

SERFF Tracking Number: MLLM-127357136 State: Arkansas
 Filing Company: Commonwealth Annuity and Life Insurance Company State Tracking Number: 49484
 Company Tracking Number: 0146ALM01-31
 TOI: A02.11 Individual Annuities- Deferred Non- Variable and Variable Sub-TOI: A02.11.003 Single Premium
 Product Name: Single Premium Deferred Annuity Application
 Project Name/Number: Commonwealth Annuity and Life Insurance Company/0146ALM01-31

Filing at a Glance

Company: Commonwealth Annuity and Life Insurance Company

Product Name: Single Premium Deferred SERFF Tr Num: MLLM-127357136 State: Arkansas

Annuity Application

TOI: A02.11 Individual Annuities- Deferred Non- Variable and Variable SERFF Status: Closed-Approved- Closed State Tr Num: 49484

Variable and Variable

Sub-TOI: A02.11.003 Single Premium

Co Tr Num: 0146ALM01-31

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Jeff Kulesus

Disposition Date: 08/10/2011

Date Submitted: 08/05/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Commonwealth Annuity and Life Insurance Company

Status of Filing in Domicile: Not Filed

Project Number: 0146ALM01-31

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Form 6101-11B and form 6102-11B have yet to be submitted in the domiciliary state, Massachusetts.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 08/10/2011

State Status Changed: 08/10/2011

Deemer Date:

Created By: Jeff Kulesus

Submitted By: Jeff Kulesus

Corresponding Filing Tracking Number: MLLM-127193494

Filing Description:

Milliman, Inc. is filing this submission on behalf of Commonwealth Annuity and Life Insurance Company ("CWA", or "the Company"). Attached is a letter signed by a CWA officer authorizing Milliman, Inc. to submit this filing on their behalf.

The forms sent with this submission, although substantially similar to forms approved on 07-19-2011, SERFF Tracking #

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MLLM-127193494, are new and have not been previously filed with or approved by the Department for the Company. They include:

6101-11B, Single Premium Deferred Annuity Application; and
6102-11B, Important Notices

The only difference between the forms provided with this submission and the copies of forms 6101-11 and 6102-11 which were previously approved by the Department is the inclusion of financial marketing disclosure statements. Copies of the previously approved forms showing all changes marked have been attached under the Supporting Documentation Tab for your convenience. Forms 6101-11B and 6102-11B will be used with previously approved form 6100-11.

Form 6101B-11 will always be used together with Important Notices form 6102-11B, which includes all state fraud notices, warnings and important statements. Most of the state fraud notices, warnings and important statements are bracketed variable as described in the Statement of Variability to allow for the revision of form 6102-11B should states change their fraud notices, warnings and important statements at a later date. The Important Notices form is provided as a separate form to allow maximum flexibility should state required changes occur. Instead of reprinting form 6101-11B application to accommodate such changes, only copies of form 6102-11B Important Notices will be revised thereby allowing the Company to react more quickly to any such changes while minimizing the Company cost associated with creating new versions and state-specific variations of the form 6101-11B application.

It is the Company's intention to offer the form 6101-11B application in electronic format at some future date.

The forms are submitted in final printed format except for slight font and formatting variations that may occur due to CWA production printers. The Company takes care to assure that printer-based variations are minimized; however, should changes occur, such changes will not alter the content or meaning of any approved forms.

Portions of the form are bracketed as variable and may change as described in the Statement of Variability.

Your prompt review and approval of these forms is greatly appreciated.

Company and Contact

Filing Contact Information

Jeff Kulesus, Consultant
2 Conway Park, Ste. 180

Jeff.Kulesus@Milliman.com
312-499-5635 [Phone]

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 Company Tracking Number: 0146ALM01-31
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 Variable and Variable
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 150 Field Drive 847-604-8671 [FAX]
 Lake Forest, IL 60045

Filing Company Information

(This filing was made by a third party - MUSA01)

Commonwealth Annuity and Life Insurance CoCode: 84824 State of Domicile: Massachusetts
 Company
 132 Turnpike Road, Suite 210 Group Code: 3891 Company Type: Life
 Southborough, MA 01772 Group Name: State ID Number:
 (508) 460-2400 ext. [Phone] FEIN Number: 04-6145677

Filing Fees

Fee Required? Yes
 Fee Amount: \$75.00
 Retaliatory? Yes
 Fee Explanation: 1 submission x \$75.00@ = \$75.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Commonwealth Annuity and Life Insurance Company	\$75.00	08/05/2011	50407779

SERFF Tracking Number: MLLM-127357136 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/10/2011	08/10/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Copies of Forms 6101-11B and 6102-11B Showing Changes Marked	Jeff Kulesus	08/05/2011	08/05/2011
Supporting Document	Statement of Variability	Jeff Kulesus	08/05/2011	08/05/2011

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Third Party Authorization		Yes
Supporting Document	Compliance Certifications		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Copies of Forms 6101-11B and 6102-11B Showing Changes Marked		Yes
Form	Single Premium Deferred Annuity Application		Yes
Form	Important Notices		Yes

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Variable and Variable
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Project Name/Number: Commonwealth Annuity and Life Insurance Company/0146ALM01-31

Amendment Letter

Submitted Date: 08/05/2011

Comments:

Please add the copies of forms 6101-11B and 6102-11B showing changes marked under the Supporting Documentation Tab.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Copies of Forms 6101-11B and 6102-11B Showing Changes Marked

Comment: Copies of Forms 6101-11B and 6102-11B Showing Changes Marked
6101-11B Single Premium Deferred Annuity Application Showing Changes Marked.pdf
6102-11B Important Notices 08-05-2011 Changes Marked.pdf

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Amendment Letter

Submitted Date: 08/05/2011

Comments:

Please add the Statement of Variability under the Supporting Documentation Tab.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Statement of Variability

Comment: Statement of Variability

Statement of Variability.pdf

SERFF Tracking Number: MLLM-127357136 State: Arkansas
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Form Schedule

Lead Form Number: 6101-11B

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	6101-11B	Application/ Single Premium Enrollment Deferred Annuity Form Application	Initial		50.600	6101-11B Single Premium Deferred Annuity Application 08-04-2011.pdf
	6102-11B	Application/ Important Notices Enrollment Form	Initial		0.000	6102-11B Important Notices 08-04-2011.pdf



Commonwealth Annuity and Life Insurance Company

Southborough, MA 01772

Service Center: [SE2]

Send all inquiries to: [P.O. Box 758550, Topeka, KS 66675-8550], Phone: [(800) 457-9047]

SINGLE PREMIUM DEFERRED ANNUITY APPLICATION

The Single Premium Deferred Annuity Contract does not represent a deposit, obligation, or guarantee of any banking institution and is not insured by the Federal Deposit Insurance Corporation or any Federal governmental agency.

Product: Single Premium Deferred Annuity	
Plan Type:	<input type="checkbox"/> Non-Qualified <input type="checkbox"/> IRA (Traditional) <input type="checkbox"/> Simple IRA <input type="checkbox"/> SEP-IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 457

1. Owner/Annuitant (The Annuitant will also be the Owner unless a Non-natural Owner is designated in Section 2.)		
Name:	Date of Birth (mm/dd/yyyy)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address (No P.O. boxes please):	SSN/Tax I.D. #:	
City, State, Zip:	Daytime Phone:	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, country of origin:	E-mail Address:	

2. Non-natural Owner (If the owner is a Trust, please complete the Verification of Trust form.)	
Name of Entity:	Tax I.D. #:
Street Address (No P.O. boxes please):	Trust Date:
City, State, Zip:	Daytime Phone:

3. Interest Rate Guaranteed Period (Select one)	
<input type="checkbox"/> 3 year <input type="checkbox"/> 4 year <input type="checkbox"/> 5 year <input type="checkbox"/> 6 year <input type="checkbox"/> 7 year <input type="checkbox"/> 8 year <input type="checkbox"/> 9 year <input type="checkbox"/> 10 year	

4. Purchase Payment (Make check payable to Commonwealth Annuity and Life Insurance Company.)			
Purchase Payment:	\$	<input type="checkbox"/> Check <input type="checkbox"/> Wire, Bank originating wire:	<input type="checkbox"/> Brokerage Transfer
Expected Transfer Amount:	\$		
Check appropriate Box(es):	<input type="checkbox"/> 1035 Tax-Free Exchange <input type="checkbox"/> Direct Transfer	<input type="checkbox"/> Direct Investment (check/wire) <input type="checkbox"/> Rollover	<input type="checkbox"/> CD/Mutual Fund Transfer

5. Right to Choose a Second Addressee	
You may identify a second person to whom We may send annual statements and other notices. These notices would be in addition to the notices We mail to You. Please check below if You do or do not want to have a second person receive any such notices.	
<input type="checkbox"/> I choose to name a second addressee. (If You choose this option, please provide the name, address and other information below.)	
Name:	Street Address (No P.O. boxes please):
City, State, Zip:	Daytime Phone:
<input type="checkbox"/> I choose NOT to name a second addressee.	

6. Replacement	
Do you have any existing annuity contracts or life insurance policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will any existing life insurance policy or annuity contract be replaced or will values from another insurance policy or annuity contract (through loans, surrenders or otherwise) be used to fund the annuity contract applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate company name and policy number. (If more than one company, show in Section 8, Remarks.)	
Company Name:	Contract/Policy #:

7. Beneficiary

Payments will be made to all surviving Beneficiaries as specified by You below. The interest of any deceased Beneficiary will be divided prorata among the surviving Beneficiaries of the same class. If additional space is needed, please use the Remarks section or include a signed attachment to this application. If the Beneficiary is a trust, please complete the Verification of Trust form. If the Beneficiary is a corporation or partnership, please provide the entity's name, address and date established.

Primary Beneficiary Information					
Name (First, Middle, Last)	Home Address (Including City, State, Zip and Country)	Date of Birth	Relationship	SSN/Tax I.D. #	Percentage

Contingent Beneficiary Information					
Name (First, Middle, Last)	Home Address (Including City, State, Zip and Country)	Date of Birth	Relationship	SSN/Tax I.D. #	Percentage

If Minor Beneficiary, See Below.

Custodian:		Minor:		State:	
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If any proceeds become payable to a Beneficiary who is then a "minor" as shown above, as defined in the applicable Uniform Transfers to Minor Act ("UTMA"), as specified herein, such proceeds shall be paid to the custodian shown above. At the time of payment, the custodianship is to continue until the Beneficiary reaches the age of majority*.

1. The following comments are of a general nature and are not intended to be legal advice, or to substitute for legal advice. You may wish to consult with Your attorney about the completion of this Beneficiary designation.

2. **Naming a custodian and substitutes.** A custodian must be named in the blank following the words "paid to" in the designation. It is strongly recommended that You also name at least one (and preferably two or more) substitute custodians on the lines provided for that purpose. A substitute custodian would serve if, at the time of payment, the first-named custodian is deceased or otherwise unable or unwilling to serve. The custodian (and each substitute) should be either: (1) an individual who is now an adult; or (2) a trust company, such as a financial institution with a trust department.

In the event a substitute custodian is needed, the following is/are nominated, in the order named:

Name (First, Middle, Last)	Address (Including City, State, Zip and Country)
Name (First, Middle, Last)	Address (Including City, State, Zip and Country)

*[For California (insert 18, 19, 20, 21, 22, 23, 24 or 25); for Ohio (insert 18, 19, 20 or 21); for Iowa and a few other states (insert 21); or, for most other states (insert 18)]:

Additional pages may be added for other minor Beneficiaries.

If the specified UTMA would require the Beneficiary's custodianship to terminate at or before the time of payment, the proceeds payable to that Beneficiary shall be paid to the Beneficiary rather than to a custodian.

8. Remarks

(Attach additional sheet(s), if necessary.)

9. Document Delivery

- Yes, I would like to receive the annual report and other documents or notices relating to my Contract electronically instead of the paper version. I have access to a computer with internet access and the capacity to view these documents. I understand that the Company will rely on my signature as consent to receive all future Company annual reports and other documents or notices electronically. I can change my mind at any time by contacting the Company at [(800) 457-9047] and revoking this consent.
- No, I do not want to receive the annual reports and other documents or notices relating to my Contract electronically.

[10]. Owner Acknowledgements – Required

As Owner, I acknowledge that:

1. I have received and signed the Commonwealth Annuity and Life Insurance Company disclosure statement for this product, and have also received the Buyers' Guide. My agent has reviewed this material with me and I understand the key features of this product.
2. I understand that a fixed annuity is a long-term investment and believe this annuity is suitable for my overall financial needs and plans.
3. I hereby represent that the information provided on this application for this product is true, complete, and correct to the best of my knowledge and belief, that the statements made therein are representations and not warranties and that they shall form the exclusive basis of any annuity issued hereon.
4. Checks must be made payable to Commonwealth Annuity and Life Insurance Company, not to my agent. The canceled check is my receipt.
5. Only the President or Corporate Secretary can make, modify, discharge, or waive any of the Company's rights.
6. I certify that: (1) the Social Security Number(s) or Federal Tax Identification Number(s) reported above is the correct number(s) (or I am waiting for a number to be issued); and (2) I am not subject to backup withholding either because (a) 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 (b) the IRS has notified me that I am no longer subject to backup withholding.
7. Placing an annuity in a tax qualified retirement plan (e.g., an IRA) will result in no additional tax advantage from the annuity.
8. I have read the fraud warning and other important notice(s) listed on form 6102-11 for my state of residence, if any. .
9. The Contract for which I am applying does not represent a deposit, obligation, or guarantee of any banking institution.
10. The Contract for which I am applying is not insured by the Federal Deposit Insurance Corporation or by any Federal governmental agency.
11. The Contract for which I am applying is not a requirement for obtaining credit, a loan, a mortgage or any other product or service offered through any banking institution.
12. The Contract for which I am applying is an insurance product which is issued by and is an obligation of an insurance company.
13. The Contract for which I am applying involves investment risk.

[11]. Signatures

Application Made at State:

Date: (mm/dd/yyyy)

Signature of Owner/Participant (Trustee or Custodian, if applicable):

Signature of Annuitant (if different from the Owner):

[12]. Agent Acknowledgements – Required

Do you, as agent, have reason to believe the Contract applied for will replace any existing annuity contract(s) or life insurance policy(ies)?

Yes* No * If marked "Yes", complete and attach the replacement form(s) to this application.

Does the applicant have any existing annuity contract(s) or life insurance policy(ies) or? Yes No

Signature of Agent

First Name

M.I.

Last Name

Broker/Dealer or Agency

Broker/Dealer or Agency Street Address

City

State

Zip

Business Phone Number

Fax Number

Email Address

State License Number (If any)

Broker/Dealer or Agency Client Account Number

Commonwealth Annuity and Life Insurance Company

[Southborough, MA 01772]

IMPORTANT NOTICES

TO ALL APPLICANTS: PLEASE READ THE FOLLOWING IMPORTANT NOTICE(S)

The Contract for which you are applying:

- is not insured by the Federal Deposit Insurance Corporation or any Federal governmental agency;
- does not represent a deposit, obligation or guarantee of any banking institution;
- is not a requirement for obtaining credit, a loan, a mortgage or any other product or service offered through any banking institution;
- is an insurance product which is issued by and is an obligation of an insurance company; and
- involves investment risk.

TO ALL APPLICANTS: PLEASE READ THE APPLICABLE IMPORTANT NOTICE(S) FOR YOUR STATE:

For all states not specifically shown: [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 may be guilty of a crime and may be subject to fines and confinement in prison.]

For Residents of Alaska: [A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.]

For Residents of Arizona: [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 may be guilty of a crime and may be subject to fines and confinement in prison.]

[UPON YOUR WRITTEN REQUEST, WE WILL PROVIDE FACTUAL INFORMATION ABOUT THE CONTRACT'S BENEFITS AND PROVISIONS WITHIN A REASONABLE TIME.]

For Residents of Arkansas, Louisiana, Rhode Island and West Virginia: [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.]

For Residents of District of Columbia: [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 Residents of California: [Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.]

For Residents of Colorado: [It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.]

For Residents of Delaware, Idaho: [Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.]

For Residents of Florida: [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 Residents of Indiana: [A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.]

For Residents of Kansas: [Any person who knowingly and with intent to defraud presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.]

For Residents of Kentucky: [Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.]

For Residents of Maine, Tennessee and Washington: [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.]

For Residents of Maryland: [Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.]

For Residents of Minnesota: [Any person who knowingly or willfully makes a false statement in, or relative to, any application for insurance or membership for any purpose shall be guilty of a gross misdemeanor.]

For Residents of New Hampshire: [Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. RSA § 638.20.]

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

For Residents of New Mexico: [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 civil fines and criminal penalties.]

For Residents of New York: [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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.]

For Residents of Ohio: [Any person who, with intent to defraud or knowing that he 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 Residents of Oklahoma: [WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

For Residents of Oregon: [Any person who knowingly and with intent to deceive an insurer, makes a claim for the proceeds of an insurance policy containing materially false information, avoiding definite statements of guilt, may be guilty of insurance fraud, not to conflict with the two year limit on contestability.]

For Residents of Pennsylvania: [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.]

For Residents of Puerto Rico: [Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.]

For Residents of Texas: [Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments: Readability Certification		
Attachment: 6101-11B Readability Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: The application is form 6101-11B attached under the Forms Schedule Tab.		

	Item Status:	Status Date:
Satisfied - Item: Life & Annuity - Acturial Memo		
Comments: Attached is a copy of the actuarial memorandum for previously approved form 6100-11 to which form 6101-11B may be attached.		
Attachment: Actuarial Memorandum 6100-11 Signed.pdf		

	Item Status:	Status Date:
Satisfied - Item: Third Party Authorization		
Comments: Third Party Authorization		
Attachment: Authorization Letter.pdf		

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Project Name/Number: Commonwealth Annuity and Life Insurance Company/0146ALM01-31

Item Status: **Status**
Date:

Satisfied - Item: Compliance Certifications

Comments:

Compliance Certifications

Attachments:

Arkansas Compliance Certification.pdf

Arkansas Reg. 34 Compliance Certification.pdf

Item Status: **Status**
Date:

Satisfied - Item: Statement of Variability

Comments:

Statement of Variability

Attachment:

Statement of Variability.pdf

Item Status: **Status**
Date:

Satisfied - Item: Copies of Forms 6101-11B and
6102-11B Showing Changes
Marked

Comments:

Copies of Forms 6101-11B and 6102-11B Showing Changes Marked

Attachments:

6101-11B Single Premium Deferred Annuity Application Showing Changes Marked.pdf

6102-11B Important Notices 08-05-2011 Changes Marked.pdf

Commonwealth Annuity and Life Insurance Company

READABILITY CERTIFICATION

I hereby certify on behalf of Commonwealth Annuity and Life Insurance Company that the following forms have been tested by an acceptable method specified in the Model Law (all forms were scored together as part of the contract with which they may be used) and obtained the Flesch Score indicated:

Form Number	Description	Flesch Score
6101-11B	Single Premium Deferred Annuity Application	50.6
6102-11B	Important Notices	

I hereby certify that the above forms comply with the N.A.I.C. Model Policy Language Simplification Act. The form described above is presented in no less than ten point type, one point leaded. The style, arrangement and overall appearance of the form gives no undue prominence to any portion of the text or section of the form.

Please note that Important Notices form 6102-11 contains language as required by state law and other governmental agencies over which the Company has no control. For this reason, the Flesch Readability Score for Important Notices form 6102-11 is not applicable.

Unless we hear from you to the contrary, we will assume that this certification satisfies the certification requirements for compliance with any present or future readability law enacted by your state. We understand that this certification will not be valid to the extent that there is a material difference between the readability law of your state and the N.A.I.C. Model.



Sheila St.Hilaire
Vice President, Legal

Date: August 5, 2011

June 16, 2011

Jeff Kulesus, FLMI
Consultant
Milliman, Inc.
Two Conway Park
1450 Field Drive, Suite 180
Lake Forest, Illinois 60045

Re: State Insurance Filings

Dear Mr. Kulesus:

This letter will serve as authorization from Commonwealth Annuity and Life Insurance Company (the "Company") for employees of Milliman, Inc. to file contract forms and other related material in states where the Company is authorized to conduct business, and to respond to inquiries from state insurance departments and jurisdictions on the Company's behalf in relation to the filing of this contract.

Sincerely,



Scott D. Silverman
Commonwealth Annuity and Life Insurance Company
Senior Vice President, General Counsel and Corporate Secretary
Tel: 508 460.2408
Fax: 212 493.9888

Arkansas Compliance Certification

Company: Commonwealth Annuity and Life Insurance Company

Form: 6101-11B Single Premium Deferred Annuity Application
6102-11B Important Notices

On behalf of Commonwealth Annuity and Life Insurance Company (Company) I certify the following requirements have been reviewed and the forms and Company practices are in compliance with the following.

1. Ark. Code Ann. 23-79-138 Information to accompany policies

An information notice including; (1) the complete address and telephone number of the policyholder's service office of the company, (2) the name, address, and telephone number of the agent soliciting the policy, if applicable, and (3) the address and telephone number of the Arkansas State Insurance Department is provided to the policy owner.

2. Regulation 49 Life and Disability Guaranty Fund Notices

The Company provides a Life and Health Guaranty Notice to each policy owner.

3. Regulation 19 Unfair Sex Discrimination in the Sale of Insurance

The Company certifies it meets the provisions of this rule as well as all applicable requirements of the Department.



Signature

August 4, 2011

Date

Jeff Kulesus, Compliance Consultant

Name/Title

Arkansas Compliance Certification

Company: Commonwealth Annuity and Life Insurance Company

Form:

6101-11B Single Premium Deferred Annuity Application

6102-11 Important Notices

On behalf of Commonwealth Annuity and Life Insurance Company (Company) I certify that the above forms comply with the requirements of Regulation 34 and Bulletin 11-83.



Signature

August 5, 2011

Date

Sheila St.Hilaire
Vice President - Legal

Name/Title

COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY

STATEMENT OF VARIABILITY

6101-11B, Single Premium Deferred Annuity Application

- Page 1 of 4:
 - Company logo – The Company logo has been bracketed to allow change of the logo without refilling the Contract at some future date. The Company acknowledges that such change will not include a Company name change unless such name change is first filed with and approved by the Department.
 - Service Center Name, Address and/or Telephone Number – Will change if the Service Center name address and/or telephone number changes.
 - Plan Type – May vary by availability. If any changes occur, such changes will be applied uniformly to all new contract applicants on a go-forward basis.
 - Section 3. Interest Rate Guaranteed Period – the Interest Rate Guaranteed Period may vary by availability. If any changes occur, such changes will be applied uniformly to all new contract applicants on a go-forward basis.
- Bar Code – Will be in or out. The Bar Code may change as necessary and as determined by the requirements the Company administrative system.
- Page 2 of 4, Section 7. Beneficiary
 - Language regarding state requirements for minor ages – Will change if required due to changes in state law over which the Company has no control.
- Page 3 of 4, Section 9. Document Delivery
 - The entire section may be in or out depending upon whether or not the Company opts to support electronic delivery of annual reports and other documents or notices at some future date.
 - Service Center Telephone Number – Will change if the Service Center telephone number changes.
- Page 3 of 4, Section Numbers 9-12 – Section numbers will vary depending on whether or not Section 9. Document Delivery is in or out.
- Page 4 of 4:
 - Section Number 12 – The Section numbers will vary depending on whether or not Section 9. Document Delivery is in or out.

6102-11B, Important Notices

- Corporate Office City, State and Zip Code – Will change if the Corporate Office City, State or Zip Code changes.
- Specific state fraud statements and important notices may be revised based upon revisions in state law or regulations regarding such statements. Additional state fraud statements may be added upon newly enacted statute or newly adopted regulation in a given state that requires such fraud statement or important notice on the Single Premium Deferred Annuity Application form.



Commonwealth Annuity and Life Insurance Company
Southborough, MA 01772

-Service Center: [SE2]

Send all inquiries to: [P.O. Box 758550, Topeka, KS 66675-8550], Phone: [(800) 457-9047]

SINGLE PREMIUM DEFERRED ANNUITY APPLICATION

The Single Premium Deferred Annuity Contract does not represent a deposit, obligation, or guarantee of any banking institution and is not insured by the Federal Deposit Insurance Corporation or any Federal governmental agency.

Product: Single Premium Deferred Annuity	
Plan Type:	<input type="checkbox"/> Non-Qualified <input type="checkbox"/> IRA (Traditional) <input type="checkbox"/> Simple IRA <input type="checkbox"/> SEP-IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 457

1. Owner/Annuitant (The Annuitant will also be the Owner unless a Non-natural Owner is designated in Section 2.)		
Name:	Date of Birth (mm/dd/yyyy)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address (No P.O. boxes please):	SSN/Tax I.D. #:	
City, State, Zip:	Daytime Phone:	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, country of origin:	E-mail Address:	

2. Non-natural Owner (If the owner is a Trust, please complete the Verification of Trust form.)	
Name of Entity:	Tax I.D. #:
Street Address (No P.O. boxes please):	Trust Date:
City, State, Zip:	Daytime Phone:

3. Interest Rate Guaranteed Period (Select one)
<input type="checkbox"/> 3 year <input type="checkbox"/> 4 year <input type="checkbox"/> 5 year <input type="checkbox"/> 6 year <input type="checkbox"/> 7 year <input type="checkbox"/> 8 year <input type="checkbox"/> 9 year <input type="checkbox"/> 10 year

4. Purchase Payment (Make check payable to Commonwealth Annuity and Life Insurance Company.)			
Purchase Payment: \$	<input type="checkbox"/> Check <input type="checkbox"/> Wire, Bank originating wire:	<input type="checkbox"/> Brokerage Transfer	
Expected Transfer Amount: \$			
Check appropriate Box(es):	<input type="checkbox"/> 1035 Tax-Free Exchange <input type="checkbox"/> Direct Transfer	<input type="checkbox"/> Direct Investment (check/wire) <input type="checkbox"/> Rollover	<input type="checkbox"/> CD/Mutual Fund Transfer

5. Right to Choose a Second Addressee	
You may identify a second person to whom We may send annual statements and other notices. These notices would be in addition to the notices We mail to You. Please check below if You do or do not want to have a second person receive any such notices.	
<input type="checkbox"/> I choose to name a second addressee. (If You choose this option, please provide the name, address and other information below.)	
Name:	Street Address (No P.O. boxes please):
City, State, Zip:	Daytime Phone:
<input type="checkbox"/> I choose NOT to name a second addressee.	

6. Replacement	
Do you have any existing annuity contracts or life insurance policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will any existing life insurance policy or annuity contract be replaced or will values from another insurance policy or annuity contract (through loans, surrenders or otherwise) be used to fund the annuity contract applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate company name and policy number. (If more than one company, show in Section 8, Remarks.)	
Company Name:	Contract/Policy #:

7. Beneficiary

Payments will be made to all surviving Beneficiaries as specified by You below. The interest of any deceased Beneficiary will be divided prorata among the surviving Beneficiaries of the same class. If additional space is needed, please use the Remarks section or include a signed attachment to this application. If the Beneficiary is a trust, please complete the Verification of Trust form. If the Beneficiary is a corporation or partnership, please provide the entity's name, address and date established.

Primary Beneficiary Information					
Name (First, Middle, Last)	Home Address (Including City, State, Zip and Country)	Date of Birth	Relationship	SSN/Tax I.D. #	Percentage

Contingent Beneficiary Information					
Name (First, Middle, Last)	Home Address (Including City, State, Zip and Country)	Date of Birth	Relationship	SSN/Tax I.D. #	Percentage

If Minor Beneficiary, See Below.

Custodian:		Minor:		State:	
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If any proceeds become payable to a Beneficiary who is then a "minor" as shown above, as defined in the applicable Uniform Transfers to Minor Act ("UTMA"), as specified herein, such proceeds shall be paid to the custodian shown above. At the time of payment, the custodianship is to continue until the Beneficiary reaches the age of majority*.

1. The following comments are of a general nature and are not intended to be legal advice, or to substitute for legal advice. You may wish to consult with Your attorney about the completion of this Beneficiary designation.

2. **Naming a custodian and substitutes.** A custodian must be named in the blank following the words "paid to" in the designation. It is strongly recommended that You also name at least one (and preferably two or more) substitute custodians on the lines provided for that purpose. A substitute custodian would serve if, at the time of payment, the first-named custodian is deceased or otherwise unable or unwilling to serve. The custodian (and each substitute) should be either: (1) an individual who is now an adult; or (2) a trust company, such as a financial institution with a trust department.

In the event a substitute custodian is needed, the following is/are nominated, in the order named:

Name (First, Middle, Last)	Address (Including City, State, Zip and Country)
Name (First, Middle, Last)	Address (Including City, State, Zip and Country)

*[For California (insert 18, 19, 20, 21, 22, 23, 24 or 25); for Ohio (insert 18, 19, 20 or 21); for Iowa and a few other states (insert 21); or, for most other states (insert 18)]:

Additional pages may be added for other minor Beneficiaries.

If the specified UTMA would require the Beneficiary's custodianship to terminate at or before the time of payment, the proceeds payable to that Beneficiary shall be paid to the Beneficiary rather than to a custodian.

8. Remarks

(Attach additional sheet(s), if necessary.)

9. Document Delivery

- Yes, I would like to receive the annual report and other documents or notices relating to my Contract electronically instead of the paper version. I have access to a computer with internet access and the capacity to view these documents. I understand that the Company will rely on my signature as consent to receive all future Company annual reports and other documents or notices electronically. I can change my mind at any time by contacting the Company at [(800) 457-9047] and revoking this consent.
- No, I do not want to receive the annual reports and other documents or notices relating to my Contract electronically.

[10]. Owner Acknowledgements – Required

As Owner, I acknowledge that:

1. I have received and signed the Commonwealth Annuity and Life Insurance Company disclosure statement for this product, and have also received the Buyers' Guide. My agent has reviewed this material with me and I understand the key features of this product.
2. I understand that a fixed annuity is a long-term investment and believe this annuity is suitable for my overall financial needs and plans.
3. I hereby represent that the information provided on this application for this product is true, complete, and correct to the best of my knowledge and belief, that the statements made therein are representations and not warranties and that they shall form the exclusive basis of any annuity issued hereon.
4. Checks must be made payable to Commonwealth Annuity and Life Insurance Company, not to my agent. The canceled check is my receipt.
5. Only the President or Corporate Secretary can make, modify, discharge, or waive any of the Company's rights.
6. I certify that: (1) the Social Security Number(s) or Federal Tax Identification Number(s) reported above is the correct number(s) (or I am waiting for a number to be issued); and (2) I am not subject to backup withholding either because (a) 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 (b) the IRS has notified me that I am no longer subject to backup withholding.
7. Placing an annuity in a tax qualified retirement plan (e.g., an IRA) will result in no additional tax advantage from the annuity.
8. I have read the fraud warning and other important notice(s) listed on form 6102-11 for my state of residence, if any.
9. The Contract for which I am applying does not represent a deposit, obligation, or guarantee of any banking institution.
10. The Contract for which I am applying is not insured by the Federal Deposit Insurance Corporation or by any Federal governmental agency.
11. The Contract for which I am applying is not a requirement for obtaining credit, a loan, a mortgage or any other product or service offered through any banking institution.
12. The Contract for which I am applying is an insurance product which is issued by and is an obligation of an insurance company.
13. The Contract for which I am applying involves investment risk.

[11]. Signatures

Application Made at State:

Date: (mm/dd/yyyy)

Signature of Owner/Participant (Trustee or Custodian, if applicable):

Signature of Annuitant (if different from the Owner):

[12]. Agent Acknowledgements – Required

Do you, as agent, have reason to believe the Contract applied for will replace any existing annuity contract(s) or life insurance policy(ies)?

Yes* No * If marked "Yes", complete and attach the replacement form(s) to this application.

Does the applicant have any existing annuity contract(s) or life insurance policy(ies) or? Yes No

Signature of Agent

First Name

M.I.

Last Name

Broker/Dealer or Agency

Broker/Dealer or Agency Street Address

City

State

Zip

Business Phone Number

Fax Number

Email Address

State License Number (If any)

Broker/Dealer or Agency Client Account Number

Commonwealth Annuity and Life Insurance Company

[Southborough, MA 01772]

IMPORTANT NOTICES

TO ALL APPLICANTS: PLEASE READ THE FOLLOWING IMPORTANT NOTICE(S)

The Contract for which you are applying:

- is not insured by the Federal Deposit Insurance Corporation or any Federal governmental agency;
- does not represent a deposit, obligation or guarantee of any banking institution;
- is not a requirement for obtaining credit, a loan, a mortgage or any other product or service offered through any banking institution;
- is an insurance product which is issued by and is an obligation of an insurance company; and
- involves investment risk.

TO ALL APPLICANTS: PLEASE READ THE APPLICABLE IMPORTANT NOTICE(S)-FOR YOUR STATE:

For all states not specifically shown: [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 may be guilty of a crime and may be subject to fines and confinement in prison.]

For Residents of Alaska: [A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.]

For Residents of Arizona: [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 may be guilty of a crime and may be subject to fines and confinement in prison.]

[UPON YOUR WRITTEN REQUEST, WE WILL PROVIDE FACTUAL INFORMATION ABOUT THE CONTRACT'S BENEFITS AND PROVISIONS WITHIN A REASONABLE TIME.]

For Residents of Arkansas, Louisiana, Rhode Island and West Virginia: [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.]

For Residents of District of Columbia: **[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 Residents of California: [Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.]

For Residents of Colorado: [It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.]

For Residents of Delaware, Idaho: [Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.]

For Residents of Florida: [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 Residents of Indiana: [A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.]

For Residents of Kansas: [Any person who knowingly and with intent to defraud presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.]

For Residents of Kentucky: [Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.]

For Residents of Maine, Tennessee and Washington: [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.]

For Residents of Maryland: [Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.]

For Residents of Minnesota: [Any person who knowingly or willfully makes a false statement in, or relative to, any application for insurance or membership for any purpose shall be guilty of a gross misdemeanor.]

For Residents of New Hampshire: [Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. RSA § 638.20.]

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

For Residents of New Mexico: [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 civil fines and criminal penalties.]

For Residents of New York: [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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.]

For Residents of Ohio: [Any person who, with intent to defraud or knowing that he 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 Residents of Oklahoma: **[WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

For Residents of Oregon: [Any person who knowingly and with intent to deceive an insurer, makes a claim for the proceeds of an insurance policy containing materially false information, avoiding definite statements of guilt, may be guilty of insurance fraud, not to conflict with the two year limit on contestability.]

For Residents of Pennsylvania: [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.]

For Residents of Puerto Rico: [Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.]

For Residents of Texas: [Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.]