

<i>SERFF Tracking Number:</i>	AGNN-126824909	<i>State:</i>	Arkansas
<i>Filing Company:</i>	Western National Life Insurance Company	<i>State Tracking Number:</i>	46887
<i>Company Tracking Number:</i>	110-4X		
<i>TOI:</i>	A021 Individual Annuities- Deferred Non-Variable	<i>Sub-TOI:</i>	A021.002 Flexible Premium
<i>Product Name:</i>	110-4X		
<i>Project Name/Number:</i>	/		

Filing at a Glance

Company: Western National Life Insurance Company

Product Name: 110-4X

SERFF Tr Num: AGNN-126824909 State: Arkansas

TOI: A021 Individual Annuities- Deferred Non-Variable

SERFF Status: Closed-Approved- Closed State Tr Num: 46887

Sub-TOI: A021.002 Flexible Premium

Co Tr Num: 110-4X

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Angie Fox

Disposition Date: 09/29/2010

Date Submitted: 09/23/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/29/2010

Explanation for Other Group Market Type:

State Status Changed: 09/29/2010

Deemer Date:

Created By: Angie Fox

Submitted By: Angie Fox

Corresponding Filing Tracking Number:

Filing Description:

This form is being submitted for your review and approval. The form is new and does not replace any form previously approved by your Department. The filing includes no assumption or provisions that unfairly discriminate in availability, rates, benefits, or any other way for prospective insureds of the same class, equal expectation of life, and degree of risk. This filing does not contain any unusual or controversial items. To the best of our knowledge, information and belief, the forms submitted herewith are in compliance with the provisions of the insurance laws, rules, regulations and bulletins of your state, and such form contains no provisions previously disapproved by your Department.

We certify we are in compliance with Regulations 19 and 49 as well as AR. Code Ann. 23-79-138.

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 Product Name: 110-4X
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Form 110-4X is a deferred annuity application used with policy form A178 -03, approved by your Department on 07/11/03.

This form replaces application FBDA(C)-01-MVA approved by your Department on 04/10/02.

Company and Contact

Filing Contact Information

Angie Fox, angie.fox@aigretirement.com
 2919 Allen Parkway, L10-30 713-831-6050 [Phone]
 Houston, TX 77019 713-831-6932 [FAX]

Filing Company Information

Western National Life Insurance Company CoCode: 70432 State of Domicile: Texas
 2929 Allen Parkway, L10-30 Group Code: 12 Company Type:
 Houston, TX 77019 Group Name: State ID Number:
 (713) 831-6006 ext. [Phone] FEIN Number: 75-0770838

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: the fee for making this filing in our domicile state of Texas is \$100; therefore, \$100 is included in this submission.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Western National Life Insurance Company	\$100.00	09/23/2010	39834608

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	09/29/2010	09/29/2010

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Disposition

Disposition Date: 09/29/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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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
Supporting Document	SOV		Yes
Form	Deferred Annuity Application		Yes

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Form Schedule

Lead Form Number: 110-4X

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	110-4X	Application/Deferred Annuity Enrollment Application Form	Initial		50.400	110-4X-john-doe.pdf

205 East 10th Avenue
Amarillo, Texas 79101
Telephone 800.424.4990

Deferred Annuity Application

OWNER (All Policyholder correspondence will be sent to this address.)

Name: John Doe Sex: M Age: 35 DOB: 07/25/1972
 Address: 123 Main Street Marital Status: Married SSN: 999-99-9999
Anywhere, USA XXXXX Daytime Phone: 713.555.1234

JOINT OWNER (Optional. Non-Qualified Annuities only.)

Name: _____ Sex: _____ Age: _____ DOB: _____
 Marital Status: _____ SSN: _____ Daytime Phone: _____

ANNUITANT (if different from the Owner.) Upon the death of the Annuitant, Owner may designate a new Annuitant. If no designation is made within 30 days of the death of the Annuitant, the Owner will become the Annuitant.

Name: _____ Sex: _____ Age: _____ DOB: _____
 Address _____ Phone: _____ SSN: _____
 Relationship to Owner: _____

OWNER'S BENEFICIARY DESIGNATION - In the event of death of Owner, surviving Joint Owner becomes Primary Beneficiary.

If you do not want the Joint Owner to be the Primary Beneficiary, check here and name Beneficiary below.

Primary Beneficiary: Name: _____ Relationship: _____

Contingent Beneficiary: Name: _____ Relationship: _____

INTEREST RATE (Interest is credited and compounded daily to achieve the annual rate. To achieve this rate, the premium must be left for a full year without any withdrawals.) The minimum guaranteed interest rate for the life of your policy is [1.50] %.

- [1 year.** The Interest Rate on the Initial Premium is [4.00] % for 1 year. This rate includes a [2.00] % interest rate enhancement payable in the first year.]
- [6 year.** The Interest Rate on the Initial Premium is [_____] % for year 1, which includes a [_____] % interest rate enhancement payable in the first year. The Interest Rate [_____] % is payable in years 2 through 6.]
- [6 year MVA.** The Interest Rate on the Initial Premium is [_____] % for year 1 which includes a [_____] % interest rate enhancement payable in the first year. The Interest Rate [_____] % is payable in years 2 through 6.]

PURCHASE PAYMENT

Policy Number: H123456 Policy Date: 10/1/2009

Initial Premium Payment: \$ 10,000 Annuity Income Date: 10/1/2039

PLAN TYPE (required): Non-Qualified Qualified

Tax-Qualified Plans: Traditional IRA SEP IRA Roth IRA 401 Corporate Plan Other: _____]

Check one: Initial Contribution for Tax Year _____ Transfer Rollover Roth IRA Conversion Year _____

SIGNATURES Checks must be made payable to **Western National Life Insurance Company.**

[Do you have any existing life insurance policies or annuity contracts? Yes No
 Will this annuity replace, discontinue or change any existing life insurance or annuity contract issued by any company? Yes No (If yes, complete the following.) Company _____ Policy No. _____
 Are you an active duty service member of the United States Armed Forces? Yes No]

I understand this annuity is not federally insured. I have read and understand the important disclosures located on the reverse of this application. I represent that all statements and answers in this application are complete and true, on my behalf and any person who may claim any interest under this policy.

Please initial if applicable: _____ I am applying for a market-value adjustment annuity. **I understand that amounts payable under the policy are subject to a market value adjustment and to an early withdrawal charge for the period specified in the policy.**

X John Doe X _____
 Owner's Signature Joint Owner's Signature (if applicable)

Signed at (city/state): Anywhere, USA XXXXX on (date): 8/1/2007

REPRESENTATIVE INFORMATION

[To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. Yes No
 Do you have any reason to believe this annuity will replace, discontinue or change any existing life insurance or annuity? Yes No
 As agent, have you complied with all State Replacement Regulations and completed all required State Replacement forms? Yes No
 By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.]

X Bill Agent _____ ABC Insurance Agency #12345
 Licensed Agent's Signature Agency Name and Number

Bill Agent State Lic.#: 45678 Agent#: 24-7
 Licensed Agent (Print name)

DISCLOSURES

[REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS: Distributions from employer-sponsored retirement programs, including optional retirement programs, will be subject to any limitations imposed by the plan.

For Louisiana Optional Retirement Program Participants Only: For participants in the Louisiana Optional Retirement Program, withdrawals are limited by the plan and must take the form of an annuity payable over your lifetime or the joint lifetime of you and your beneficiary.

For Texas Optional Retirement Program Participants Only:

- Benefits in the Texas Optional Retirement Program vest after one year and one day of participation in one or more optional retirement plans.
- Benefits under the Texas Optional Retirement Program are available to you only after you attain the age of 70 ½ years, or terminate participation by death, retirement, or termination of employment in all Texas institutions of higher education.
- Western National Life Insurance Company (WNLIC) will require written verification from the program administrator of your qualification for any requested redemption of any annuity benefits purchased under the Texas Optional Retirement Program.

California Senior Disclosure: Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.]

FRAUD WARNING

[In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

Arkansas, North Dakota, South Carolina, South Dakota, and Texas Residents Only: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

Colorado, Kentucky, New Mexico, Ohio, and Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

District of Columbia Residents Only: 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.

Louisiana, Maryland and Massachusetts Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or knowingly and willfully presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Maine, Tennessee, Virginia and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Oklahoma Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: flesch.pdf		

	Item Status:	Status Date:
Satisfied - Item: SOV		
Comments:		
Attachment: SOV-110-4X.pdf		

CERTIFICATION

WESTERN NATIONAL LIFE INSURANCE COMPANY, NAIC # 70432, hereby certifies that the following form(s) comply with the Flesch scale of readability requirements of your State and the forms achieved the following score:

<u>Form Number</u>	<u>Form Description</u>	<u>Flesch Score</u>
110-4X	Deferred Annuity Application	50.4



Tracey Harris
Vice President

September 21, 2010
Date

Statement of Variability for Form 110-4X
Western National Life Insurance Company
September 21, 2010

We have bracketed or determined that the following information will be variable. Any changes will be for future use only, and on a non-discriminatory basis. We have bracketed the following information:

1. Contact Information: The location and telephone number are bracketed for administrative purposes.
2. Terms, Current GMIR and Interest Rate Enhancement: To allow for flexibility in offering different interest rate terms, depending on economic and market conditions.
 - 2a. The terms may range between 1 and 10 years. Additionally, we have included blanks for the current crediting rate to be completed. Those rates will range between 1.0% and 10.0%.
 - 2b. The current GMIR is 1.0% and may range between 1.00% and 3.50%.
 - 2c. The interest rate enhancement is included in the first year rate. The current interest rate enhancement rate is 2.00% and may range between .5% - 5.0%. Any changes to interest rate terms, the current crediting rate, the GMIR and the interest rate enhancement will be applicable to new issues only.
4. Qualified Information: To allow for flexibility in the information collected and Tax Qualified Plans offered, and the ability to make changes that comply with applicable state or federal requirements.
5. Replacement Information: To allow for flexibility in the information collected, and to make changes to comply with state or federal requirements. Replacement information will always be on the application as required, but may be subject to change based on state or federal updates.
6. Disclosures and Fraud Warnings: The disclosures and fraud warnings so that text may be modified to comply with changes in state law.



Tracey Harris - Vice President

September 21, 2010

Date