED PREMIUM WHOLE LIFE INSURANCE			
ESTIMATED FACE AMOUNT \$ _____			
BENEFICIARY — Limited Premium Whole Life Insurance			
Primary	Address, City, State, Zip Code	SSN	%
Primary	Address, City, State, Zip Code	SSN	%
Contingent	Address, City, State, Zip Code	SSN	%
Contingent	Address, City, State, Zip Code	SSN	%

Section C — If any question in Section C is answered "Yes", or if height and weight exceeds the maximum range, NO COVERAGE CAN BE ISSUED.	ANSWER FOR PROPOSED INSURED	
1. What is your height and weight?	H _____	W _____
2. Have you had, or been medically advised to have, an organ transplant, or have you been medically diagnosed as having a terminal illness or life expectancy of 12 months or less, or have you been diagnosed, treated (including dialysis) or taken medication for chronic kidney disease or kidney (renal) insufficiency or kidney or liver failure or do you have paralysis of two or more extremities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or any immune deficiency related disorder or tested positive for the Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you currently: hospitalized, confined to a bed or nursing facility, or using oxygen equipment to assist in breathing, or receiving Hospice Care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you been treated for insulin shock, diabetic coma, or ever taken insulin shots prior to the age of 50 or were you diagnosed with Diabetes prior to age 30?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever been medically diagnosed, treated, or taken medication for: congestive heart failure (CHF), cardiomyopathy, Alzheimer's, dementia, organic brain syndrome, schizophrenia, bipolar disorder, mental incapacity, Lou Gehrig's disease (ALS), or Huntington's disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Within the past 24 months, have you been confined more than twice to a hospital, nursing facility, convalescent care facility, assisted living facility, mental facility or Hospice Care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Within the past 24 months have you been diagnosed with internal cancer or melanoma, leukemia, lymphoma, stroke, transient ischemic attack (TIA) or have you had an amputation caused by any disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you had more than one occurrence or any metastasis of any cancer in your lifetime (excluding basal or squamous cell skin cancer), or are you currently being treated for cancer or recurrence of cancer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Within the past 24 months have you:		
a. been medically diagnosed, treated or taken medication for: angina, chronic hepatitis, cystic fibrosis, Pulmonary Fibrosis, chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, respiratory failure or required oxygen equipment to assist in breathing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. been diagnosed as having, been treated for or hospitalized for: heart attack, heart disease, heart or circulatory surgery (including pacemaker, by-pass, heart valve replacement, angioplasty or stent implant), uncontrolled high blood pressure or any procedure to improve circulation to the heart or brain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. had Hodgkin's Disease, cirrhosis, liver disease, or systemic lupus (SLE)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. had any neuromuscular disease (including cerebral palsy, multiple sclerosis, grand mal seizures, or Parkinson's disease)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Within the past 10 years, have you been convicted of a felony or are you currently on parole or on probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Within the last 5 years have you been treated for, been advised to have treatment for, or excessively used, alcohol or any drugs of abuse, or have you been convicted of operating a vehicle while impaired or under the influence of alcohol or any drugs, or had your driver's license suspended or revoked, or attempted suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Have you been declined or postponed for life or health insurance in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Do you have any impairment, whether physical or mental, for which you need or receive assistance or supervision in performing normal activities of daily living such as dressing, eating, bathing, incontinence, toileting, taking medications, or moving without any type of physical assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section D – If any question in Section D is answered "Yes", it may not necessarily exclude coverage.		
15. Are you taking medication for any impairment in Section C?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Have you used any nicotine based products in the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Have you applied for life insurance with any other insurance companies in the last two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Proposed Insured's driver's license number _____ State _____	<input type="checkbox"/> None	

Section E — Statements and Authorizations

PROPOSED INSURED'S STATEMENT (or Owner if legal representative)

I have read and understood the Application. I am not currently taking and I am not under the influence of any medications or drugs that would affect my ability to fully understand and to fully and accurately complete this Application. The representations in Sections A, B, C, D and E are true. I agree the policies shall not be in effect until they have been issued by Oxford Life Insurance Company ("the Company") and the premium is paid during my lifetime. I understand that the Producer has no authority to approve the Application, change the policies, or waive any policy provisions. I understand no insurance will be effective until the date stated in the policies and all eligibility requirements are met. The purpose of this Application is not to sell or assign it to any type of viatical settlement, senior settlement or life settlement company.

Proposed Insured's Initials _____

MEDICAL AUTHORIZATION

I authorize any physician, medical practitioner, hospital, medical care facility, the Veteran's Administration, insurance company, the Medical Information Bureau (MIB), pharmacy, pharmacy benefit manager, insurance laboratories, my employer or consumer reporting agency, to give Oxford Life Insurance Company or its reinsurers any information they have about my health, including confidential HIV-related information. I acknowledge receipt of the Medical Information Bureau Pre-Notice on page 7. I agree that a copy of this authorization is as valid as the original and I can obtain a copy on request. This authorization is valid for use in underwriting risk selection purposes only and is valid for 36 months, except for HIV-related information, which is only valid for 180 days from the date below.

WARNING

FRAUD NOTICE

Any person who knowingly submits a false statement in an Application or files a claim containing false or deceptive statements may be guilty of insurance fraud and subject to penalties under state law.

I have read, understand, and acknowledge the Fraud Notice. _____
Proposed Insured's Initials Owner's Initials

MISREPRESENTATION NOTICE

If your answers to the questions in the application are incorrect or untrue, Oxford Life Insurance Company may deny coverage by voiding or canceling your policy and returning your premium payments to you or your estate. Be aware that voiding or canceling your policy may have an adverse impact to your intended beneficiary (ies).

I have read, understand, and acknowledge the Misrepresentation Notice. I agree that the information on this application will be relied on to determine insurability and that incorrect or untrue information may result in coverage being voided, subject to the Incontestability provision in the policy. _____
Proposed Insured's Initials Owner's Initials

Proposed Insured's Signature _____ Owner's Signature _____ Date _____

Section F — Producer Only

PRODUCER'S STATEMENT

To the best of my knowledge and belief the Proposed Insured and/or Owner does does not have any existing life insurance or annuity coverage and the life insurance applied for will will not replace any existing life insurance or annuity coverage. I certify that I have verified the personal information of the Applicant by viewing a state issued driver's license, state issued I.D. card, military I.D. card, Permanent U.S. Resident (Green Card), passport or other government issued picture I.D. card. I further certify that any information recorded by me on this Application is true and accurate to the best of my knowledge and that the Proposed Insured and Owner appeared to me to be lucid and to fully understand all of the questions on this Application. I certify to the best of my knowledge that the Owner or Proposed Insured is not being paid cash or promised services as an inducement to enter into this insurance transaction and to my knowledge, this insurance transaction will not be sold or assigned for any type of senior settlement, life settlement or any other secondary market.

Writing Producer's Signature _____ Producer's Printed Name / Producer's Number _____ Date _____

PRODUCER USE ONLY IF REQUESTING COMMISSION SPLITS

_____	_____ / _____ %
Producer's Printed Name	Producer's Number Split
_____	_____ / _____ %
Producer's Printed Name	Producer's Number Split

MAIL POLICY TO: Owner Producer

This authorization complies with the HIPAA Privacy Rule

HIPAA Authorization
for Release of Health
Related Information

Name(s) of Primary Proposed Insured/Patient

Date of Birth

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I authorize any health plan; physician; health care professional; hospital; clinic; laboratory; pharmacy, pharmacy benefit manager; medical facility; insurance company; insurance support organization (such as MIB Group, Inc. or any of its members or affiliates); or other health care provider that has provided payment, treatment or services to me or on my behalf (collectively, "My Providers") to disclose the entire medical record and any other protected health information concerning me to the company referenced on this authorization ("the Company") and their Producers; employees; and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol; drugs; and tobacco, but excludes psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct My Providers to release and disclose the entire medical record without restriction.

This protected health information can be disclosed under the authorization at my request, as permitted by § 164.508 of the privacy regulations issued pursuant to the Health Insurance Portability and Accountability Act ("HIPAA Privacy Rule").

This authorization will remain in force for 36 months following the date of my signature below, regardless of my condition and whether living or deceased, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to the Company (**Attention: Policyholder Service Department, 2721 North Central Avenue, Phoenix, AZ 85004**). I understand that a revocation is not effective to the extent that any of My Providers has relied on this Authorization or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal regulations governing privacy and confidentiality of health information (such as the HIPAA Privacy Rule). However, the Company will protect the privacy of health information in accordance with other applicable state and/or federal privacy laws and its own privacy policies.

I understand that My Providers may not refuse to provide treatment or payment for health care services because I refuse to sign this authorization. I further understand that if I refuse to sign this authorization to release my complete medical record the Company may not be able to process my Application; or if coverage has been issued, may not be able to make any benefit payments. I acknowledge that I have received a copy of this authorization.

Signature of Primary Proposed Insured/Personal Representative

Date

If signed by an individual's Personal Representative, describe authority to sign on behalf of the individual:

Power of Attorney Other (please describe): _____

CONDITIONAL RECEIPT

PLEASE READ THIS CAREFULLY. This Conditional Receipt will not become effective unless each of the following conditions are met:

- 1) The premium is paid according to the method of premium payment selected in the application in an amount equal to or greater than the minimum required by the Policy;
- 2) All underwriting and application requirements are completed no more than 45 days after the date of this Receipt;
- 3) There is no material misrepresentation in the Application, telephone or other interviews, or medical information provided to the Company and
- 4) On the effective date, the Proposed Insured is insurable for the insurance requested in the Application.

If all requirements are not met, or the person(s) to be insured dies by suicide, the liability of the Company is limited to a full refund to the Owner of all premiums received by the Company.

In the event of an adverse underwriting decision, the Company will mail notice to the Owner of the rejection of the Application for insurance and refund the premium, thereby terminating this Receipt. This Receipt provides no insurance for riders or additional benefits.

All checks must be made payable to Oxford Life Insurance Company. Do not make checks payable to the Producer or leave payee blank.

The Company's liability is limited to a refund of the premium paid.

I have advised the Proposed Insured and Owner of the terms, conditions, and limitations of this Conditional Receipt. If the premium is received by check, I have received from _____ a check in the amount of \$_____. The Application bears the same date as this Receipt. I acknowledge that no producer or broker is authorized to alter or waive the terms of this Receipt, or pass on insurability.

Dated at (City & State)

On (Date)

Producer's Signature

LEAVE THIS PAGE WITH OWNER IF PAYMENT IS MADE WITH APPLICATION.

PRIVACY NOTICE

Your privacy is protected. Oxford Life Insurance Company (We, Us, Our), like other insurance companies, sometimes evaluates the medical history and other personal information about Applicants to determine their eligibility for certain policies. (Personal information includes information such as age, occupation, physical condition, health history, habits, general reputation, credit and career.) We also use this information to administer Your insurance coverage after it is in force.

We rely heavily on information provided by You. We may also supplement this information from other sources, such as medical professionals or institutions that have treated You or family members covered under Your policy; insurance support organizations; other insurance companies to which You have applied; and employers.

Any information You give Us regarding Your insurability and any information received from other sources will be treated as strictly confidential. In some situations, and in compliance with applicable law, We may disclose necessary items of information to third parties, who may retain a copy and disclose the information to others for whom they perform such services, without Your specific authorization. Unless You request otherwise, Your name, address, date of birth and phone number may be used by Us or Our affiliates to inform you of other insurance products or services which are available. We may also disclose this information to: (1) an organization performing administrative, business or professional services for Us; (2) other insurance companies to which You apply; and (3) your physician or medical professional.

You have the right to be told about and to copy, if you wish, items of personal information that appear in Our files. You also have the right to seek correction of information you believe to be inaccurate.

THE ABOVE IS A GENERAL DESCRIPTION OF OUR PRIVACY PRACTICES. IF YOU WOULD LIKE A MORE DETAILED EXPLANATION OF OUR PRACTICES AND THE CIRCUMSTANCES UNDER WHICH WE MAY USE OR DISCLOSE INFORMATION, PLEASE WRITE TO OUR PRIVACY OFFICER AT OXFORD LIFE INSURANCE COMPANY, 2721 NORTH CENTRAL AVENUE, PHOENIX, AZ 85004-1172, OR VISIT WWW.OXFORDLIFE.COM.

FAIR CREDIT REPORTING ACT NOTICE

With regard to Your Application, We may have requested an investigative consumer report. These reports contain information about Your character, general reputation, mode of living and health except as may be related directly or indirectly to Your sexual orientation. The information may have been obtained through interviews with You, Your neighbors, friends and others who know You. Upon request, We will give You the name and address of the consumer reporting firm so that You may request a copy of the report.

MIB PRE-NOTICE – Proposed Insured

Information regarding Your insurability will be treated as confidential. Oxford Life Insurance Company, or its reinsurers, may, however, make a brief report thereon to the Medical Information Bureau (MIB), a not-for-profit membership organization of insurance companies, that operates an information exchange on behalf of its members. If You apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the MIB, upon request, will supply Oxford Life Insurance Company with the information in its file.

Upon receipt of a request from You, the MIB will arrange disclosure of any information it may have in Your file. Please contact MIB at 866-692-6901 (TTY: 866-346-3642). If You question the accuracy of information in the MIB's file, you may contact the MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is: 50 Braintree Hill, Suite 400, Braintree, Massachusetts 02184-8734.

Oxford Life Insurance Company, or its reinsurers, may also release information in its file to MIB and to other life or health insurance companies to whom You may apply for life or health insurance, or to whom a claim for benefits may be submitted.

STRANGER OWNED LIFE INSURANCE (STOLI) NOTICE

State insurance law may prohibit the owner of a life insurance policy from entering into any agreement to sell, transfer or assign a life insurance policy prior to the date the policy was issued, or within a period of time specified by state law after the date the policy was issued. You should consult with legal advisors if you have any questions about these matters.

LEAVE THIS PAGE WITH OWNER

For Use With Life Insurance Applications

SERFF Tracking Number: OXFR-126839113 State: Arkansas
Filing Company: Oxford Life Insurance Company State Tracking Number: 46928
Company Tracking Number:
TOI: A05I Individual Annuities- Immediate Non- Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable
Product Name: SPITA500-OLIC
Project Name/Number: /

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

The applicable guaranty association and consumer information notices will be provided at policy issue.

Flesch Certification is attached.

Attachment:

SPITA500 EWT-OLIC Readability Certification.pdf

Item Status: **Status Date:**

Satisfied - Item: Redlined Version

Comments:

A redlined version of the policy form is attached for your reference.

Attachment:

SPITA500AR Redline 100710.pdf

READABILITY CERTIFICATION

This is to certify that the attached forms, SPITA500 and EWT-OLIC, combined, achieved a minimum Flesch Reading Ease Score of 50 and are in compliance with applicable laws and regulations.

Oxford Life Insurance Company



Jan Riedell

Secretary

Title

September 3 2010

Date



2721 North Central Avenue, Phoenix, Arizona 85004-1172
(866) 641-9999

SINGLE PREMIUM IMMEDIATE TEMPORARY ANNUITY

OXFORD LIFE INSURANCE COMPANY, a stock life insurance company, will provide the benefits described in this Policy in consideration of the payment of a Single Premium.

This Policy is a legal contract between You and Us. *Upon written request, We are required to provide within a reasonable period of time reasonable factual information regarding the benefits and provisions of this Policy.* To obtain any additional information or to make further inquiries regarding this Policy, You may call Our toll-free number, 866-641-9999, write to Us at the address shown above or visit Our website at www.oxfordlife.com.

NOTICE OF THIRTY DAY RIGHT TO EXAMINE – RIGHT TO CANCEL –

YOU HAVE PURCHASED AN ANNUITY POLICY. PLEASE READ IT CAREFULLY. THIS POLICY INCLUDES THE PROVISIONS BOTH ON THE PAGES WITHIN AND ON ANY AMENDMENTS, RIDERS OR ENDORSEMENTS THAT ARE ATTACHED.

IF, FOR ANY REASON, YOU ARE NOT SATISFIED WITH THIS POLICY, YOU MAY RETURN IT TO US AT OUR ADDRESS SHOWN ABOVE OR TO ANY PRODUCER OF OURS WITHIN THIRTY DAYS FROM THE DATE YOU RECEIVED IT FOR A FULL PREMIUM REFUND. IF WE DO NOT MAKE THE REFUND WITHIN TEN DAYS OF THE DATE WE RECEIVE THE POLICY, WE SHALL PAY INTEREST AS REQUIRED BY THE STATE IN WHICH THIS POLICY IS DELIVERED.

Signed for the Oxford Life Insurance Company at Phoenix, Arizona.

President

Secretary

SINGLE PREMIUM IMMEDIATE TEMPORARY ANNUITY
NO BENEFITS UPON DEATH OF ANNUITANT
NO ANNUAL DIVIDENDS
NON-PARTICIPATING

POLICY DATA PAGE

Plan Name:	Single Premium Immediate Temporary Annuity	Policy Number:	[AFX12345678]
Owner:	[John Doe]	Annuitant:	[John Doe]
Owner's Date of Birth:	[7/1/1945]	Annuitant's Date of Birth:	[7/1/1945]
Owner's Gender:	[Male]	Annuitant's Gender:	[Male]
Owner's Age:	[65]	Annuitant's Age:	[65]
Policy Date:	[7/1/2011]	Risk Class:	[Non-Tobacco]
Single Premium:	[\$20,000.00]		

Payment Schedule				
Payee	Annuity Payment	Commencement Date	Ending Date	Payment Frequency
[Jane Doe]	[\$500.00]	[07/01/2011]	[7/2/2020 or upon Annuitant's death if earlier]	[Annually]

[State Department of Insurance 1-888-XXX-XXXX]

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Deleted: 6

Deleted: 6

DEFINITIONS

Age – Age on last birthday.

Annuitant – The person on the Policy Data Page on whose life the payments are based. The Annuitant may not be changed after this Policy has been issued.

Home Office – The Home Office of Oxford Life Insurance Company is 2721 N. Central Ave., Phoenix, AZ 85004-1172.

Internal Revenue Code – The Internal Revenue Code, as amended, and the tax rules and regulations issued thereunder.

Natural Person – A human being.

Owner, You and Your – The person or entity on the Policy Data Page who possesses all rights and privileges under this Policy. The Owner may be changed according to the Change of Owner provision. If the Owner is not a Natural Person, it must have a taxpayer identification number.

Parties – Owner, Annuitant, Payee, claimant or heirs and Oxford Life Insurance Company.

Payee – The person or entity designated by the Owner to receive annuity payments.

Policy Anniversary – The same day and month as the Policy Date in each year subsequent to the Policy Date. The first policy year begins on the Policy Date.

Policy Date – The date this Policy was issued and the annuity commenced. It is shown on the Policy Data Page.

Single Premium – The money You pay to Us for this Policy and the benefits it provides. The Single Premium is deposited on the Policy Date.

We, Us and Our – Oxford Life Insurance Company.

Written Request – Instructions received by Us at Our Home Office, in writing, using a form provided by Us. A Written Request must be signed and dated by all Owners and assignees. We reserve the right to reject any Written Requests that are incomplete or unclear.

GENERAL PROVISIONS

Assignment – No assignment of this Policy shall be binding on Us unless it is a Written Request that has been recorded at Our Home Office. Any assignment will be subject to any prior assignment of record. We will not assume any responsibility for the validity or sufficiency of an assignment. Any claim under an assignment shall be subject to proof of the assignee's interest. Unless otherwise specified by the Owner, the assignment shall take effect on the date the notice of assignment is signed, subject to any payments made or actions taken by Us prior to receipt of this notice.

Basis of Computations – A detailed statement of the method of determining reserves and values under this Policy has been filed with the insurance supervisory official of the jurisdiction in which the Policy is delivered.

Change of Law – We may amend this Policy to comply with any changes in law governing benefits or taxation of benefits under it.

Change of Owner – Subject to the prior written consent of any assignee, to the extent permitted by law, You may make Written Requests to change the Owner. We will not be bound by any change unless it is recorded at Our Home Office. Unless otherwise specified by the Owner, the change of Owner shall take effect on the date the notice of assignment is signed, subject to any payments made or actions taken by Us prior to receipt of this notice.

Deleted: Arbitration – Any dispute, controversy or claim, whether contractual or non-contractual, between the Parties, Our parent, affiliates, subsidiaries or agents, arising out of this Policy, relating to the breach or alleged breach of any provision or covenant under this Policy, shall be resolved by binding arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association, pursuant to an Arbitration held in the city or county where the Owner or Beneficiary resides. The resolution of the dispute by a panel of three (3) neutral arbitrators who are knowledgeable in the field of life insurance and appointed from a panel list provided by the AAA shall be final, binding and fully enforceable by a court of competent jurisdiction. We shall pay the cost of arbitration, to include any deposits or administrative fee required to commence the dispute in arbitration, as well as any other fee, including the arbitrator's fee. The prevailing party shall be entitled to receive from the other party its reasonable attorneys fees and costs incurred in connection with any action, proceeding or arbitration hereunder. ¶

Currency – All financial transactions under this Policy are to be made in United States dollars.

Entire Policy – This Policy is issued in consideration of the application and payment of the Single Premium. This Policy, the application, a copy of which is attached, and any attached amendments, endorsements and riders make the Entire Policy. All statements made by the applicant for the issuance of the Policy will, in the absence of fraud, be deemed representations and not warranties.

Incontestability – This Policy is not contestable.

Jurisdiction – This Policy is subject to the laws of the jurisdiction in which it is delivered. If any provision of this Policy is contrary to any law to which it is subject, such provision is amended to the minimum requirements of such law.

Misstatement of Age, Gender or Tobacco – If the Age, Gender or Tobacco status of the Annuitant has been misstated, all amounts payable under this Policy shall be those which would be due if the correct Age, Gender or Tobacco status had been stated. Any underpayment shall be paid immediately. Any overpayment shall be charged as rapidly as possible against future payments with interest charged at the rate of 6% per annum.

Notices and Directions – We will not be bound by any authorization, direction, election or notice that is not made by Written Request. No Written Request will be binding on Us unless it has been recorded at Our Home Office. All Written notices required of Us by this Policy shall be presumed made on the date of mailing to the last known address of the Owner as shown on Our records.

Policy Changes – Only Our President and Secretary have the authority to make changes to this Policy. No other person has the authority to make any change to this Policy. Any such change must be made in writing. Unless You object in writing, We will change this Policy, as necessary, to permit it to be treated as an annuity policy under any applicable federal or state law, rule or regulation.

Premium Tax – Some state and local governments tax annuity premiums. Such taxes, if any, will be levied at the time We receive the Single Premium.

Proof of Age and Gender – We may require proof of any Annuitant's Age and gender, including a copy of the Birth Certificate and/or a copy of the state identification of such Annuitant, prior to issue.

Proof of Survival – We may require proof that the Annuitant is alive at the time each annuity payment is due, including a sworn, notarized affidavit from the Annuitant.

ANNUITY PROVISIONS

Date Annuity Payments Start – The first annuity payment provided by this Policy will be payable on the Commencement Date shown on the Policy Data Page.

Annuity Payments – Payments will be made based on the Net Premium and Payment Frequency You selected. At issue of the annuity, the payment schedule for this Policy is shown on the Policy Data Page.

Date Annuity Payments End – The last payment provided by this Policy will be payable on the Ending Date shown on the Policy Data Page. The last payment will complete Our obligations under this Policy.

DEATH PROVISION

Upon the death of the Annuitant, this policy will terminate and no further benefits will be paid.

Notification of Death – Upon the death of the Annuitant, We must receive proof of the Annuitant's death. A certified copy of the final death certificate issued by the state Office of Vital Records and Statistics is sufficient proof of death. We may accept alternative proof at our sole discretion.

Death of Owner – If the Owner is a Natural Person and dies, ownership will pass to the Owner's estate. The remaining portion of this Policy will be distributed at least as rapidly as under the method of distribution being used as of the date of the Owner's death.



2721 North Central Avenue, Phoenix, Arizona 85004-1172
(866) 641-9999

**SINGLE PREMIUM IMMEDIATE TEMPORARY ANNUITY
NO BENEFITS UPON DEATH OF ANNUITANT
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NON-PARTICIPATING**

SERFF Tracking Number: OXFR-126839113 State: Arkansas
 Filing Company: Oxford Life Insurance Company State Tracking Number: 46928
 Company Tracking Number:
 TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable
 Variable
 Product Name: SPITA500-OLIC
 Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/29/2010	Form	Single Premium Immediate Temporary Annuity	10/07/2010	SPITA500.pdf (Superseded)



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Owner's Gender:	[Male]	Annuitant's Gender:	[Male]
Owner's Age:	[65]	Annuitant's Age:	[65]
Policy Date:	[7/1/2011]	Risk Class:	[Non-Tobacco]
Single Premium:	[\$20,000.00]		

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Payee	Annuity Payment	Commencement Date	Ending Date	Payment Frequency
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[State Department of Insurance 1-888-XXX-XXXX]

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ANNUITY PROVISIONS

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Annuity Payments – Payments will be made based on the Net Premium and Payment Frequency You selected. At issue of the annuity, the payment schedule for this Policy is shown on the Policy Data Page.

Date Annuity Payments End – The last payment provided by this Policy will be payable on the Ending Date shown on the Policy Data Page. The last payment will complete Our obligations under this Policy.

DEATH PROVISION

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