

<i>SERFF Tracking Number:</i>	<i>MNNL-126594354</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Minnesota Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45480</i>
<i>Company Tracking Number:</i>	<i>10-70184</i>		
<i>TOI:</i>	<i>A05I Individual Annuities- Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05I.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>Income Today Applciation</i>		
<i>Project Name/Number:</i>	<i>Income Tdoay App 2010/10-70184</i>		

## Filing at a Glance

Company: Minnesota Life Insurance Company

Product Name: Income Today Applciation SERFF Tr Num: MNNL-126594354 State: Arkansas

TOI: A05I Individual Annuities- Immediate Non-Variable SERFF Status: Closed-Approved- Closed State Tr Num: 45480

Sub-TOI: A05I.000 Annuities - Immediate Non-variable Co Tr Num: 10-70184 State Status: Approved-Closed

Filing Type: Form

Author: Monica Ramstad

Reviewer(s): Linda Bird

Date Submitted: 04/21/2010

Disposition Date: 04/22/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Income Tdoay App 2010

Status of Filing in Domicile: Pending

Project Number: 10-70184

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

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: 04/22/2010

Explanation for Other Group Market Type:

State Status Changed: 04/22/2010

Deemer Date:

Created By: Monica Ramstad

Submitted By: Monica Ramstad

Corresponding Filing Tracking Number: 10-70184

Filing Description:

The attached application is new and does not replace any application currently on file. The application was submitted to our domiciliary state of Minnesota as part of an Interstate Compact filing, which is pending approval at this time.

The enclosed application will be used to apply for our previously approved IncomeToday! Annuity, our Single Payment Immediate Fixed Annuity form 08-70152. This form was approved in your state on September 17, 2008. The Flesch Score for this application is 44.4 when combined with the contract.

SERFF Tracking Number: MNNL-126594354 State: Arkansas  
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Variable  
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The form is submitted in final print format and is subject to only minor modification in paper stock size, ink, border, Company logo, and adaptation to electronic media or computer printing.

Thank you for your continued attention to this filing. We look forward to its approval. Please do not hesitate to contact me if I can of assistance during your review.

Sincerely,

Monica Ramstad  
Sr. Product Compliance Analyst  
Minnesota Life Insurance Company  
Tel. 651.665.4838  
Email monica.ramstad@securian.com

## Company and Contact

### Filing Contact Information

Monica Ramstad, Supervisor - Ind & RS monica.ramstad@securian.com  
Product Compliance  
400 ROBERT STREET NORTH 651-665-4838 [Phone]  
ST. PAUL, MN 55101-2098 651-665-3853 [FAX]

### Filing Company Information

Minnesota Life Insurance Company CoCode: 66168 State of Domicile: Minnesota  
400 Robert Street North Group Code: 869 Company Type:  
Law Department Group Name: State ID Number:  
St. Paul, MN 55101-2098 FEIN Number: 41-0417830  
(651) 665-3500 ext. [Phone]

## Filing Fees

Fee Required? Yes  
Fee Amount: \$125.00  
Retaliatory? Yes  
Fee Explanation:

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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Minnesota Life Insurance Company	\$125.00	04/21/2010	35852845

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	04/22/2010	04/22/2010

*SERFF Tracking Number:* MNNL-126594354      *State:* Arkansas  
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Variable  
*Product Name:* Income Today Applciation  
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## **Disposition**

Disposition Date: 04/22/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MNNL-126594354 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Income Today Application		Yes

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## Form Schedule

**Lead Form Number: 10-70184**

<b>Schedule Item Status</b>	<b>Form Number</b>	<b>Form Type Form Name</b>	<b>Action</b>	<b>Action Specific Data</b>	<b>Readability</b>	<b>Attachment</b>
	10-70184	Application/ Income Today Enrollment Application Form	Initial		44.400	10-70184 4-2010 no sec.pdf

# IncomeToday! Single Payment Immediate Annuity Application

Minnesota Life Insurance Company - A Securian Company  
Annuity Services • A3-9999  
400 Robert Street North • St. Paul, Minnesota 55101-2098

Fax 651-665-7942  
1-800-362-3141  
Local 651-665-4877  
www.minnesotalife.com

**MINNESOTA LIFE**

<b>1. Type of Plan</b>					
<input type="checkbox"/> Traditional IRA		<input type="checkbox"/> Non-Qualified			
<input type="checkbox"/> Roth IRA		<input type="checkbox"/> Corporate Non-Qualified			
<input type="checkbox"/> Inherited IRA		<input type="checkbox"/> Non-Corporate Non-Qualified (LLP)			
<b>2. Owner</b>					
Individual name (first, middle initial, last, suffix), or corporation name or trust title					
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity		Date of birth or date of trust		Tax I.D. (SSN or TIN)	
Street address					
City			State	Zip code Telephone number	
<b>3. Joint Owner (if applicable)</b>					
Individual name (first, middle initial, last, suffix)					
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth		Tax I.D. (SSN) Relationship to owner	
Street address					
City			State	Zip code Telephone number	
<b>Complete only if the individual annuitant is not the same as owner.</b>	<b>4. Annuitant</b>				
	Individual name (first, middle initial, last, suffix)				
	<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth		Tax I.D. (SSN) Relationship to owner
	Street address				
City			State	Zip code Telephone number	
<b>5. Joint Annuitant (if applicable)</b>					
Individual name (first, middle initial, last, suffix)					
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth		Tax I.D. (SSN) Relationship to annuitant	
Street address					
City			State	Zip code Telephone number	



IAN000054



3

<b>6. Beneficiary(ies)</b>				
<b>Primary beneficiary designations must total 100%.</b>  <b>Contingent beneficiary designations must total 100%.</b>  <b>Please identify any additional beneficiaries in Section 8.</b>	Name			
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity	Date of birth	Tax I.D. (SSN or TIN)	
	Relationship to owner		Type of beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage %
	Address			
City		State	Zip code	
	Name			
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity	Date of birth	Tax I.D. (SSN or TIN)	
	Relationship to owner		Type of beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage %
	Address			
City		State	Zip code	
	Name			
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity	Date of birth	Tax I.D. (SSN or TIN)	
	Relationship to owner		Type of beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage %
	Address			
City		State	Zip code	
<b>7. Replacement</b>				
<b>Please be aware that client and representative/agent responses in Sections 7 and 16 must match.</b>  <b>If answer to either is yes, a State Replacement form is required to be signed, dated and enclosed with this application for most states.</b>  <b>Please identify additional policies/contracts in Section 8.</b>	Do you have any existing life insurance or annuity contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Will the contract applied for replace or change an existing life insurance or annuity contract? If yes, complete this section. <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Company Name</b>		<b>Policy/Contract Number</b>	<b>Year Issued</b>	

**8. Special Instructions**

Minimum purchase payment is \$25,000.

Make checks payable to Minnesota Life.

**9. Purchase Payment Method**

- 1035 Exchange
- Direct Transfer/Rollover
- \$ \_\_\_\_\_ Remitted with Application
- \$ \_\_\_\_\_ Client initiated Rollover (approximate amount)

**10. Annuity Income Option**

**Option 1 - Period Certain Only**

- Period Certain of \_\_\_\_\_ years

**Option 2 - Income Options based on a Single Life**

- Single Life Only
- Single Life with Period Certain of \_\_\_\_\_ years
- Single Life with Cash Refund
- Single Life with Installment Refund

**Option 3 - Income Options based on Two Lives**

(Select one option and the percentage to continue upon death of either annuitant.)

- Joint Life Only
  - 100%
  - 66.67% (2/3)
  - 50% (1/2)
- Joint Life with Period Certain of \_\_\_\_\_ years
  - 100%
  - 66.67% (2/3)
  - 50% (1/2)

**Other Annuity Income Option**

(Must be previously agreed to by Minnesota Life - provide details below.)

**11. Income Payment Frequency and Payment Option**

Select only one Income Payment Frequency

**Income Payment Frequency**

- Monthly
- Quarterly
- Semi-Annual
- Annual

Select only one First Income Payment Option

**First Income Payment Options\***

- Option 1 - First Income Payment is **one month** from contract issue date, with subsequent payments based on frequency chosen above.
- Option 2 - First Income Payment is **one frequency** from contract issue date, with subsequent payments based on frequency chosen above.
- Option 3 - Select a First Income Payment date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ month/day/year. Must be within one income payment frequency of the contract issue date.

The application options must match the quote submitted

\*Select only one option, subsequent payments will be based on the option and frequency chosen. For contracts issued on the 28th through the 31st, the first payment will be moved to the 1st. We reserve the right to move up the payment date in certain circumstances to facilitate tax reporting.

**12. Processing Requirements**

**Proof of Age:** Please provide a copy of one of the following for each annuitant (enlarged to 200% for readability).

- Driver's License     Passport     Certified Birth Certificate

**Income Quote:** This application must be accompanied by a current Minnesota Life annuity income quote.

**13. Notice**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**14. Military Sales**

Regarding this annuity application, is any owner or annuitant an active duty member of the U.S. Armed Forces?     Yes\*     No

\*If yes, complete our "Military Personnel Financial Services Disclosure" form, and submit the form to us with the application.

**15. Owner/Annuitant Signatures**

I/we represent that the statements and answers in this application are full, complete, and true to the best of my/our knowledge and belief. I/we agree that they are to be considered the basis of any contract issued to me/us. I/we have read and agree with the applicable statements. The representative left me/us the original or a copy of the written or printed communications used in this presentation.

Contract owner's signature

**X**

Signed in (city)

State

Date

Joint contract owner's signature, if any

**X**

Signed in (city)

State

Date

Annuitant's signature ( if other than the owner)

**X**

Date

Joint annuitant's signature, if any

**X**

Date

<b>16. To Be Completed By Representative/Agent</b>			
<p>Representative/agent responses must match client responses in Section 7.</p> <p>All representatives/agents involved in this sale must sign this application.</p> <p>Representative/agent split must total 100%.</p>	<p>To the best of my knowledge, this applicant has existing life insurance or annuity contracts. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
	<p>To the best of my knowledge, the contract applied for will replace or change any existing life insurance or annuity contract. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
	<p><b>No written sales materials were used other than those furnished by the Home Office. I believe the information provided by this client is true and accurate to the best of my knowledge and belief.</b></p>		
	Representative/agent name (print)	Representative/agent code	%
	Representative/agent signature		
	<b>X</b>		
	Representative/agent name (print)	Representative/agent code	%
	Representative/agent signature		
	<b>X</b>		
	Representative/agent name (print)	Representative/agent code	%
Representative/agent signature			
<b>X</b>			
<b>17. To Be Completed By Minnesota Life</b>			
Accepted by	Date	Contract number	

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b> Please see the attached Flesch Score Certification.		
<b>Attachment:</b> Flesch Score Certification.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Not applicable to this filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo		
<b>Bypass Reason:</b> Not applicable to this filing.		
<b>Comments:</b>		



## ARKANSAS CERTIFICATION OF READABILITY

Minnesota Life Insurance Company hereby certifies that this filing complies with 23-80-206 requirements for Flesch Scores. Following are the Flesch reading ease test scores:

<u>Form Title</u>	<u>Form Number</u>	<u>Flesch Score</u>
Income Today Fixed Annuity Application	10-70184	44.4

A handwritten signature in black ink that reads "Matthew Harrington". The signature is written in a cursive style with a large initial 'M'.

\_\_\_\_\_  
Signature

Name: Matthew Harrington

Title: Assistant Secretary

Date: April 21, 2010