

SERFF Tracking Number: WSST-127749211 State: Arkansas
Filing Company: Integrity Life Insurance Company State Tracking Number: 50121
Company Tracking Number: IL-16-31000
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.001 Fixed Premium
Variable
Product Name: Fixed Annuity Application
Project Name/Number: Fixed Annuity Application/

Filing at a Glance

Company: Integrity Life Insurance Company

Product Name: Fixed Annuity Application

TOI: A021 Individual Annuities- Deferred Non-
Variable

Sub-TOI: A021.001 Fixed Premium

Filing Type: Form

SERFF Tr Num: WSST-127749211 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 50121
Closed

Co Tr Num: IL-16-31000

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Ramona Piercefield,
Kimberly Wright

Disposition Date: 11/01/2011

Date Submitted: 10/28/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Fixed Annuity Application

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Kimberly Wright

Filing Description:

RE: Integrity Life Insurance Company

NAIC # 74780

IL-16-31000, Individual Fixed Annuity Application

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 11/01/2011

State Status Changed: 11/01/2011

Created By: Kimberly Wright

Corresponding Filing Tracking Number:

This filing is being submitted on behalf of the Integrity Life Insurance Company.

Enclosed for your review and approval is Application IL-16-31000. This form is new and is intended to replace Application INT-APP-FIX, which was approved for use in your state on 9/29/2004.

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Application IL-16-31000 was updated to include detailed beneficiary information. A Contract and Premium Information section and a Disclosure, Certification and Owner's Signature section have also been added. In addition, Suitability Questions have been added and references to products no longer being marketed have been removed. The overall format of the application was changed to be in the "boxed" format.

Application IL-16-31000 is intended to be used with the following previously approved contracts and any contracts approved in the future.

Form Number	Type of Form	Approval Date
INT 96	Flexible Premium Deferred Annuity	12/17/1996
INT 04-03 AR	Single Premium Deferred Fixed Annuity	9/23/2004

The enclosed application will be used in the traditional paper formatting. We reserve the right to develop and utilize electronic and/or telephonic uses in the future. Should we decide to pursue alternative methods, we certify we will amend the filing with our procedures, John Doe information and any additional processes required.

All variable items have been denoted by red brackets and are subject to the change as explained in the attached Statement of Variability. We certify that any change or modification to a variable item shall be administered in accordance with the enclosed Statement of Variability, including any requirements for prior approval of a change or modification.

The enclosed application does not contain any innovative or unique features. The form has been scored for readability and the required Certification form is enclosed.

These forms are submitted in final printed format and are subject to only minor modification in paper size and stock, ink, border, formatting in the form of a booklet, and formatting pages to conform to our printer requirements.

Please do not hesitate to contact us with any questions or concerns. Thank you for your assistance with this filing. We look forward to your approval.

Company and Contact

Filing Contact Information

Kimberly Wright, Product & State Filing Analyst Kim.Wright@Westernsouthernlife.com
400 Broadway 513-629-1060 [Phone]
MS 82

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Cincinnati, OH 47025

Filing Company Information

Integrity Life Insurance Company	CoCode: 74780	State of Domicile: Ohio
400 Broadway	Group Code: 836	Company Type: Life
Cincinnati, OH 45202	Group Name: West-Southern	State ID Number:
	Group	
(800) 446-0795 ext. [Phone]	FEIN Number: 86-0214103	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Integrity Life Insurance Company	\$50.00	10/28/2011	53269366

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	11/01/2011	11/01/2011

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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	Statement of Variability		Yes
Form	Fixed Annuity Application		Yes



Fixed Annuity Application (Check One) New Momentum SPDA Series II

MAILING INSTRUCTIONS

Send this completed application to:

REGULAR MAIL: Integrity Life Insurance Company, PO Box 5722, Cincinnati, OH 45201-5722

EXPRESS MAIL: Integrity Life Insurance Company, Attn: Annuity Operations, 400 Broadway, Cincinnati, OH 45202-3341

ANNUITANT INFORMATION (Required)

Annuitant – The Annuitant is the individual for whom the contract’s life is based. The Annuitant is also the Owner unless indicated otherwise below.

Name–First, Middle, Last		Phone Number		Social Security Number/TIN	
Address		City		State	Zip Code
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth		Email Address		
State/Country of Birth			Relationship to Owner		

Contingent Annuitant – The Contingent Annuitant becomes the new Annuitant if the original Annuitant dies (nonqualified contracts only). Naming a Contingent Annuitant will prevent payment of the Death Benefit on death of the Annuitant. If Owner and Annuitant are the same, the Surrender Value will be paid instead.

Contingent Annuitant Name–First, Middle, Last		Phone Number		Social Security Number/TIN	
Address		City		State	Zip Code
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth		Relationship to Owner		
State/Country of Birth					

OWNER INFORMATION (Required if different from Annuitant)

Owner – The Owner controls the contract. If the Owner and Annuitant are different, different rules apply at the death of the Owner. To ensure spousal continuation and withdrawal charge waiver: (1) the Owner/Annuitant must be the same person, (2) the Owner’s spouse must be the Owner’s sole beneficiary AND Annuitant’s sole beneficiary (3) no Contingent Annuitant can be named, and (4) no Joint Owner can be named.

If the Owner is a non-natural person, such as a trust or corporation, complete the Entity Ownership Certificate.

Name–First, Middle, Last		Phone Number		Social Security Number/TIN	
Address		City		State	Zip Code
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth		Email Address		
State/Country of Birth					

OWNER INFORMATION (Continued)

Joint Owner – The Joint Owner shares ownership rights with the Owner. Death distribution rules apply at first to die. **The Joint Owner is not the Owner’s beneficiary unless named as Owner’s Beneficiary.**

Name–First, Middle, Last		Phone Number	Social Security Number/TIN	
Address		City	State	Zip Code
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Relationship to Owner		
State/Country of Birth				

BENEFICIARY INFORMATION (Required)

Annuitant’s Beneficiary – The Annuitant’s Beneficiary receives the death benefit if the Annuitant dies. The death benefit goes to the Annuitant’s estate if an Annuitant’s beneficiary is not named here.

If you do not elect a Beneficiary Type, the Beneficiary Type will be considered Primary.

Name–First, Middle, Last		Date of Birth	Social Security Number/TIN	
Address		City	State	Zip Code
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Relationship to Annuitant		

Name–First, Middle, Last		Phone Number	Social Security Number/TIN	
Address		City	State	Zip Code
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Relationship to Annuitant		

Name–First, Middle, Last		Phone Number	Social Security Number/TIN	
Address		City	State	Zip Code
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Relationship to Annuitant		

Name–First, Middle, Last		Phone Number	Social Security Number/TIN	
Address		City	State	Zip Code
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Relationship to Annuitant		

Owner’s Beneficiary – If the Owner is not the Annuitant, the Owner’s Beneficiary takes ownership of the contract if the Owner dies and will be required to take a payout. Ownership of the contract (and a distribution) may go to the Owner’s estate if a beneficiary is not named here.

Name–First, Middle, Last		Phone Number	Social Security Number/TIN	
Address		City	State	Zip Code
Beneficiary Type: Primary		Relationship to Owner		

TRANSFER OR REPLACEMENT INFORMATION (Required)

Do you currently have an existing annuity contract or life insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the purchase of this annuity change or replace any existing annuity contract or life insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CONTRACT AND PREMIUM INFORMATION (Required)

How do you want Integrity to issue this contract? Nonqualified Traditional IRA* Roth IRA* SEP IRA*

* A contract is considered tax qualified if it is being funded from a rollover or transferred from a qualified plan, or existing IRA, or the premium is being deposited to a new IRA.

Nonqualified Payment Type

- Complete 1035 Exchange/Estimated Transfer \$ _____
- Partial 1035 Exchange/Estimated Transfer \$ _____
- Amount Enclosed \$ _____

Qualified Payment Type

- Qualified Transfer \$ _____
- Rollover \$ _____
- Contribution \$ _____ For Tax Year _____
- \$ _____ For Tax Year _____

If no year is indicated, contribution defaults to current tax year.

Make checks payable to **Integrity Life Insurance Company**.

If a Wire Transfer is used to fund this contract, the following information is required: the account belongs to _____ and originated from _____ (state/country)

INTEREST RATE GUARANTEE PERIODS (Required)

New Momentum **QIQ** _____ % **2 Year GRO** _____ % **3 Year GRO** _____ % **5 Year GRO** _____ %
 (Must equal 100%) **6 Year GRO** _____ % **7 Year GRO** _____ % **10 Year GRO** _____ %

SPDA Series II **1 Year** **3 Year** **5 Year** **7 Year**
 (Check One)

MVA Disclosure: The Guaranteed Rate Options (GROs) available under the contract are subject to a Market Value Adjustment (MVA), which may increase or decrease the available account value if funds are withdrawn during the guarantee period.

DISCLOSURE, CERTIFICATION AND OWNER'S SIGNATURE (Required)

SPOUSAL CONSENT – Required for contracts in AZ, CA, ID, LA, NM, NV, TX, WA and WI, if the spouse is not named as the sole primary beneficiary on the contract.

If you are married to the contract owner and he/she has designated a primary beneficiary(ies) other than you, please consult your tax advisor about the implications of this beneficiary designation.

I certify that I am the spouse of the named contract owner, and consent to my spouse designating the person(s) listed on previous pages as beneficiaries. I understand and acknowledge that as a result of this consent, I will not receive any benefits payable under this contract except to the extent specifically provided as a designated beneficiary on this contract.

Spouse's Name (printed)

Spouse's Signature

Date

For applicants except those in AR, CT, DC, FL, ND and OR: 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 is guilty of insurance fraud.

For applicants in AR: Any person who knowing 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.

For applicants in CT: 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 may be guilty of insurance fraud as determined by a court of competent jurisdiction.

For applicants in DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

For applicants in 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.

For applicants in ND: 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 may be guilty of insurance fraud.

For applicants in OR: 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 as to any material fact may be guilty of insurance fraud.

Arizona Free Look Disclosure: The Owner may request in writing factual information regarding the benefits and provisions of the annuity contract purchased. If not satisfied, the Owner may return the contract within 10 days, within 30 days if it replaced another contract, or within 30 days if the Owner is 65 years or older on the date this application was signed, after the contract is delivered, and receive a refund of all monies paid.

DISCLOSURE, CERTIFICATION AND OWNER'S SIGNATURE (Continued)

California Senior Financial Products Disclosure: In the process of evaluating the purchase of any annuity product, you should understand 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 their sale or liquidation. Prior to purchasing the new annuity product, you or your representative may wish to consult independent legal or financial advice before selling or liquidating any assets.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number, **and** (2) that I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and** (3) I am a US citizen or resident alien.

Note: You must cross out Item #2 of certification if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting of interest or dividends on your tax returns

If the plan is being funded by transfer, rollover or conversion in the year, or any year after, the owner attains age 70½, any minimum distribution requirement for the year of funding cannot be placed in this contract.

I have read the statements and answers in all parts of this application and state they are true and complete to the best of my knowledge and belief. I also understand that the Integrity Life Insurance Company will have no liability until the contract is issued.

Signed in the State of:

Owner's Signature	Date
Joint Owner's Signature (if applicable)	Date
Annuitant's Signature (if different from Owner)	Date

SALES REPRESENTATIVE/LICENSED AGENT INFORMATION (Required)

Does the applicant now have life insurance policies or annuity contracts with any company? Yes No

Will any existing insurance or annuity be replaced or changed (or has it been), assuming the contract applied for will be issued? Yes No

Has this application been reviewed for suitability by a financial institution or broker-dealer? (Required) Yes No

If **NO**, complete a Fixed Annuity Suitability Statement (or the Questionnaire for Suitability in NAIC States), and submit to Integrity with this application. Integrity cannot issue the contract without required suitability information.

By the signature below, I certify that I have asked and recorded completely and accurately the answers to all questions on this application. I know of nothing affecting the risk that has not been recorded herein. I also certify that prior to signing this application, I delivered to the applicant any proposal, outline of coverage, Buyer's Guide, comparison and/or disclosure statement required by federal law or by the law of the state where the application was signed.

Name—First, Middle, Last (Print)	Phone Number	Agent ID Number (6 digits)	
Firm Name	Fax Number	Email Address	
Branch Address	City	State	Zip Code
Sales Representative/Licensed Agent's Signature	Agent License ID Number		Date

Mail contract to: Sales Representative/Licensed Agent Owner

(Contracts mailed to sales representative/licensed agent must be delivered to the owner within five days of receipt. Contracts issued in Louisiana, Pennsylvania, South Dakota and West Virginia will be mailed to the owner automatically.)

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Supporting Document Schedules

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

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: This is an application filing		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: This is an Application ONLY filing and therefore no actuarial memorandum required.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: Statement of Variability _non-compact_.pdf		

Integrity Life Insurance Company

NAIC CODE # 74780

CERTIFICATION

I, Lori Rochford, an officer of Integrity Life Insurance Company hereby certify that the following forms have the following readability scores that reflect the requirements of the Uniform Standards of the IIPRC.

Form Numbers	Readability Score
IL-16-31000	When application is score with the base policy, the combined score exceeds the required readability requirement.



Lori Rochford
Assistant Vice President, Insurance Compliance

Date: October 28, 2011

Statement of Variability

October 24, 2011

This Statement of Variability applies to the following forms:

IL-16-31000, Individual Fixed Annuity Application

The variable information is identified by brackets and may change as indicated below:

Interest Rate Guarantee Periods	The available GRO periods could range from two years to ten years.
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The MVA disclosure will serve as a notice that the product contains a Market Value Adjustment feature. The wording may change to accurately reflect the operation of the MVA if necessary.