

SERFF Tracking Number: FRCS-127043320 State: Arkansas
Filing Company: First Investors Life Insurance Company State Tracking Number: 48146
Company Tracking Number: 5487
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Variable Annuity Applications
Project Name/Number: Firstinv/89/89

Filing at a Glance

Company: First Investors Life Insurance Company

Product Name: Variable Annuity Applications SERFF Tr Num: FRCS-127043320 State: Arkansas
TOI: A03I Individual Annuities - Deferred SERFF Status: Closed-Approved- State Tr Num: 48146
Variable Closed
Sub-TOI: A03I.002 Flexible Premium Co Tr Num: 5487 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Authors: Jana Finlay, Kevin Wiggs Disposition Date: 03/07/2011
Date Submitted: 03/02/2011 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Firstinv/89 Status of Filing in Domicile: Authorized
Project Number: 89 Date Approved in Domicile: 02/11/2011
Requested Filing Mode: Review & Approval Domicile Status Comments: Approved by
domicile state on 2/11/2011.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 03/07/2011
State Status Changed: 03/07/2011
Deemer Date: Created By: Kevin Wiggs
Submitted By: Kevin Wiggs Corresponding Filing Tracking Number: SERFF
tracking number FRCS-126373664, your state
file number 44079

Filing Description:

We have been retained by First Investors Life Insurance Company to file the enclosed form for approval in your state.

Our fee of \$50 has been sent by EFT on this same date.

The Company offers their assurance that Regulation 6 has been reviewed and that the Company is in compliance.

The enclosed application will be used to apply for annuity form FPVA-1 (08/09)(AR), which was previously approved by

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your Department on 1/7/2010 (SERFF tracking number FRCS-126373664, your state file number 44079).

Upon approval and implementation, this application will replace previously approved application VARANN-App (08/09)(AR).

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

Company and Contact

Filing Contact Information

Kevin Wiggs, Compliance Specialist kevin.wiggs@firstconsulting.com
1020 Central 800-927-2730 [Phone] 2736 [Ext]
Suite 201 816-391-2755 [FAX]
Kansas City, MO 64105

Filing Company Information

(This filing was made by a third party - FC01)

First Investors Life Insurance Company CoCode: 63495 State of Domicile: New York
110 Wall Street Group Code: Company Type:
New York, NY 10005 Group Name: State ID Number:
(212) 858-8231 ext. [Phone] FEIN Number: 13-1968606

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: AR fee of \$50 per form.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
First Investors Life Insurance Company	\$50.00	03/02/2011	45206974

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/07/2011	03/07/2011

SERFF Tracking Number: *FRCS-127043320* *State:* *Arkansas*
Filing Company: *First Investors Life Insurance Company* *State Tracking Number:* *48146*
Company Tracking Number: *5487*
TOI: *A03I Individual Annuities - Deferred Variable* *Sub-TOI:* *A03I.002 Flexible Premium*
Product Name: *Variable Annuity Applications*
Project Name/Number: *Firstinv/89/89*

Disposition

Disposition Date: 03/07/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FRCS-127043320 *State:* Arkansas
Filing Company: First Investors Life Insurance Company *State Tracking Number:* 48146
Company Tracking Number: 5487
TOI: A031 Individual Annuities - Deferred Variable *Sub-TOI:* A031.002 Flexible Premium
Product Name: Variable Annuity Applications
Project Name/Number: Firstinv/89/89

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Form	Individual Annuity Application		Yes

SERFF Tracking Number: FRCS-127043320 State: Arkansas
 Filing Company: First Investors Life Insurance Company State Tracking Number: 48146
 Company Tracking Number: 5487
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
 Product Name: Variable Annuity Applications
 Project Name/Number: FirstinV/89/89

Form Schedule

Lead Form Number: VARANN-App (01/11)(AR)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	VARANN-App (01/11)(AR)	Application/ Enrollment Form	Individual Annuity Application	Revised	Replaced Form #: VARANN-App (08/09)(AR) Previous Filing #: SERFF tracking number FRCS-126373664, your state file number 44079	51.300	VARANN-App (01-11)(AR) Application.pdf

INDIVIDUAL VARIABLE ANNUITY APPLICATION

First Investors Life Insurance Company
[110 Wall Street]
[New York, New York 10005]

<u>Name of Proposed Owner</u> _____ First Middle Last	<u>Date of Birth</u> ____/____/____ Month Day Year	<u>Age Last Birthday</u> _____	<u>Place of Birth</u> _____ State _____ Country
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<u>Social Security Number</u> _____	<u>Sex</u> Male <input type="checkbox"/> Female <input type="checkbox"/>	<u>Married</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
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<u>Proposed Owner's Home Address</u> Street _____ City _____ State _____ Zip _____	<u>Telephone Numbers</u> Home _____ Work _____
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IF APPLICABLE, PLEASE COMPLETE JOINT OWNER INFORMATION BELOW

(A Joint Owner is not permitted if purchasing an IRA.)

<u>Name of Proposed Joint Owner</u> _____ First Middle Last	<u>Date of Birth</u> ____/____/____ Month Day Year	<u>Age Last Birthday</u> _____	<u>Place of Birth</u> _____ State Country
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<u>Social Security Number</u> _____	<u>Sex</u> Male <input type="checkbox"/> Female <input type="checkbox"/>	<u>Married</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
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<u>Joint Owner's Home Address</u> Street _____ City _____ State _____ Zip _____	<u>Telephone Numbers</u> Home _____ Work _____
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Annuitant:

Name of Annuitant _____
 Address _____ First Middle Last Date of Birth _____
 Relationship to Proposed Owner _____ Social Security Number _____

IF APPLICABLE, PLEASE COMPLETE JOINT ANNUITANT INFORMATION BELOW

Joint Annuitant:

Name of Joint Annuitant _____
 Address _____ First Middle Last Date of Birth _____
 Relationship to Proposed Owner _____ Social Security Number _____

Proposed Owner's Financial Information

a) Financial Resources

Liquid Net Worth \$ _____

Total Net Worth \$ _____

Annual Income \$ _____

Marginal Tax Rate _____%

b) Investment Experience

Stocks Bonds

Mutual Funds Variable Annuity/Life Insurance

Other None

c) Risk Profile

_____ % **Conservative** – Willing to accept some risk, but more interested in stability of principal than in larger return on investments.

_____ % **Moderate** – Willing to accept average risk of fluctuation of principal in exchange for the potential of larger long-term returns on investments.

_____ % **Aggressive** – Willing to accept significant fluctuation of principal in exchange for the potential for significant long-term returns on investment.

d) Investment Objectives (Prioritize 1-4)

_____ Growth _____ Income

_____ Tax Reduction _____ Other

Subaccount Allocations

Select the Subaccounts and/or the Fixed Account and the percentage of the initial net annual premium to be allocated to each.

<u>Subaccount</u>	<u>% Allocated</u>
[Blue Chip Fund]	_____
[Cash Management Fund]	_____
[Discovery Fund]	_____
[Government Fund]	_____
[Growth & Income Fund]	_____
[High Yield Fund]	_____
[International Fund]	_____
[Investment Grade Fund]	_____
[Select Growth Fund]	_____
[Target Maturity 2015]	_____
[Value Fund]	_____

Fixed Account (maximum 50%) _____

Total Allocation 100%

Systematic Transfer Option

Do you select the Systematic Transfer Option? Yes No

If "Yes" select the frequency Monthly Quarterly

Designate the Subaccounts to be used for the Transfer. The Fixed Account is not eligible for the Systematic Transfer Option.

<u>Transfer Amount</u>	<u>From Subaccount</u>	<u>To Subaccount</u>
_____	[Blue Chip Fund]	_____
_____	[Cash Management Fund]	_____
_____	[Discovery Fund]	_____
_____	[Government Fund]	_____
_____	[Growth & Income Fund]	_____
_____	[High Yield Fund]	_____
_____	[International Fund]	_____
_____	[Investment Grade Fund]	_____
_____	[Select Growth Fund]	_____
_____	[Target Maturity 2015]	_____
_____	[Value Fund]	_____

Minimum Transfer Amount is \$100 (Whole Dollar Amounts Only)

Automated Subaccount Reallocation Option

Do you select the Automated Subaccount Reallocation Option feature of your Variable Annuity Contract?

Yes No

If Yes, Automatic Reallocation will occur quarterly based on the premium allocations selected for the Subaccounts.

The Fixed Account is not eligible for Automatic Reallocation.

Note: Only the Systematic Transfer Option or the Automatic Subaccount Reallocation Option, but not both, may be in effect at the same time.

Do you, the Proposed Owner understand that in the Variable Annuity Contract applied for:

- a) The amount of the Cash Value may increase or decrease depending upon the investment experience of the Subaccounts and the interest paid on the Fixed Account, if chosen? Yes No
- b) The Variable Annuity Contract values reflect certain Deductions and Charges? Yes No
- c) The Variable Annuity Contract may be subject to a Surrender Charge, upon full or partial Surrender? Yes No

Remarks
<i>Attach an Additional Sheet if Necessary</i>

Proposed Owner’s Acknowledgements

1. Do you have an existing annuity contract(s) or life insurance policy(ies) currently in force or applied for?
Yes **No**
2. Is the Annuity applied for intended to replace any other annuity contract(s) or life insurance policy(ies) currently in force?
Yes **No**
3. Did you receive a prospectus?
Yes **No** If “**Yes**” indicate the date of the prospectus. Date: _____

If you answer “Yes” to 1 and/or 2, please furnish company name(s) and contract and/or policy numbers in the “Remarks” section.

By signing below and submitting this Variable Annuity Application, I acknowledge that:

- My agent reviewed with me the benefits, fees, expenses, taxes and other information about the Variable Annuity I am applying for and I understand how this Variable Annuity fits within my overall financial needs and plan.
- Based on that information and understanding, and to the best of my knowledge and belief, this Variable Annuity is appropriate and suitable for my investment time horizon, goals and objectives and financial situation and needs.
- I hereby represent that my answers to the above questions to be true and correct to the best of my knowledge and belief. I understand that this application shall become part of any Variable Annuity Contract issued by the Company.

Agent’s Statement

1. To the best of your knowledge does any Proposed Owner have an existing annuity contract(s) or life insurance policy(ies) currently in force or applied for?
Yes **No**
2. To the best of your knowledge is the variable annuity applied for intended to replace any other annuity contract(s) or life insurance policy(ies) currently in force?
Yes **No**
3. This purchase was: **Solicited** **Unsolicited**

By signing below, I certify that:

- I discussed with the Proposed Owner the benefits, fees, taxes and other information about the annuity; and
- I believe the annuity applied for is appropriate and suitable for the Proposed Owner.
- I gave the Proposed Owner the product brochure and prospectus.

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR CoC.pdf
AR RDB.pdf
Auth_1-11.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

Please see Form Schdule for application.

**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: First Investors Life Insurance Company

Form Title(s): Individual Annuity Application

Form Number(s): VARANN-App (01/11)(AR)

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



William H. Drinkwater
Senior VP & Chief Actuary, FSA, MAAA

February 24, 2011

Date

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: First Investors Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
VARANN-App (01/11)(AR)	51.3



William H. Drinkwater
Senior VP & Chief Actuary, FSA, MAAA

February 24, 2011

Date

January 31, 2011

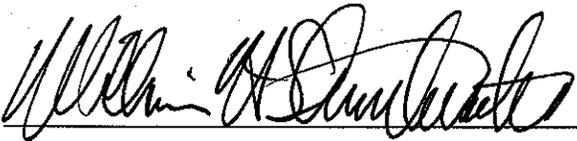
To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

First Investors Life Insurance Company

By: 

Title: Senior VP & Chief Actuary, FSA, MAAA