

SERFF Tracking Number: AEGN-126660276 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 45957
Company Tracking Number: APP-07
TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium
Product Name: App-07
Project Name/Number: App-07/App-07

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: App-07

SERFF Tr Num: AEGN-126660276 State: Arkansas

TOI: A03G Group Annuities - Deferred Variable SERFF Status: Closed-Approved- State Tr Num: 45957
Closed

Sub-TOI: A03G.002 Flexible Premium

Co Tr Num: APP-07

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Beverly Sanchez

Disposition Date: 06/18/2010

Date Submitted: 06/15/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: App-07

Status of Filing in Domicile: Pending

Project Number: App-07

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: We are filing these forms simultaneously in all states.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Association, Trust, Other

Filing Status Changed: 06/18/2010

Explanation for Other Group Market Type:

Labor unions, Multiple Employers and Credit Unions

Deemer Date:

State Status Changed: 06/18/2010

Submitted By: Beverly Sanchez

Created By: Beverly Sanchez

Filing Description:

Corresponding Filing Tracking Number: APP-07

Re: Transamerica Life Insurance Company (NAIC # 86231-468) (FEIN# 39-0989781)

APP-07 - Application for Contract, with variable material

CAPP-07 - Application to Change Investment Choices, with variable material

APP-RFCC-07 - Application Request for Change, with variable material

SERFF Tracking Number: AEGN-126660276 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 45957
Company Tracking Number: APP-07
TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium
Product Name: App-07
Project Name/Number: App-07/App-07

We submit the above three forms for review and approval on a general-use basis. It is our intent to file these forms in all U.S. Jurisdictions. were required except New York.

Forms App-07 and CAPP-07 will replace the following previously approved forms.

- * APP-TLIC - Application for Group Annuity Contract approved on 08/09/2005
- * APP-TLIC-CHG-INV - Application to Change Investment Options - approved on 08/09/2005
- * FAC-APP-07 - Application for Contract SERFF filing number 36312, approved on 7/18/2007

APP-RFCC-10 is new and does not replace any previously approved form.

The submitted three forms will be used with previously approved forms approved by your department on 08/09/2005 as follows:

CNT-TLIC-10-05 - Group Annuity Contract with Sch. A, approved on
CNT-TLIC (SCHOB) - Schedule of Benefits
CNT-TLIC (SCHCAC) - Schedule of Contract Asset Charges and Fees
CNT-TLIC (SCHMVECAC) - Schedule of Contract Asset Charges and Fees
CNT-TLIC (SCHCD) - Schedule of Contract Discontinuance Value
CNT-TLIC (SCHMVECD) - Schedule of Discontinuance Value
CNT-TLIC (SCHSA) - Schedule of Separate Accounts Investment Management Charges & Fees
AMD-TLIC CNT - Amendment to Contract

The submitted three forms will also be used with previously approved forms approved by your department under SERFF filing number 36312, approved on 7/18/2007

- * FAC-CNT-07 - Funding Agreement, with Contract Schedule
- * FAC-END-CAC-07 - Endorsement for Contract Asset Charges and Fees
- * FAC-END-DISC-07 - Endorsement for Discontinuance and Termination
- * FAC-END-GAIC-07 - Endorsement for General Account Investment Option
- * FAC-END-ICC-07 - Endorsement for Separate Account Investment Choices and Related Charges
- * FAC-END-ICDEL-07 - Endorsement to Add and Delete Investment Choices
- * FAC-END-PMT-07 - Endorsement for Payment of Plan Benefit
- * FAC-END-SUS-07 - Endorsement for Suspense Account
- * FAC-END-WITH-07 - Endorsement for Contract Withdrawals

SERFF Tracking Number: AEGN-126660276 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 45957
 Company Tracking Number: APP-07
 TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium
 Product Name: App-07
 Project Name/Number: App-07/App-07
 * FAC-AMEND-07 - Amendment

Additionally, CAPP-10 and APP-RFCC-10 will also be used with the previously approved forms, as it relates to the administration of contracts that are in force, but no longer issued.

These forms contain no unusual or controversial provisions, and do not vary from industry standards.

Variable text within each form is denoted in brackets and explained in the corresponding Statement of Variability.

Additionally, we may produce these forms electronically and utilize E-signature technology for the execution of the documents by the authorized signer of the applications. We are contracted with Signix, Inc. facilitate this process. The forms will be re-created electronically in their exact form in which they are filed. The signature process will use the Signex, Inc authorization process.

Company and Contact

Filing Contact Information

Debbie Brunson, Contract Analyst debbie.brunson@transamerica.com
 1150 S. Olive St., T-09-09 800-319-7626 [Phone] 3768 [Ext]
 Los Angeles, CA 90015 213-763-9779 [FAX]

Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
1150 S. Olive Street, T-09-09	Group Code: 468	Company Type: Life
Los Angeles, CA 90015	Group Name: TLIC	State ID Number:
(800) 319-7626 ext. 3768[Phone]	FEIN Number: 39-0989781	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	06/15/2010	37236925

SERFF Tracking Number: AEGN-126660276 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 45957
Company Tracking Number: APP-07
TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium
Product Name: App-07
Project Name/Number: App-07/App-07
Transamerica Life Insurance Company \$100.00 06/16/2010 37255233

SERFF Tracking Number: AEGN-126660276 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 45957
 Company Tracking Number: APP-07
 TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium
 Product Name: App-07
 Project Name/Number: App-07/App-07

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/18/2010	06/18/2010

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	06/16/2010	06/16/2010	Beverly Sanchez	06/16/2010	06/16/2010

SERFF Tracking Number: *AEGN-126660276* *State:* *Arkansas*
Filing Company: *Transamerica Life Insurance Company* *State Tracking Number:* *45957*
Company Tracking Number: *APP-07*
TOI: *A03G Group Annuities - Deferred Variable* *Sub-TOI:* *A03G.002 Flexible Premium*
Product Name: *App-07*
Project Name/Number: *App-07/App-07*

Disposition

Disposition Date: 06/18/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGN-126660276 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 45957
 Company Tracking Number: APP-07
 TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium
 Product Name: App-07
 Project Name/Number: App-07/App-07

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	No	No
Supporting Document	Application	No	No
Supporting Document	Life & Annuity - Acturial Memo	No	No
Supporting Document	Statement of Variability for Submitted Forms	No	No
Form	Application for Contract	No	No
Form	Application to Change	No	No
Form	Application Request for change	No	No

SERFF Tracking Number: AEGN-126660276 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 45957
Company Tracking Number: APP-07
TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium
Product Name: App-07
Project Name/Number: App-07/App-07

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/16/2010
Submitted Date 06/16/2010
Respond By Date 07/16/2010

Dear Debbie Brunson,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$100.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: AEGN-126660276 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 45957
Company Tracking Number: APP-07
TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium
Product Name: App-07
Project Name/Number: App-07/App-07

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/16/2010
Submitted Date 06/16/2010

Dear Linda Bird,

Comments:

Thank you for your quick response to our filing.

Response 1

Comments: In accordance with your request, we have enclosed an additional filing fee of \$100.00 to support our submission.

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$100.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your consideration.

Sincerely,
Beverly Sanchez

SERFF Tracking Number: AEGN-126660276 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 45957
 Company Tracking Number: APP-07
 TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium
 Product Name: App-07
 Project Name/Number: App-07/App-07

Form Schedule

Lead Form Number: App-07

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	APP-07	Application/ Application for Enrollment Contract Form	Initial		50.200	APP-07.pdf
	CAPP-07	Application/ Application to Enrollment Change Form	Initial		50.200	APP-RFCC-07.pdf
	APP-RFCC-07	Application/ Application Request Enrollment for change Form	Initial		50.200	APP-RFCC-07.pdf

Transamerica Life Insurance Company

A Stock Company

[Home Office: 4333 Edgewood Road NE. Cedar Rapids, IA 52499
Administrative Office: 1150 South Olive Street, Los Angeles, CA 90015]

APPLICATION FOR CONTRACT

Administrative Use Only:	Principal Office Location (State of Contract Issuance) _____	[product name/ID#]	Proposal /Contract # as applicable:
---------------------------------	--	--------------------	-------------------------------------

This is an Application for Contract (*Application*). The Contract is underwritten by Transamerica Life Insurance Company (*Transamerica*). The Contract is applied for by the employer/Plan sponsor, Plan trustee or other entity that signs this Application for the Contract (*Applicant*). The Contract is issued to the Contractholder shown in the Contract. The Contract provides for investment in: 1) Sub-accounts of the Separate Account established by Transamerica; and 2) a general account investment, (*together, Investment Choices*), for the purpose of accumulation of assets for payment of Plan benefits for participants.

Plan Sponsor Name: _____

Plan Name: _____

Section I. Asset Information

1.	Estimated first-year annual deposits in the form of Plan contributions: <i>(Do not include any amounts that will later transfer out of the contract to outside Plan investments)</i>	\$
2.	Estimated takeover amount to be received from an existing plan: <i>(see Section IV)</i>	\$
3.	Total estimated first-year deposits (line 1 plus line 2): <i>(NOTE: These estimates may be used in the calculation of the Contract's charges in the first deposit year)</i>	\$
4.	Anticipated rollover assets from individual Participants <i>(NOTE: These amounts are not used in the calculation of Contract's charges)</i>	\$

Section II. Participant Information *(Not applicable to defined benefit Plans)*

1.	What is the expected number of Participants?	
2.	What is the estimated first-year average Participant balance?	\$

Section III. Effective Date

When the Contract is approved for issuance by Transamerica, the Contract, for takeover plans, is generally effective on the date this Application is received in "good order" at Transamerica's administrative office in Los Angeles, California. For start-up plans, the Contract is generally effective on the later of the date this Application is received in "good order" or the Plan effective date. Good order is defined in the application and agreement for services.

The Applicant hereby elects that the plan expense payment processing service be included with the Contract as of the effective date of the Contract, provided the Plan qualifies for the service and Transamerica approves such election. Check here to decline this service.]

Section IV. Asset Bridge* / Replacement

1.	Will this Contract replace or change any existing investment or insurance for the Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Does the existing investment or insurance impose a penalty for termination? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	If yes, indicate the estimated amount of penalty imposed by the existing plan investment or insurance?	\$
4.	Is the Asset Bridge provision requested at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	

*The Asset Bridge provision provides for a credit that reduces discontinuance or surrender charges of a prior provider. The amount indicated is an estimate, however, when the Contract is issued, **the actual penalty amount** from the prior carrier will be used to determine the credit given.

NOTICE: When a make-up amount under the Asset Bridge provision is given, the Contract's charges are increased, and a charge for discontinuance applies for a limited time period. This increase in charges and charge for discontinuance would not apply if the Asset Bridge provision were not elected. Consideration should be given to these increased charges to be sure the financial needs and goals of the Plan are met.

Transamerica Life Insurance Company

A Stock Company

[Home Office: 4333 Edgewood Road NE. Cedar Rapids, IA 52499
Administrative Office: 1150 South Olive Street, Los Angeles, CA 90015]

APPLICATION FOR CONTRACT

Section V. Investment Choice Selection

The Investment Choices offered by Transamerica to be included in the Contract are selected by the Applicant. The selection of Investment Choices is subject to the terms set forth in this Section V on the date this Application is signed. **Any subsequent changes to the Investment Choices selected are subject to the terms then in effect as set forth in Transamerica's Application to Change Investment Choices on the date such application is signed.**

The following Guidelines and Rules apply when selecting Investment Choices to include in the Plan. Refer to the IMPORTANT INFORMATION REGARDING INVESTMENT CHOICES below for additional information. **Please read the applicable Investment Fact Sheets and accompanying disclosure pages carefully.**

Investment Choice Type	Guideline or Rule
	Unless otherwise agreed to by Transamerica, the following guidelines or rules apply to the selection of Investment Choices under the Contract.
[Cash Equivalent*]	Only one Investment Choice of this type may be selected to include under the Contract.]
[Hybrid – Asset Allocation]	Only one grouping of these Investment Choices may be selected to include under the Contract.]
[Hybrid – Strategic Allocation]	Only one grouping of these Investment Choices may be selected to include under the Contract.]
[Hybrid – Target Maturity/Target Date]	Only one grouping of these Investment Choices may be selected to include under the Contract.]
[Hybrid – Asset Allocation]	If selected, all Investment Choices in this grouping must be included under the Contract.]
[Hybrid – Strategic Allocation]	If selected, all Investment Choices in this grouping must be included under the Contract.]
[Hybrid – Target Maturity/Target Date]	If selected, all Investment Choices in this grouping must be included under the Contract.]
[Default/Qualified Default Investment Alternative (QDIA)]	A default Investment Choice must be selected. A QDIA choice is optional.]
[Number of Investment Choices:]	At least one Investment Choice, but no more than [15-200] Investment Choices may be active under the Contract at any given time;]

Investment Choices have been assigned to various asset classes based solely on Transamerica's assessment of the investment policies of the underlying investment. Additionally, the current asset class may not be representative of that particular asset class in the future and may be subject to change. Accordingly, Plan fiduciaries should regularly review Investment Choices selected to determine whether such Investment Choices are prudent for Plan participants.

The value of each Separate Account is affected by market changes and the investment income applicable to each Separate Account, based on the securities/holdings of the underlying investment(s) in which the Separate Account invests. As a result of these market changes, the value of each Separate Account will be subject to variations, both up and down, and such value is not guaranteed as to fixed dollar amount.

Transamerica Life Insurance Company

A Stock Company

[Home Office: 4333 Edgewood Road NE. Cedar Rapids, IA 52499
Administrative Office: 1150 South Olive Street, Los Angeles, CA 90015]

APPLICATION FOR CONTRACT

Section VI. Contract Signatures

Applicant(s) executing this Application for Contract represent, acknowledge, understand, and accept that:

1. This Application will become a part of the Contract issued to the Contractholder by Transamerica. The Contractholder is shown in the Contract.
2. As signatories of this Application, the Applicants are authorized by the named Plan fiduciary and/or the Plan Sponsor to:
 - a. Execute this Application;
 - b. Enter into a binding agreement on behalf of the Plan Sponsor and Plan named in this Application; and
 - c. Act as a fiduciary on behalf of the Plan
3. The Contract allows for the investment in Separate Account/Sub-account Investment Choices, and a general account/stable value Investment Choice, and accumulates assets for the purpose of providing retirement benefits to participants.
4. Investment Choice selections are subject to terms contained in this Application. Any subsequent changes to the Investment Choices selected are subject to the terms then in effect as set forth in Transamerica's Application to Change Investment Choices on the date such application is signed.
5. All elections made on this Application will remain in effect until revoked in writing by the Contractholder or authorized representative and, such revocation is not effective until it is received by Transamerica at its Administrative Office. The named Plan fiduciary is an authorized representative of the Contractholder. If the Contractholder is a directed trustee, such directed trustee will act at the direction of the named Plan fiduciary.
6. It is important that the total estimated first-year deposits shown in Section I of this Application are accurate. These amounts may be used in the calculation of the Contract asset charges for the first deposit year of the Contract. Refer to the Contract for specific details on how charges are calculated.
7. The following information has been disclosed to the Applicant prior to the execution of this Application:
 - a. Charges and fees applicable to the Contract which are described in the Plan Pricing document generated with the Proposal, or in an Acknowledgment of Fees document. [, including charges associated with the plan expense payment processing service which the Applicant hereby directs Transamerica to allocate/credit to the Suspense Account for withdrawal to pay Plan expenses.]
 - b. Hold(s) or waiting period(s) and/or trading restrictions on investment choices made available under the Contract;
 - c. If commissions are paid, the commission disclosure information pursuant to Prohibited Transaction Class Exemptions 77-9 and 84-24 and other laws and regulations. In addition, the Applicant, as a fiduciary of the Plan independent of Transamerica, approves the purchase of the Contract (the transaction) pursuant to such commission disclosure information;
8. Transamerica may provide other ministerial services, pursuant to a separate written agreement. The application of the terms of the Contract shall not be impacted by Transamerica's performance under any other agreement.
9. The Applicant hereby certifies that the Plan covers employees of an employee benefit plan that invests in the Sub-accounts only those assets of such employee benefit plan intended to be qualified under Section 401(a) of the Internal Revenue Code of 1986, as amended (the "Code").
10. The Applicant hereby approves the issuance of the Contract on behalf of the Plan.
11. The Applicant has provided Contractholder or authorized representative with the Investment Fact Sheets and the accompanying disclosure pages for the Investment Choices made available to the Plan under the Contract.
12. The named Plan fiduciary must be disclosed in Section VIII below.

Transamerica Life Insurance Company

A Stock Company

[Home Office: 4333 Edgewood Road NE. Cedar Rapids, IA 52499
Administrative Office: 1150 South Olive Street, Los Angeles, CA 90015]

APPLICATION FOR CONTRACT

FRAUD NOTICE: (Generic)[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.] (VT) [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.] (FL) [Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.] (KY)[Any Person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.] (PR) [Any person who knowingly and with the intention to defraud includes false information in an Application for insurance or file, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefits, or files more than one claim for the same loss or damage commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (ten thousand) \$10,000; or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exists, the jail term may be reduced to a minimum of two (2) years.] (ME)[It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.] (OR) [Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime and may be subject to fines and confinement in prison.]

Signed at: _____ (City) (State)	Date: _____
(1) _____ Printed or typed Name	(2) _____ Printed or typed Name
_____ Signature	_____ Signature
Title: _____ <input type="checkbox"/> Plan Sponsor <input type="checkbox"/> Trustee <input type="checkbox"/> Fiduciary	Title: _____ <input type="checkbox"/> Plan Sponsor <input type="checkbox"/> Trustee <input type="checkbox"/> Fiduciary
Is this person authorized to request participant withdrawals or payments of Plan benefits under the Contract? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, complete Section VII below)	Is this person authorized to request participant withdrawals or payments of Plan benefits under the Contract? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, complete Section VII below)

Section VII. Withdrawal Authorization

Individuals listed below are hereby authorized to request withdrawals or payments of Plan benefits under the Contract, on behalf of the Contractholder or authorized representative. This authorization will remain in effect until revoked in writing by the Contractholder or authorized representative, and Transamerica receives such written revocation at its Administrative Office.

(1) _____ Printed or typed Name	(2) _____ Printed or typed Name
_____ Signature	_____ Signature
Title: _____	Title: _____

Section VIII - Named Plan Fiduciary:

The named Plan fiduciary is:

[Section IX Agent Information

Will this Contract replace or change any existing investment or insurance for the Plan? Yes No

Agent Printed or typed Name

Agent Signature

For Florida Contracts, list the agent's Florida License Identification Number:

ID#:

Date:

Transamerica Life Insurance Company

A Stock Company

[Home Office: 4333 Edgewood Road NE. Cedar Rapids, IA 52499
Administrative Office: 1150 South Olive Street, Los Angeles, CA 90015]

APPLICATION FOR CONTRACT

IMPORTANT INFORMATION REGARDING INVESTMENT CHOICES

Please also read the applicable Investment Fact Sheets and accompanying disclosure pages carefully.

[Cash Equivalent Investment Choices. This category of investment seeks to protect against loss of principal while providing returns comparable to money market funds and short term Treasury instruments. An investment in a cash equivalent Investment Choice offered by Transamerica is not insured or guaranteed by the FDIC or any other government agency. Although this type of investment seeks to preserve the value of principal, it is possible to lose money by investing in this type of investment. These types of investments generally have provided a dependable level of stability and liquidity; nevertheless, the investment is still subject to credit risk and to liquidity risk.]

Stable value-type investments (General Account Investment Choice) may be subject to liquidity restrictions or risk under specific circumstances, such as total and partial discontinuance under the Contract. For the stable value-type Investment Choice offered by Transamerica, there may be a waiting period of up to [30-365] days for some types of withdrawals.] [Additionally the underlying investment may impose separate hold periods or withdrawal restrictions.] Other than for defined benefit plans, TRANSAMERICA RESERVES THE RIGHT UNDER THE CONTRACT TO RESTRICT THE AVAILABILITY OF THE GENERAL ACCOUNT INVESTMENT CHOICE AFTER THE CONTRACT IS ISSUED.]

[Asset Allocation and Strategic Allocation Investment Choices. Each Asset Allocation Investment Choice/Strategic Allocation Investment Choice has its own investment strategy and risk/reward profile, and the underlying investments automatically diversify and rebalance among stock and fixed income securities to fit that profile. The Asset Allocation Investment Choices are designed as a convenient approach to help Participants meet retirement or other long-term goals. Participants should monitor their Asset Allocation Investment Choices over time to make sure they continue to meet their own risk/return profile, taking into account their objectives and investment time horizon. When selecting Asset Allocation and Strategic Allocation Investment Choices, all the Investment Choices within a grouping must be selected to include in the Plan. (All must be included. Not available individually.)

Although each Asset Allocation/Strategic Allocation Investment Choice is intended to be appropriate for a specific risk/reward profile, there is no guarantee that any Asset Allocation Investment Choice will achieve its stated investment objectives.]

[Target Maturity or Target Dates Investment Choices. Each Target Maturity/Target date Investment Choice's investment strategy is based on a targeted retirement age or the approximate date when investors plan to start withdrawing money. The underlying investments generally become more conservative as the designated retirement age approaches. When selecting the Target Maturity/Target Date Investment Choices, all the Investment Choices within a grouping must be selected to include in the Plan. (All must be included. Not available individually.)

Although each Target Maturity/Target Date Investment Choice is intended to be appropriate for a targeted retirement age, there is no guarantee that the Investment Choice will achieve its stated investment objectives. The principal value of these investment choices are not guaranteed at any time, including at the Target Maturity/Target Date.]

[Default Investment Choice. Except in the case of a defined benefit plan, naming a Default Investment Choice is required. The designated Default Investment Choice will hold: 1) individual participant contributions received with missing or incomplete enrollment information; 2) contributions received via automatic enrollment, if applicable; or 3) any other contributions for which no investment designation was provided. Contributions allocated to the Default Investment Choice can only be transferred to another Investment Choice by the participant via an approved method (e.g. VRU, Internet).]

ANY Investment Choice offered can be selected as a default Investment Choice. However only certain Investment Choices may qualify as a QDIA. If you would like to choose a QDIA, please note that Transamerica has denoted specific Investment Choices in Section V, which may be considered potential QDIAs permitted under applicable regulations. Subject to other regulations, the Plan fiduciary, is responsible for determining that the default investment selected is prudent for its participants and whether such Investment Choice satisfies the applicable regulations. Additional requirements must also be met for a Plan fiduciary to obtain relief under the regulations.

See the QDIA Fact Sheet for complete details if you would like to select a QDIA as your default Investment Choice.]

Transamerica Life Insurance Company

A Stock Company

[Home Office: 4333 Edgewood Road NE. Cedar Rapids, IA 52499
 Administrative Office: 1150 South Olive Street, Los Angeles, CA 90015]

APPLICATION -- REQUEST FOR CONTRACT CHANGE

Prepared Date:

Plan Sponsor Name:		Contract #	
Plan Name:		Comparison of Fees and Changes #	

In accordance with this **Application – Request for Contract Change** and the proposed fees and charges shown in the Comparison of Fees document, identified above and attached to this Application, I hereby apply for the following change(s) under the Contract, which may result in a modification to the Contract:

- Change the commissions payable to the existing or new broker of record.]
- Change fees and charges to reflect current Contract characteristics and plan demographics]
- Change the Cash Equivalent Investment Choice under the Contract.]
- Include the plan expense payment processing service with the Contract. As shown in the Comparison of Fees document, allocate/credit any associated charges and fees under the Contract, to the Suspense Account for withdrawal to pay plan expenses.]
- Discontinue the plan expense payment processing service and allocation/crediting of any associated charges and fees under the Contract to the Suspense Account.]

By my signature below, I hereby attest that I have reviewed the attached Comparison of Fees document and acknowledge and understand that:

1. By signing this Application – Request for Contract Change, the current fee structure may change in accordance with the information provided to me on the Comparison of Fees document.
2. Applicable Contract documents will be issued and sent to me when this Application – Request for Contract Change is received and processed by Transamerica, at its Administrative Office in Los Angeles.
3. Any modified Contract documents I receive, together with this Application – Request for Contract Change will be the controlling documents for the change and as such, I should review the modified contract documents carefully.

Upon receipt, the Contract documents and an executed copy of this Application – Request for Contract Change shall be attached to the Contract and become part of the Contract.
4. The proposed fees, charges and changes shown in the Comparison of Fees document are valid for **90 days**, from the Prepared Date shown above, and therefore this signed Application – Request for Contract Change must be received by Transamerica at its Administrative Office at 1150 South Olive Street, Los Angeles, CA 90015 or faxed to (213) 763- 9523 within such 90-day period in order to effect the requested changes.

FRAUD NOTICE: (Generic)[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.] (VT) [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.] (FL) [Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.] (KY))[Any Person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.] (PR) [Any person who knowingly and with the intention to defraud includes false information in an Application for insurance or file, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefits, or files more than one claim for the same loss or damage commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (ten thousand) \$10,000; or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exists, the jail term may be

reduced to a minimum of two (2) years.] (ME)[**It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.**] (OR) [Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime and may be subject to fines and confinement in prison.]

Signature

<i>Printed name of the Contractholder or authorized representative of Contractholder (named Plan fiduciary)</i>	<i>Signature of the Contractholder or authorized representative of Contractholder (named Plan fiduciary)</i>	<i>Date</i>

Transamerica Life Insurance Company

A Stock Company

[Home Office: 4333 Edgewood Road NE. Cedar Rapids, IA 52499
 Administrative Office: 1150 South Olive Street, Los Angeles, CA 90015]

APPLICATION -- REQUEST FOR CONTRACT CHANGE

Prepared Date:

Plan Sponsor Name:	Contract #
Plan Name:	Comparison of Fees and Changes #

In accordance with this **Application – Request for Contract Change** and the proposed fees and charges shown in the Comparison of Fees document, identified above and attached to this Application, I hereby apply for the following change(s) under the Contract, which may result in a modification to the Contract:

- Change the commissions payable to the existing or new broker of record.]
- Change fees and charges to reflect current Contract characteristics and plan demographics]
- Change the Cash Equivalent Investment Choice under the Contract.]
- Include the plan expense payment processing service with the Contract. As shown in the Comparison of Fees document, allocate/credit any associated charges and fees under the Contract, to the Suspense Account for withdrawal to pay plan expenses.]
- Discontinue the plan expense payment processing service and allocation/crediting of any associated charges and fees under the Contract to the Suspense Account.]

By my signature below, I hereby attest that I have reviewed the attached Comparison of Fees document and acknowledge and understand that:

1. By signing this Application – Request for Contract Change, the current fee structure may change in accordance with the information provided to me on the Comparison of Fees document.
2. Applicable Contract documents will be issued and sent to me when this Application – Request for Contract Change is received and processed by Transamerica, at its Administrative Office in Los Angeles.
3. Any modified Contract documents I receive, together with this Application – Request for Contract Change will be the controlling documents for the change and as such, I should review the modified contract documents carefully.

Upon receipt, the Contract documents and an executed copy of this Application – Request for Contract Change shall be attached to the Contract and become part of the Contract.
4. The proposed fees, charges and changes shown in the Comparison of Fees document are valid for **90 days**, from the Prepared Date shown above, and therefore this signed Application – Request for Contract Change must be received by Transamerica at its Administrative Office at 1150 South Olive Street, Los Angeles, CA 90015 or faxed to (213) 763- 9523 within such 90-day period in order to effect the requested changes.

FRAUD NOTICE: (Generic)[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.] (VT) [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.] (FL) [Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.] (KY))[Any Person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.] (PR) [Any person who knowingly and with the intention to defraud includes false information in an Application for insurance or file, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefits, or files more than one claim for the same loss or damage commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (ten thousand) \$10,000; or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exists, the jail term may be

reduced to a minimum of two (2) years.] (ME)[**It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.**] (OR) [Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime and may be subject to fines and confinement in prison.]

Signature

<i>Printed name of the Contractholder or authorized representative of Contractholder (named Plan fiduciary)</i>	<i>Signature of the Contractholder or authorized representative of Contractholder (named Plan fiduciary)</i>	<i>Date</i>

SERFF Tracking Number: AEGN-126660276 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 45957
Company Tracking Number: APP-07
TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium
Product Name: App-07
Project Name/Number: App-07/App-07

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

ReadabilityCert App-07 AR.pdf

Item Status: **Status**
Date:

Satisfied - Item: Statement of Variability for
Submitted Forms

Comments:

Statement of Variability for APP- 07, CAPP-07 and APP-RFCC- 07

Attachments:

APP-07 SOV.pdf

CAPP-07 SOV.pdf

APP-RFCC-07 SOV.pdf

**ARKANSAS
CERTIFICATION
OF
READABILITY**

Transamerica Life Insurance Company hereby
INSURER

certifies that this filing complies with the Arkansas readability requirements
via the exemption under 23-80-204 (b)(3).

Beverly Sanchez

Signature

Associate Vice President
Type name and title. (Must be an Officer.)

June 3, 2010
Date

Policy Form Number:

APP-07

CAPP-07

APP-RFCC-07

Transamerica Life Insurance Company
(NAIC # 86231-468) (FEIN# 39-0989781)

Statement of Variability

Form Number: App-07 Application for Contract

- The addresses of the Home office and the Administrative office are variable in the event these offices change locations.
- Under Administrative use only, the State of Contract Issuance is client specific and will be inserted as applicable.
- Under Administrative use only, the product name is variable in accordance with client request and will be inserted as applicable.
- Under Administrative use only, the Quote number/Contract number is client specific and will be inserted as applicable.
- Under Section II, the text relating to the plan expense payment processing service will appear or not appear, depending on whether the service is offered and the client qualifies for such service.
- Under Section V, with respect to the Guideline or Rule section, each guideline/rule will appear or not appear, depending on whether the guideline or rule applies, based on the investment choices available and the administrative practices of the company at the time of application.
- Under Section V, in order to facilitate the selection of investment choice for the contract, the list of sub-accounts will be shown, along with the ID#, Asset Class, Sub-asset Class, and Potential QDIA indicator. This list will change from time to time as the company adds and deletes investment choices, as provided in the contract. We reserve the right to re-arrange the formatting of the list as appropriate to the company's product offerings.
- Under Section V, at the end of the list of Separate Accounts, reference to choosing a default investment choice and a forfeiture account are included. These statements may vary in accordance with regulatory requirements.
- Under Section VI, item 7a, the phrase relating to the plan expense payment processing service will appear or not appear, depending on whether the service is offered and the client qualifies for such service.
- Under Section VI, Fraud Notice, a generic fraud notice will appear in those states that do not mandate specific language. Otherwise, state specific fraud language will appear. Only the fraud language applicable to the state of contract issuance will appear. The text of the Fraud Notices are:

FRAUD NOTICE:

- (Generic)[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.]
 - (VT) [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.]
 - (FL) [Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.]
 - (KY)[Any Person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.]
 - (PR) [Any person who knowingly and with the intention to defraud includes false information in an Application for insurance or file, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefits, or files more than one claim for the same loss or damage commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (ten thousand) \$10,000; or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exists, the jail term may be reduced to a minimum of two (2) years.]
 - (ME)[It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.]
 - (OR) [Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime and may be subject to fines and confinement in prison.]
- Under Section IX, this section will only appear in the States of Florida, Nebraska, and Iowa, or any other state that requires agent signature in the future.
 - On the last page, entitled “Important Information Regarding Investment Choices, the text is administrative in nature and is designed to educate the Contractholder in the selection of investment choices to include in the contract.

The description of “cash equivalent” investment choice is disclosure in nature, required by regulatory authorities. This language may vary if such regulatory authority mandates a change in language. The description of stable value-like investment choice may vary, dependent on applicable waiting periods and requirements of an underlying investment.

Due to the nature of strategic allocation investment choices and target maturity investment choices, administrative rules apply with respect to the sponsor of a retirement plan (Contractholder) choosing all in a group or none in a group. This facilitates a wide-range of investment opportunities for participants. These types of selection steps may or may not appear, depending on the distribution channel and depending on the actual investment choices the company is offering.

With respect to guidelines on a default investment choice or qualified default investment alternative, please note that for administrative purposes, when monies cannot be allocated, due to incomplete or missing allocation instructions, for example, such monies are allocated to the default investment choice made available by us. The default investment choice could help the plan sponsor with its fiduciary responsibilities. The language shown for default investment choices will vary as processes change for the company or due to regulatory requirements.

Transamerica Life Insurance Company
(NAIC # 86231-468) (FEIN# 39-0989781)

Statement of Variability

Form Number: CAPP-07 Application to Change Investment Choices

- The addresses of the Home office and the Administrative office are variable in the event these offices change locations.
- The Plan Sponsor name is client specific and will be inserted as applicable.
- The Plan Name is client specific and will be inserted as applicable.
- The Proposal number/Contract number is client specific and will be inserted as applicable.
- With respect to the Guideline or Rule section, each guideline/rule will appear or not appear, depending on whether the guideline or rule applies, based on the investment choices available and the administrative practices of the company at the time of application.
- In order to facilitate the addition and deletion of investment choices by the contractholder under the contract, the list of available sub-accounts will be shown, along with the ID#, Asset Class, Sub-asset Class, and QDIA indicator. This list will change from time to time as the company adds and deletes investment choices, as provided in the contract. We reserve the right to re-arrange the formatting of the list as appropriate to the company's product offerings.
- Any investment choice which is already in existence in the contract will include an option to delete such investment choice and the contractholder will designate under which investment should receive the assets of the deleted investment choice.
- At the end of the list of sub-accounts, reference to choosing a default investment choice and a forfeiture account are included. These statements may vary in accordance with regulatory requirements and may not appear on the application when not applicable.
- Fraud Notice. a generic fraud notice will appear in those states that do not mandate specific language. Otherwise, state specific fraud language will appear. Only the fraud language applicable to the state of contract issuance will appear. The text of the Fraud Notices are:

FRAUD NOTICE:

- (Generic)[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.]
- (VT) [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.]
- (FL) [Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.]
- (KY)[Any Person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.]

- (PR) [Any person who knowingly and with the intention to defraud includes false information in an Application for insurance or file, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefits, or files more than one claim for the same loss or damage commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (ten thousand) \$10,000; or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exists, the jail term may be reduced to a minimum of two (2) years.]
 - (ME)[It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.]
 - (OR) [Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime and may be subject to fines and confinement in prison.]
- On the last page, entitled “Important Information Regarding Investment Choices, the text is administrative in nature and is designed to educate the Contractholder in the selection of investment choices to include in the contract.
 - The description of “cash equivalent” investment choice is disclosure in nature, required by regulatory authorities. This language may vary if such regulatory authority mandates a change in language. The description of stable value-like investment choice may vary, dependent on applicable waiting periods and requirements of an underlying investment.

Due to the nature of strategic allocation investment choices and target maturity investment choices, administrative rules apply with respect to the sponsor of a retirement plan (Contractholder) choosing all in a group or none in a group. This facilitates a wide-range of investment opportunities for participants. These types of selection steps may or may not appear, depending on the distribution channel and depending on the actual investment choices the company is offering.

With respect to guidelines on a default investment choice or qualified default investment alternative, please note that for administrative purposes, when monies cannot be allocated, due to incomplete or missing allocation instructions, for example, such monies are allocated to the default investment choice made available by us. The default investment choice could help the plan sponsor with its fiduciary responsibilities. The language shown for default investment choices will vary as processes change for the company or due to regulatory requirements.

Transamerica Life Insurance Company
(NAIC # 86231-468) (FEIN# 39-0989781)

Statement of Variability

Form Number: APP-RFCC-07 Application – Request for Change

- This form is used in the administration of previously approved Group Annuity Contract forms.
- The addresses of the Home office and the Administrative office are variable in the event these offices change locations.
- The Plan Sponsor name is client specific and will be inserted as applicable.
- The Plan Name is client specific and will be inserted as applicable.
- The Contract number is client specific and will be inserted as applicable.
- The Change Request number is client specific and will be inserted as applicable.
- Each check-box and related text will appear or not appear depending on the type of change requested by the Contractholder.
- Fraud Notice. A generic fraud notice will appear in those states that do not mandate specific language. Otherwise, state specific fraud language will appear. Only the fraud language applicable to the state of contract issuance will appear. The text of the Fraud Notices are:

FRAUD NOTICE:

- (Generic)[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.]
- (VT) [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.]
- (FL) [Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.]
- (KY)[Any Person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.]
- (PR) [Any person who knowingly and with the intention to defraud includes false information in an Application for insurance or file, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefits, or files more than one claim for the same loss or damage commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (ten thousand) \$10,000; or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exists, the jail term may be reduced to a minimum of two (2) years.]
- (ME)[It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.]

- (OR) [Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime and may be subject to fines and confinement in prison.]