

SERFF Tracking Number: CUNA-126552618 State: Arkansas  
Filing Company: CUNA Mutual Insurance Society State Tracking Number: 45261  
Company Tracking Number: 2010-VAAMEND  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: MEMBERS Variable Annuity III & Choice Variable Annuity  
Project Name/Number: 2010-VAAMEND Contract Amendment/

## Filing at a Glance

Company: CUNA Mutual Insurance Society

Product Name: MEMBERS Variable Annuity III & Choice Variable Annuity

TOI: A03I Individual Annuities - Deferred Variable

Sub-TOI: A03I.002 Flexible Premium

Filing Type: Form

SERFF Status: Closed-Approved-Closed

Co Tr Num: 2010-VAAMEND

Authors: Kari Hamrick, Kathy Strauser, Carma Bouska, Kimberly Steggall

Date Submitted: 03/25/2010

State Tr Num: 45261

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 03/26/2010

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: 2010-VAAMEND Contract Amendment

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/26/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 03/24/2010

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 03/26/2010

Created By: Carma Bouska

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Carma Bouska

Filing Description:

Form 2010-VAAMEND, Contract Amendment, is being submitted for your review and approval. This submission does not contain any unusual, innovative or unique features from normal industry standards.

This form adds language specified by Rule 12h-7 under the Securities and Exchange Act of 1934, as amended, providing the insurer certain rights to approve or reject change of owners requests.

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This form amends the following contracts:

2000-CVA, Flexible Premium Deferred Variable Annuity, approved by the Department on June 9, 2000.  
 2004-VA, Flexible Premium Deferred Variable Annuity, approved by the Department on June 3, 2004.

This form was scored with the Variable Annuity products used with to achieve a flesch score of 50.

Thank you for your review of this submission.

## Company and Contact

### Filing Contact Information

Carma Bouska, carma.bouska@cunamutual.com  
 2000 Heritage Way 319-483-3511 [Phone]  
 Waverly, IA 50677

### Filing Company Information

CUNA Mutual Insurance Society CoCode: 62626 State of Domicile: Iowa  
 2000 Heritage Way Group Code: 306 Company Type:  
 Waverly, IA 50677 Group Name: State ID Number:  
 (319) 352-4090 ext. [Phone] FEIN Number: 39-0230590

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50 filing fee  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
CUNA Mutual Insurance Society	\$50.00	03/25/2010	35155056

SERFF Tracking Number: CUNA-126552618 State: Arkansas  
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TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
Product Name: MEMBERS Variable Annuity III & Choice Variable Annuity  
Project Name/Number: 2010-VAAMEND Contract Amendment/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/26/2010	03/26/2010

*SERFF Tracking Number:* CUNA-126552618      *State:* Arkansas  
*Filing Company:* CUNA Mutual Insurance Society      *State Tracking Number:* 45261  
*Company Tracking Number:* 2010-VAAMEND  
*TOI:* A031 Individual Annuities - Deferred Variable      *Sub-TOI:* A031.002 Flexible Premium  
*Product Name:* MEMBERS Variable Annuity III & Choice Variable Annuity  
*Project Name/Number:* 2010-VAAMEND Contract Amendment/

## **Disposition**

Disposition Date: 03/26/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* CUNA-126552618      *State:* Arkansas  
*Filing Company:* CUNA Mutual Insurance Society      *State Tracking Number:* 45261  
*Company Tracking Number:* 2010-VAAMEND  
*TOI:* A031 Individual Annuities - Deferred Variable      *Sub-TOI:* A031.002 Flexible Premium  
*Product Name:* MEMBERS Variable Annuity III & Choice Variable Annuity  
*Project Name/Number:* 2010-VAAMEND Contract Amendment/

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Form</b>	CONTRACT AMENDMENT		Yes

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## Form Schedule

### Lead Form Number: 2010-VAAMEND

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2010-VAAMEND	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		50.000	2010-VAAMEND.pdf

## CONTRACT AMENDMENT

Your contract is amended as described below as of the contract effective date.

Under the **OWNER AND BENEFICIARY** Section of your contract, the provision titled “**How can you change the owner or beneficiary of this contract?**” is deleted. It is replaced with the following:

You may request to change the owner of this contract by written request at any time while the annuitant is alive. Any change of owner is subject to our acceptance, and we reserve the right to refuse such change on a non-discriminatory basis. The change of owner, if accepted by us, will take effect as of the date you signed it. We are not liable for any payment we make or action we take before receiving and approving any such written request.

You may request to change the beneficiary of this contract by written request at any time while the annuitant is alive. The change of beneficiary will take effect as of the date you signed it. We are not liable for any payment we make or action we take before receiving any such written request.

If there is more than one owner, the written request for change must be signed by all persons named as owner. A request for change of beneficiary must also be signed by any irrevocable beneficiary.

CUNA Mutual Insurance Society



President

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## Supporting Document Schedules

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

AR Rule 19 & 49 Cert.pdf

FFF109.pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Application

**Comments:**

The applications that are used with the policy that this amendment will be attached to are:

CVAAPP-2003, approved on April 2, 2003.

VAAPP-2010, approved on February 16, 2010, CUNA-126492939, State Tracking #44792

**Certificate of Compliance with  
Arkansas Rule and Regulation 19 & 49**

Insurer: CUNA Mutual Insurance Society

Form Number(s): 2010-VAAMEND

I hereby certify that to the best of my knowledge and belief, the filing above meets all Applicable Arkansas requirements including the requirements of Rule and Regulations 19 and 49.



\_\_\_\_\_  
Signature of Company Officer

Stephen W. Koslow

Name

SVP, Chief Ethics & Compliance Officer

Title

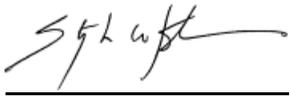
March 24, 2010

Date

## CERTIFICATION

This is to certify that the attached Policy Forms comply with the requirements of the Life and Disability Insurance Policy Language Simplification Act. The Flesch reading ease scores for these form(s) are shown below.

<b>Form Number(s) and Title(s):</b>	<b>Flesch Score:</b>
2010-VAAMEND                      CONTRACT AMENDMENT	50



**Signature of Officer of the Company**

March 24, 2010  
**Date**

FFF109