

SERFF Tracking Number: MTLC-126889912 State: Arkansas
Filing Company: MTL Insurance Company State Tracking Number: 47556
Company Tracking Number: 6250-10
TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable
Variable
Product Name: Immediate Annuity Application
Project Name/Number: Immediate Annuity Application/6250-10

Filing at a Glance

Company: MTL Insurance Company

Product Name: Immediate Annuity Application SERFF Tr Num: MTLC-126889912 State: Arkansas

TOI: A05I Individual Annuities- Immediate Non- SERFF Status: Closed-Approved- State Tr Num: 47556
Variable Closed

Sub-TOI: A05I.000 Annuities - Immediate Non- Co Tr Num: 6250-10 State Status: Approved-Closed
variable

Filing Type: Form

Author: Jamie Jensson

Date Submitted: 12/20/2010

Reviewer(s): Linda Bird

Disposition Date: 01/05/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Immediate Annuity Application

Project Number: 6250-10

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 01/05/2011

State Status Changed: 01/05/2011

Created By: Jamie Jensson

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jamie Jensson

Filing Description:

Form 6250-10 is an Immediate Annuity Application and will be used with our Single Premium Immediate Annuity product, Form 613, which was previously approved in your state.

Company and Contact

Filing Contact Information

Jamie Jensson,
1200 Jorie Blvd

JenssonJ@mutualtrust.com

800-323-7320 [Phone] 5397 [Ext]

SERFF Tracking Number: MTL-126889912 *State:* Arkansas
Filing Company: MTL Insurance Company *State Tracking Number:* 47556
Company Tracking Number: 6250-10
TOI: A051 Individual Annuities- Immediate Non-Variable *Sub-TOI:* A051.000 Annuities - Immediate Non-variable
Product Name: Immediate Annuity Application
Project Name/Number: Immediate Annuity Application/6250-10

Oak Brook, IL 60523

Filing Company Information

MTL Insurance Company	CoCode: 66427	State of Domicile: Illinois
1200 Jorie Blvd.	Group Code:	Company Type: Life
Oak Brook, IL 60522	Group Name:	State ID Number:
(800) 323-7320 ext. [Phone]	FEIN Number: 36-1516780	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: 1 form x \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MTL Insurance Company	\$50.00	12/20/2010	43100933

SERFF Tracking Number: MTL-126889912 State: Arkansas
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Company Tracking Number: 6250-10
TOI: A051 Individual Annuities- Immediate Non- Variable Sub-TOI: A051.000 Annuities - Immediate Non-variable
Product Name: Immediate Annuity Application
Project Name/Number: Immediate Annuity Application/6250-10

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/05/2011	01/05/2011

SERFF Tracking Number: *MTLC-126889912* *State:* *Arkansas*
Filing Company: *MTL Insurance Company* *State Tracking Number:* *47556*
Company Tracking Number: *6250-10*
TOI: *A051 Individual Annuities- Immediate Non-Variable* *Sub-TOI:* *A051.000 Annuities - Immediate Non-variable*

Product Name: *Immediate Annuity Application*
Project Name/Number: *Immediate Annuity Application/6250-10*

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	Immediate Annuity Application		Yes

SERFF Tracking Number: MTL-126889912 *State:* Arkansas
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Company Tracking Number: 6250-10
TOI: A051 Individual Annuities- Immediate Non-Variable *Sub-TOI:* A051.000 Annuities - Immediate Non-variable
Product Name: Immediate Annuity Application
Project Name/Number: Immediate Annuity Application/6250-10

Form Schedule

Lead Form Number: 6250-10

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	6250-10	Application/Immediate Annuity Enrollment Application Form	Initial		51.480	6250-10.pdf

14. Beneficiary - The death benefit shall be paid to: (**Do Not** complete this section if the Income Option selected in Question 11 specifies "No Refund")

<i>Primary</i>	Full Name	Relationship to Annuitant	Birth Year	<i>Contingent</i>	Full Name	Relationship to Annuitant	Birth Year

Unless otherwise specified, beneficiaries of the same class will share equally, with the right of survivorship. If a Trustee is named above, payment to such Trustee will discharge the Company from further liability to the extent of that payment.

Allow the beneficiaries the choice of receiving the Death Benefit in a Single Sum unless I have checked one of the following boxes:

- Do Not** allow the primary beneficiaries to receive the Death Benefit in a Single Sum nor to change the contingent beneficiary.
- Do Not** allow the primary beneficiaries to receive the Death Benefit in a Single Sum but **do** allow them the right to name their own beneficiary.

15. Home Office Endorsements:

16. Supplementary Remarks (*Provide the Annuitant's identification number and identification expiration date*):

Notice to the Annuitant regarding taxes being withheld:

Since payments made under this annuity are defined by the Internal Revenue Service (IRS) as Periodic Payments, we will require IRS Form W-4P to be completed and returned with this form. Consult your tax advisor and/or legal counsel before completing these forms.

The annuity applied for will become effective on its issue date if the amount paid and the application are acceptable to the Company under its usual procedures. However, if either is not acceptable, the Company's liability will be limited to a return of any money paid.

In case of apparent errors or omissions, the Company is authorized to amend this application by entering any changes in the space entitled "Home Office Endorsements," and acceptance of the annuity will be considered ratification of that amendment. However, any amendment relating to the single premium, date(s) of birth, or Income Options will be made only with the written consent of the Annuitant(s).

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

Application made at _____ Signature of Annuitant
 on _____ Signature of Joint Annuitant
 Date _____
 Witness _____

AGENT AFFIRMATION: I was or was not personally in the presence of the Annuitant (s) when this application was completed and signed. Answers to all questions are properly recorded and, to the best of my knowledge, are complete and true. I represent that I have only used company-approved materials and copies of all sales materials were left with the proposed Annuitant.

 Date Signature of Writing Agent
 Writing Agent's Ten Digit Code _____
 _____ Print Writing Agent's Name

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Supporting Document Schedules

Item Status:

**Status
Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

STATE OF ARKANSAS compliance form.pdf
Certification of Readability AR.pdf

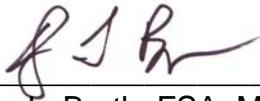
STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Company Name: MTL Insurance Company

Form Title(s): Immediate Annuity Application

Form Numbers(s): 6250-10

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19 and 49, as well as the other laws and regulations of the State of Arkansas.



Roger L. Barth, FSA, MAAA
Vice President

December 17, 2010
Date

CERTIFICATION OF READABILITY

State of _____

Form Number

Flesch Readability Score

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that to the best of my knowledge and belief, the above-referenced form(s) meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations in the state of _____.

Company

Signature

Name

Title

Date