

SERFF Tracking Number: NDPL-127281267 State: Arkansas
Filing Company: Aviva Life and Annuity Company State Tracking Number: 49232
Company Tracking Number: FORM 2ENACB11
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Form 2ENACB11
Project Name/Number: Form 2ENACB11/Form 2ENACB11

Filing at a Glance

Company: Aviva Life and Annuity Company

Product Name: Form 2ENACB11

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: NDPL-127281267 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 49232

Co Tr Num: FORM 2ENACB11

State Status: Approved-Closed

Authors: Allison Roush, Jason
Kaster

Reviewer(s): Linda Bird

Disposition Date: 07/08/2011

Date Submitted: 07/06/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Form 2ENACB11

Project Number: Form 2ENACB11

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Jason Kaster

Filing Description:

Filed for your review and approval is Form 2ENACB11.

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 04/01/2011

Domicile Status Comments: Iowa is our state of
domicile.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 07/08/2011

State Status Changed: 07/08/2011

Created By: Allison Roush

Corresponding Filing Tracking Number:

Endorsement- Policy Changes, Form 2ENACB11, will be used to endorse an in-force policy for certain changes requested by the policyowner. These policy changes include face amount increases and decreases, changes in premium, changes in the death benefit option, replacing or terminating coverage, changes in rate classification, changing qualified cases to non-qualified cases, corrections for misstatement of age and/or sex, changing the policy to reduced paid up and changes to the Paid Up Life Insurance Rider.

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The language corresponding to the change made will be inserted into the Endorsement. The allowable language is included in the Explanation of Variable Material.

Company and Contact

Filing Contact Information

Allison Roush, Product Compliance Specialist allison.roush@avivausa.com
 Aviva Life and Annuity Company 515-342-6134 [Phone]
 7700 Mills Civic Parkway
 West Des Moines, IA 50266-3862

Filing Company Information

Aviva Life and Annuity Company	CoCode: 61689	State of Domicile: Iowa
7700 Mills Civic Parkway	Group Code: 1225	Company Type:
West Des Moines, IA 50266-3842	Group Name:	State ID Number:
(800) 800-9882 ext. [Phone]	FEIN Number: 42-0175020	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 form x \$50 = \$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aviva Life and Annuity Company	\$50.00	07/06/2011	49472226

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/08/2011	07/08/2011

SERFF Tracking Number: NDPL-127281267 *State:* Arkansas
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Disposition

Disposition Date: 07/08/2011

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		No
Supporting Document	Application		No
Supporting Document	Explanation of Variables		Yes
Supporting Document	AR Certs (3)		Yes
Form	Endorsement - Policy Changes		Yes

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Form Schedule

Lead Form Number: Form 2ENACB11

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	Form 2ENACB11	Policy/Cont Endorsement - Policy Initial Certificate: Amendment, Insert Page, Endorsement or Rider			0.000	Endorsement - Policy Changes_ Form 2ENACB11.pdf



Aviva Life and Annuity Company

Home Office: [7700 Mills Civic Parkway, West Des Moines, IA 50266-3842]

Administrative Office: [7700 Mills Civic Parkway, West Des Moines, IA 50266-3842]
[1-800-800-9882]

Endorsement – Policy Changes

This Endorsement is attached to and forms a part of policy/contract number [insert policy or contract number] issued on the [life or lives] of [insert primary insured's name and joint insured's name, if applicable].

The following changes to your policy/contract are effective as of the effective date of this Endorsement.

[See the Explanation of Variable Material for the language that may be inserted here.]

The changes described in this Endorsement are effective as of [month, day, year].

A handwritten signature in black ink, appearing to read "Richard C. Cohan", enclosed in square brackets.

[Richard C. Cohan]
[Secretary]

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: Not Applicable. Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not Applicable. Comments:		

	Item Status:	Status Date:
Satisfied - Item: Explanation of Variables Comments: Attachment: Endorsement - Policy Changes_EOV.pdf		

	Item Status:	Status Date:
Satisfied - Item: AR Certs (3) Comments: Attachments: AR Reg 19 cert.pdf AR Reg 34 cert.pdf AR Reg 49 cert.pdf		

Aviva Life and Annuity Company

Explanation of Variable Material Form 2ENACB11, Endorsement – Policy Changes

Company Home Office Address, Administrative Office Address, Phone Number and Signatures - These items are marked as variable to enable us to update the policy without refileing should any of these items change in the normal course of business. Any such changes to the Company address will be submitted to the Department as an informational filing.

Depending on the specific details of the policy change, any of the following may be inserted into the body of the Endorsement.

Policy Change: premium change

[The annual premium is reduced to \$ [new premium].]

[The total premiums shown on the original policy/contract are hereby changed to the following:

Annual	Semi Annual	Quarterly	Monthly
\$_____	\$_____	\$_____	\$_____]

Pdopt(1) Addresses the change in premium due to policy change -

[The current premium is [\$amount].

Annual	Semi-Annual	Quarterly	Monthly
\$_____	\$_____	\$_____	\$_____]

Policy Change: death benefit option change

[The Death Benefit Option has been changed from Death Benefit Option 2 - Increasing to Death Benefit Option 1 – Level. As a result of your Death Benefit Option change, the Face Amount is changed to [new face amount].]

[The Death Benefit Option has been changed from Death Benefit Option 1 – Level to Death Benefit Option 2 – Increasing.].

Policy Change: replaced or terminated forms

[The attached form[s], number[s] [form number of new form or forms being added] replace form[s], number[s] [form number of forms or forms being replaced].]

[The [form name of form being terminated], on the life of [names of covered insured] is hereby terminated.] [As a result, the minimum guarantee premiums shown on the original policy are hereby changes to the following:

Annual	Semi-Annual	Quarterly	Monthly
\$_____	\$_____	\$_____	\$_____]

[The Planned Premium is [new planned premium amount] [premium mode].]

Policy Change: replaced or terminated forms (cont.)

Pdopt(17) removal of Spouse/Other Insured Rider

[The [rider name] insuring [covered insured's name] for [\$amount] has been removed. The pages in the policy that describe this benefit are hereby nullified. A copy of the request signed by the policyowner is attached.]

Pdopt(18) removal of Waiver of Premium benefit attached to item and Pdopt(25)

[The [rider name] no longer applies to [coverage name].]

Pdopt(24) removal of Insured/Child Rider

[The [rider name] for [\$amount] has been removed. The pages in the policy that describe this benefit are hereby nullified. A copy of the request signed by the policyowner is attached.]

Pdopt(28) removal of Supplemental Benefit

[The [rider name][in the amount of [\$amount] has been removed. The pages in the policy that describe this benefit are hereby nullified. A copy of the request signed by the policyowner is attached.]

Policy Change: qualified cases are changed to non-qualified

[This endorsement hereby nullifies the non-transferability endorsement/provision that was part of the original policy/contract.]

[This endorsement hereby nullifies the Qualified Plan Endorsement that was part of the original policy/ contract. This may be a taxable distribution. Please consult your tax advisor.]

Policy Change: rate classification

[The rate class is hereby changed to [new rate class].]

[The Rate Classification has been changed from [original rate class] to [new rate class]. Copies of the Application dated [application date] and evidence of insurability dated [date] are attached.

As a result of this change, the minimum guarantee premiums shown on the original policy are hereby changed to the following:

Annual	Semi Annual	Quarterly	Monthly
\$_____	\$_____	\$_____	\$_____

The Planned Premium is [new planned premium amount] [premium mode].]

Pdopt(32) removal of Premium Rating

[The extra premium rating has been removed. The policy at now at a [rate class] premium classification. A copy of the evidence of Insurability on the Insured is attached.]

Policy Change: face amount increase

[The Face Amount has been increased from [current face amount] to [new face amount]. [The [amount of increase] increase has been added at a [new rate class including substandard table if applicable] rate classification.] Copies of the Application dated [application date] and evidence of insurability dated [date] are attached.

[The Face Amount has been increased from [current face amount] to [new face amount.][The [amount of increase] increase has been added at a [new rate class including substandard table if applicable] rate classification.] The following Table of Surrender Charges applies to the [amount of increase] increase coverage. These surrender charges are in addition to the existing Surrender Charges as stated in your Policy or any previous Endorsements.

TABLE OF SURRENDER CHARGES

YEAR	SURRENDER CHARGE	YEAR	SURRENDER CHARGE
[1	xxxx.xx	9	xxxx.xx
2	xxxx.xx	10	xxxx.xx
3	xxxx.xx	11	xxxx.xx
4	xxxx.xx	12	xxxx.xx
5	xxxx.xx	13	xxxx.xx
6	xxxx.xx	14	xxxx.xx
7	xxxx.xx	15	xxxx.xx
8	xxxx.xx	16+	0.00]

[As a result, the premiums shown on the original policy are hereby changed to the following:

Annual Semi-Annual Quarterly Monthly
 \$ _____ \$ _____ \$ _____ \$ _____]

[The Planned Premium is [new planned premium amount] [premium mode].]

[The Face Amount has been increased from [current face amount] to [new face amount]. The Table of Surrender Charges as stated in your Policy or any previous Endorsements still applies. The Planned Premium is [new planned premium amount] [premium mode].]

[The Face Amount has been increased from [current face amount] to [new face amount]. The following Table of Surrender Charges applies to your policy/contract. .

TABLE OF SURRENDER CHARGES

YEAR	SURRENDER CHARGE	YEAR	SURRENDER CHARGE
[1	xxxx.xx	9	xxxx.xx
2	xxxx.xx	10	xxxx.xx
3	xxxx.xx	11	xxxx.xx
4	xxxx.xx	12	xxxx.xx
5	xxxx.xx	13	xxxx.xx
6	xxxx.xx	14	xxxx.xx
7	xxxx.xx	15	xxxx.xx
8	xxxx.xx	16+	0.00]]

[As a result, the premiums shown on the original policy are hereby changed to the following:

Annual Semi Annual Quarterly Monthly
 \$ _____ \$ _____ \$ _____ \$ _____]

The Planned Premium is [new planned premium amount] [premium mode].]

Policy Change: face amount decrease

[The Face Amount has been decreased from [current face amount] to [new face amount]. The Table of Surrender Charges as stated in your Policy or any previous Endorsements still applies. The Planned Premium is [new planned premium amount] [premium mode].]

[The Face Amount has been decreased from [current face amount] to [new face amount]. [The following Table of Surrender Charges applies to your policy/contract as of [policy date].

TABLE OF SURRENDER CHARGES

YEAR	SURRENDER CHARGE	YEAR	SURRENDER CHARGE
[1	xxxx.xx	9	xxxx.xx
2	xxxx.xx	10	xxxx.xx
3	xxxx.xx	11	xxxx.xx
4	xxxx.xx	12	xxxx.xx
5	xxxx.xx	13	xxxx.xx
6	xxxx.xx	14	xxxx.xx
7	xxxx.xx	15	xxxx.xx
8	xxxx.xx	16+	0.00]]

[As a result, the premiums shown on the original policy are hereby changed to the following:

Annual Semi-Annual Quarterly Monthly
 \$ _____ \$ _____ \$ _____ \$ _____]

[The Planned Premium is [new planned premium amount] [premium mode].]

[The Face Amount has been decreased to [new face amount]. As a result, the premiums shown on the original policy are hereby changed to the following:

Annual Semi-Annual Quarterly Monthly
 \$ _____ \$ _____ \$ _____ \$ _____]

[The Face Amount has been decreased to [new face amount]. The Planned Premium is [new planned premium amount] [premium mode].]

[The Face Amount has been decreased to [new face amount]. The Planned Premium is [new planned premium amount] [premium mode]. The surrender charges still apply that are stated in your policy or any Endorsements.]

[The Minimum Monthly Premium is [\$amount] Primary for the initial [# years] years and [\$amount] Secondary for [# years] years.]

Policy Change: incorrect age & sex

[Due to the policy being issued with an incorrect birth date, the benefit provided by the [plan name_] has been changed from [\$amount] to [\$amount]. [A revised table of guaranteed values is attached.]]

[Due to the policy being issued with the incorrect sex/gender classification, the benefit provided by the [plan name_] has been changed from [\$amount] to [\$amount]. [A revised table of guaranteed values is attached.]]

Policy Change: reduced paid up

[The policy has been changed from a benefit of [original face amount] to a paid-up benefit of [reduced face amount]. A signed copy of the request is attached.]

[The policy has been changed from a benefit of [original face amount] to a paid-up benefit of [reduced face amount]. The outstanding loan of [outstanding loan amount] was paid in full using cash value. A signed copy of the request is attached.]

[The policy has been changed from a benefit of [original face amount] to a paid-up benefit of [reduced face amount]. The lump sum Paid-Up Insurance Rider, which provides coverage of [paid up insurance rider amount] remains in effect. A signed copy of the request is attached.]

[The policy has been changed from a benefit of [original face amount] to a paid-up benefit of [reduced face amount]. The Level Premium Paid-Up Insurance Rider has been reduced from a benefit of [current rider benefit amount] to a paid-up benefit of [reduced rider benefit amount]. The policy provides a total benefit of [benefit amount]. A signed copy of the request is attached.]

[The policy has been changed from a benefit of [original face amount] to a paid-up benefit of [reduced face amount]. The Level Premium Paid-Up Insurance Rider has been reduced from a benefit of [current rider benefit amount] to a paid-up benefit of [reduced rider benefit amount]. The outstanding loan of [outstanding loan amount] was paid in full using cash value. The policy provides a total benefit of [benefit amount]. A signed copy of the request is attached.]

Policy Change: Paid Up Life Insurance Rider changes

Pdopt(45) decreasing Lump PUAR -

[Due to the request to use [\$amount] of cash value from the Lump Sum Paid-Up Insurance Rider to apply as a portion of the annual premium, the Rider benefit has been reduced from [\$amount] to [\$amount]. A revised table of guaranteed values is attached.]

Pdopt(52) changing Level PUAR to Lump PUAR and decreasing -

[Due to the request to value pay base plan premiums, the Level Premium Paid-Up Insurance Rider has been changed from a benefit of [\$amount] to a paid up benefit of [\$amount]. A copy of the request signed by the policyowner is attached. A revised table of guaranteed values is also attached.]

Pdopt(55) decrease Level PUAR due to premium reduction -

[Due to the request to decrease premium to the Level Premium Paid –Up Insurance Rider, the Rider has been reduced from a benefit of [\$amount] to a paid-up benefit of [\$amount]. A new Level Premium Paid –Up Insurance Rider, [\$amount] annually, for a benefit of [\$amount] has been added. A copy of the request signed by the policyowner is attached. A revised table of guaranteed values is also attached. These benefits mature on [date].]

Pdopt(56) cash withdrawal from Level PUAR -

[Due to the requested partial surrender of the Level Premium Paid –Up Insurance Rider, the Rider has been reduced from a benefit level of [\$amount] to a paid-up benefit of [\$amount]. A new Level Premium Paid –Up Insurance Rider, [\$amount] annually, for a benefit of [\$amount] has been added. A copy of the request signed by the policyowner is attached. A revised table of guaranteed values is also attached. These benefits mature on [date].]

Policy Change: Paid Up Life Insurance Rider changes (continued)

Pdopt(66) cash withdrawal from Level PUAR that has already been frozen -

[Due to the requested partial surrender of the Level Premium Paid –Up Insurance Rider, the Rider has been reduced from a benefit level of [\$amount] to a paid-up benefit of [\$amount]. A new Level Premium Paid –Up Insurance Rider, [\$amount] annually, for a benefit of [\$amount] has been added. A copy of the request signed by the policyowner is attached. A revised table of guaranteed values is also attached.]

Pdopt(43) full surrender of Lump PUAR -

[The Lump Sum Paid –Up Insurance Rider benefit of [\$amount] has been surrendered. The pages in the policy that describe this benefit are hereby nullified. A copy of the request signed by the policyowner is attached.]

Pdopt(42) full surrender of Level PUAR -

[The Level Premium Paid –Up Insurance Rider, [\$amount] annually for a benefit of [\$amount] has been surrendered. The pages in the policy that describe this benefit are hereby nullified. A copy of the request signed by the policyowner is attached.]

Pdopt(51) freeze Level PUAR -

[The Level Premium Paid –Up Insurance Rider has been changed from a benefit of [\$amount] to a paid-up benefit of [\$amount]. A copy of the request signed by the policyowner is attached.]

Pdopt(44) partial surrender of Lump PUAR -

[Due to the requested partial surrender of [\$amount], the benefit provided by the Lump Sum Premium Paid –Up Insurance Rider has been reduced from [\$amount] to [\$amount]. A copy of the request signed by the policyowner is attached. A revised table of guaranteed values is also attached.]

**Arkansas Certification
Regulation 19**

I certify that this submission meets the provisions of Regulation 19, Section 10B, as well as all applicable statutes, regulations, and bulletins of the State of Arkansas.

Aviva Life and Annuity Company



**Maureen Closson
Senior Vice-President**

06/20/2011

Date

**Form Numbers
Form 2ENACB11- Endorsement-Policy Changes**

Regulation 19

**Arkansas Certification
Regulation 34**

I certify that this submission meets the provisions of Arkansas Rule and Regulation 34.

Aviva Life and Annuity Company



**Maureen Closson
Senior Vice-President**

06/20/2011
Date

Form Numbers

Form 2ENACB11- Endorsement-Policy Changes

Regulation 34

**Arkansas Certification
Regulation 49**

We have reviewed Regulation 49 against the issue procedures of the Company and certify that we are in compliance with the requirements of Regulation 49.

Aviva Life and Annuity Company



**Maureen Closson
Senior Vice-President**

06/20/2011
Date

Form Numbers

Form 2ENACB11-Endorsement-Policy Changes

Regulation 49