

<i>SERFF Tracking Number:</i>	<i>NALF-126868571</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47266</i>
<i>Company Tracking Number:</i>	<i>6622(0810)</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>Deferred Annuity Application</i>		
<i>Project Name/Number:</i>	<i>Deferred Annuity Application/6622(0810)</i>		

Filing at a Glance

Company: National Life Insurance Company

Product Name: Deferred Annuity Application

TOI: A02I Individual Annuities- Deferred Non-Variable

Sub-TOI: A02I.003 Single Premium

Filing Type: Form

SERFF Tr Num: NALF-126868571 State: Arkansas

SERFF Status: Closed-Approved-Closed State Tr Num: 47266

Co Tr Num: 6622(0810)

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Susan Carey, Laurie Trombly, Michelle Goodwin

Disposition Date: 11/16/2010

Date Submitted: 11/09/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Deferred Annuity Application

Project Number: 6622(0810)

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 11/01/2010

Domicile Status Comments: Submitted to Vermont as part of the Interstate Compact on September 6th.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 11/16/2010

Explanation for Other Group Market Type:

State Status Changed: 11/16/2010

Deemer Date:

Created By: Laurie Trombly

Submitted By: Laurie Trombly

Corresponding Filing Tracking Number:

Filing Description:

Today we submit for your consideration our non-variable Deferred Annuity Application to be used with our previously approved Single Premium Deferred Annuity and Flexible Premium Annuity policies.

This is not a new application, but one that has been previously approved by your department. Form 6622(0810) will replace form 6622AR(0803), approved for use by your Department on October 10, 2003.

SERFF Tracking Number: NALF-126868571 State: Arkansas
 Filing Company: National Life Insurance Company State Tracking Number: 47266
 Company Tracking Number: 6622(0810)
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
 Variable
 Product Name: Deferred Annuity Application
 Project Name/Number: Deferred Annuity Application/6622(0810)

This application will be used in paper format and scores 73.0 on the Flesch Readability Scale.

Company and Contact

Filing Contact Information

Laurie Trombly, Manager - Forms Management LTrombly@nationallife.com
 One National Life Drive 802-229-3614 [Phone]
 Montpelier, VT 05604 802-229-3743 [FAX]

Filing Company Information

National Life Insurance Company	CoCode: 66680	State of Domicile: Vermont
One National Life Drive	Group Code: -99	Company Type:
Montpelier, VT 05604	Group Name:	State ID Number:
(802) 229-3333 ext. [Phone]	FEIN Number: 03-0144090	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: Vermont charges \$50 for this same filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Life Insurance Company	\$50.00	11/09/2010	41669509

SERFF Tracking Number: NALF-126868571 *State:* Arkansas
Filing Company: National Life Insurance Company *State Tracking Number:* 47266
Company Tracking Number: 6622(0810)
TOI: A021 Individual Annuities- Deferred Non-Variable *Sub-TOI:* A021.003 Single Premium
Product Name: Deferred Annuity Application
Project Name/Number: Deferred Annuity Application/6622(0810)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/16/2010	11/16/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Statement of Variability	Laurie Trombly	11/09/2010	11/09/2010

SERFF Tracking Number: NALF-126868571 *State:* Arkansas
Filing Company: National Life Insurance Company *State Tracking Number:* 47266
Company Tracking Number: 6622(0810)
TOI: A021 Individual Annuities- Deferred Non- *Sub-TOI:* A021.003 Single Premium
Variable
Product Name: Deferred Annuity Application
Project Name/Number: Deferred Annuity Application/6622(0810)

Disposition

Disposition Date: 11/16/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NALF-126868571 *State:* Arkansas
Filing Company: National Life Insurance Company *State Tracking Number:* 47266
Company Tracking Number: 6622(0810)
TOI: A021 Individual Annuities- Deferred Non-Variable *Sub-TOI:* A021.003 Single Premium
Product Name: Deferred Annuity Application
Project Name/Number: Deferred Annuity Application/6622(0810)

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Deferred Annuity Application		Yes

SERFF Tracking Number: NALF-126868571 *State:* Arkansas
Filing Company: National Life Insurance Company *State Tracking Number:* 47266
Company Tracking Number: 6622(0810)
TOI: A021 Individual Annuities- Deferred Non- *Sub-TOI:* A021.003 Single Premium
Variable
Product Name: Deferred Annuity Application
Project Name/Number: Deferred Annuity Application/6622(0810)

Amendment Letter

Submitted Date: 11/09/2010

Comments:

I inadvertently submitted the filing before uploading the Statement of Variability. Please accept my apologies for this oversight.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Statement of Variability

Comment:

Statement of Variability.pdf



Deferred Annuity Application

Agency/Branch # Pension Code # Contract #

A. ANNUITANT INFORMATION

1. Full Name
2. Soc. Sec. #
3. Date of Birth
4. Sex
5. Address: Street, City, State, Zip
6. Area Code & Daytime Telephone #

HOME OFFICE USE ONLY

B. OWNER INFORMATION If other than Annuitant

For Non-Qualified Trust, provide trustee(s), trustor(s), date of trust and complete Trust Certification form 5213.
1. Full Name
2. Soc. Sec. # or Tax ID #
3. Date of Birth or Date of Trust
4. Sex
5. Address: Street, City, State, Zip
6. Area Code & Daytime Telephone #

C. JOINT OWNER INFORMATION

For Non-Qualified Trust, provide trustee(s), trustor(s), date of trust & complete Trust Certification form 5213.
1. Full Name
2. Soc. Sec. # or Tax ID #
3. Date of Birth or Date of Trust
4. Sex
5. Address: Street, City, State, Zip
6. Area Code & Daytime Telephone #

D. BENEFICIARY DESIGNATIONS If 401(a) qualified plan, do not complete. Beneficiary will be Owner.

If Non-Qualified Trust, provide trustee(s), trustor(s) and date of trust. Payment will be shared equally by all First Beneficiaries who survive owner. If none, by all Second beneficiaries who so survive, if none payment will be made to Owner or Owner's Estate.

Table with 4 columns: Name, Relationship to Owner, %, Soc. Sec. No./Tax ID #. Rows for First and Second Beneficiary(ies).

As per supplemental request.

E. PRODUCT INFORMATION

1. Product Name 2. Cash with App. \$ 3. Anticipated Amt. \$

F. TYPE OF PLAN Question 1. or 2. must be answered. Answer 3. if applicable.

1. Non-Qualified Plan (Individually Owned, Joint Ownership, 1035 Exchange, Other)
2.a. Qualified Retirement Plan (Pension or Profit-Sharing Plan, Tax-Deferred Annuity)
2.b. IRA Plan (Regular Contribution, Regular IRA, Roth IRA, SEP IRA, SIMPLE IRA)
3. Source of Funding Dollars (Transfer, Rollover, Cash)

Individual Deferred Annuity Application - Continued

G. PREMIUM NOTICES *Complete if Premium Notices are desired for Flexible Premium Annuity Only*

1. Frequency Amount \$ _____
 Annual Monthly
 Semi-Annual EFT/COM (Complete #2.)
 Quarterly
2. I authorize the Company to draft monthly payments from my account.
(Attach a void check/deposit slip)
 Checking Draft on the: 1st 15th
 Savings 8th 22nd
 Money Market

H. EXISTING INSURANCE AND ANNUITIES

The following question must be answered whether or not any policies or contracts are being replaced.

1. Does the Applicant have existing life insurance policies or annuity contracts with any financial institution? Yes No
(If 'Yes', list the financial institution name(s) and policy or contract number(s) below and complete state required forms.)
 Company Name _____ Contract/Policy No. _____
 Company Name _____ Contract/Policy No. _____

I. REPLACEMENT

1. Has there been or will there be a lapse, surrender, replacement, reissue, or change to reduce amount, premium or coverage of any existing life or annuity contract if the applied for contract is issued, or will there be any substantial borrowing on any life insurance policy if the applied for contract is issued? Yes No
(If 'Yes', list the financial institution name(s) & policy or contract number(s) below. Complete appropriate replacement forms.)
 Company Name _____ Contract/Policy No. _____
 Company Name _____ Contract/Policy No. _____

J. REMARKS

K. OWNER'S TAXPAYER ID NUMBER CERTIFICATION

Under penalties of perjury, I certify that (1) the number shown on this application is my correct taxpayer identification number; (2) the IRS has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such withholding or I am exempt from such withholding; and (3) I am a U.S. person (including a U.S. resident alien). You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

L. AUTHORIZATION

AR - Notice: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

DC - WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES MAY INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

I hereby represent my answers to the above questions to be true and correct to the best of my knowledge and belief.

Signed at (City, & State) _____ on this date _____

Owner's Signature(s): _____ **Annuitant's Signature**
(If different than Owner) _____

M. AGENT'S REPORT

1. Will there be any replacement, as defined by any regulation of the state in which this application is taken? Yes No
(If 'Yes', fulfill all state requirements.)
 2. Agent(s) and Sublicensee(s) compensation will be granted ONLY as indicated by information and Signatures below:

% of Credit:	Signature of Agent(s), & Sublicensee(s)	Print Name	Date Signed	Number & Suffix	E-mail Address
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<i>SERFF Tracking Number:</i>	<i>NALF-126868571</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Deferred Annuity Application</i>		
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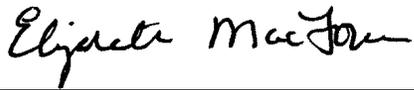
Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments:</p> <p>Attachments: AR Readability.pdf AR Cert.pdf</p>		
<p>Satisfied - Item: Application</p> <p>Comments: Application included under Form Schedule tab.</p>		
<p>Satisfied - Item: Statement of Variability</p> <p>Comments:</p> <p>Attachment: Statement of Variability.pdf</p>		

Arkansas Certification

This is to certify that the attached form number 6622(0810) has achieved a Flesch Reading Score of 73.0 and complies in all respects with the requirements of Arkansas Statute Annotated Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

National Life Insurance Company



Elizabeth MacGowan
Vice President
Product Development

October 20, 2010

Date

CERTIFICATION
STATE OF ARKANSAS

Regarding: 6622(0810), Deferred Annuity Application

I, Bennett E. Law, certify for National Life Insurance Company that the forms referenced above meet the provisions of Regulation 19§10B, as well as all applicable requirements of the Arkansas Insurance Department.

I further certify that the forms referenced above are in compliance with Regulation 49 concerning Life & Health Guaranty Association Notices and Arkansas Insurance Code 23-79-138 concerning required policy information.

National Life Insurance Company



Bennett E. Law, FSA, MAAA
Vice President
Policy & Business Forms Management

November 9, 2010

Date

Statement of Variability
Deferred Annuity Application - Form 6622(0810)
November 8, 2010

1. **National Life Group Logo:** We would like to reserve the right to change the logo which appears in the upper left-hand corner of the application. Examples of changes to the logo might include: changes to the size of the font as well as the type of font; changing the color shadings in the triangle image; the placement of the text adjacent to the triangle; replacement of the triangle image with another graphic or the complete removal of the logo from the application.
2. **National Life Insurance Company:** We would like to reserve the right to change: the type of font used in the display of the company name; the size of the font used; and the placement of the company name on the application.
3. **Footer Information:** We would like to reserve the right to change the mailing address which appears in the footer of the form; the font size and type of font of the mailing address; and the logo disclosure text.