

SERFF Tracking Number: MNNL-127362287 State: Arkansas  
Filing Company: Minnesota Life Insurance Company State Tracking Number: 49511  
Company Tracking Number: 11-70205 REV 8-2011  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: Revised Legend/Extra Annuity Application  
Project Name/Number: Revised Legend/Extra App/11-70205 Rev 8-2011

## Filing at a Glance

Company: Minnesota Life Insurance Company

Product Name: Revised Legend/Extra Annuity SERFF Tr Num: MNNL-127362287 State: Arkansas

Application

TOI: A03I Individual Annuities - Deferred Variable

SERFF Status: Closed-Approved- Closed State Tr Num: 49511

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: 11-70205 REV 8-2011 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Monica Ramstad

Disposition Date: 08/16/2011

Date Submitted: 08/10/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Revised Legend/Extra App

Status of Filing in Domicile: Pending

Project Number: 11-70205 Rev 8-2011

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: The revised form is pending as part of an Interstate Compact filing.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 08/16/2011

Deemer Date:

State Status Changed: 08/16/2011

Submitted By: Monica Ramstad

Created By: Monica Ramstad

Corresponding Filing Tracking Number: 11-70205 Rev 8-2011

Filing Description:

NAIC number 66168

Form 11-70205 Rev 8-2011, Individaul Variable Annuity Application

Form 11-70205 Rev 8-2011 is attached for your review and approval. It is intended to replace form 11-70205, which was approved by your Department on 03-28-2011 under SERFF Submission MNNL-127031178. The only difference between the origanl and the revised form is the addition of the Broker-Dealer signature information in section 17, which

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was inadvertently omitted from the original version.

Thank you for your attention to this submission. Please contact me if there are any additional questions.

Monica Ramstad  
 Senior Product Compliance Analyst  
 Minnesota Life Insurance Company  
 651-665-4838  
 monica.ramstad@securian.com

## Company and Contact

### Filing Contact Information

Monica Ramstad, Supervisor - Ind & RS monica.ramstad@securian.com  
 Product Compliance  
 400 ROBERT STREET NORTH 651-665-4838 [Phone]  
 ST. PAUL, MN 55101-2098 651-665-3853 [FAX]

### Filing Company Information

Minnesota Life Insurance Company CoCode: 66168 State of Domicile: Minnesota  
 400 Robert Street North Group Code: 869 Company Type:  
 Law Department Group Name: State ID Number:  
 St. Paul, MN 55101-2098 FEIN Number: 41-0417830  
 (651) 665-3500 ext. [Phone]

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$125.00  
 Retaliatory? Yes  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Minnesota Life Insurance Company	\$125.00	08/10/2011	50506884

SERFF Tracking Number: MNNL-127362287 State: Arkansas  
Filing Company: Minnesota Life Insurance Company State Tracking Number: 49511  
Company Tracking Number: 11-70205 REV 8-2011  
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
Product Name: Revised Legend/Extra Annuity Application  
Project Name/Number: Revised Legend/Extra App/11-70205 Rev 8-2011

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/16/2011	08/16/2011

*SERFF Tracking Number:* MNNL-127362287      *State:* Arkansas  
*Filing Company:* Minnesota Life Insurance Company      *State Tracking Number:* 49511  
*Company Tracking Number:* 11-70205 REV 8-2011  
*TOI:* A031 Individual Annuities - Deferred Variable      *Sub-TOI:* A031.002 Flexible Premium  
*Product Name:* Revised Legend/Extra Annuity Application  
*Project Name/Number:* Revised Legend/Extra App/11-70205 Rev 8-2011

## **Disposition**

Disposition Date: 08/16/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MNNL-127362287 State: Arkansas  
 Filing Company: Minnesota Life Insurance Company State Tracking Number: 49511  
 Company Tracking Number: 11-70205 REV 8-2011  
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
 Product Name: Revised Legend/Extra Annuity Application  
 Project Name/Number: Revised Legend/Extra App/11-70205 Rev 8-2011

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	MultiOption Legend and Extra Variable Annuity Application		Yes

SERFF Tracking Number: MNNL-127362287 State: Arkansas  
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 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
 Product Name: Revised Legend/Extra Annuity Application  
 Project Name/Number: Revised Legend/Extra App/11-70205 Rev 8-2011

## Form Schedule

**Lead Form Number: 11-70205 Rev 8-2011**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	11-70205 Rev 8-2011	Application/MultiOption Legend Enrollment and Extra Variable Form Annuity Application	Initial			11-70205 Rev 8-2011 JD.pdf

# MultiOption Legend and MultiOption Extra Variable Annuity Application

Minnesota Life Insurance Company - A Securian Company  
Annuity Services • A3-9999  
400 Robert Street North • St. Paul, Minnesota 55101-2098

Fax 651-665-7942  
1-800-362-3141  
www.securian.com

**MINNESOTA LIFE**

<b>1. Select Contract Type</b>				
<input checked="" type="checkbox"/> MultiOption Legend		<input type="checkbox"/> MultiOption Extra		
<b>2. Type of Plan</b>				
<input type="checkbox"/> Traditional IRA		<input checked="" type="checkbox"/> Non-Qualified		
<input type="checkbox"/> Roth IRA		<input type="checkbox"/> Corporate Non-Qualified		
<input type="checkbox"/> Inherited IRA		<input type="checkbox"/> Non-Corporate Non-Qualified (LLP or LLC)		
<input type="checkbox"/> Other _____		<input type="checkbox"/> Under the _____ (state) UTMA/UGMA		
<b>3. Owner</b>				
Individual name (first, middle initial, last, suffix), or corporation name or trust title				
<b>John Doe</b>				
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity		Date of birth or date of trust	Tax I.D. (SSN or TIN)	If trust, is it revocable?
		<b>7-20-1970</b>	<b>123-33-3333</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street address				
<b>123 Main Street</b>				
City		State	Zip code	Telephone number
<b>Anytown</b>		<b>MN</b>	<b>11111</b>	<b>123-333-4444</b>
<b>4. Joint Owner (if applicable)</b>				
Individual name (first, middle initial, last, suffix)				
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth	Tax I.D. (SSN)	Relationship to owner
Street address				
City		State	Zip code	Telephone number
<b>5. Annuitant</b>				
Individual name (first, middle initial, last, suffix)				
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth	Tax I.D. (SSN)	Relationship to owner
Street address				
City		State	Zip code	Telephone number
<b>6. Joint Annuitant (if applicable)</b>				
Individual name (first, middle initial, last, suffix)				
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth	Tax I.D. (SSN)	Relationship to annuitant
Street address				
City		State	Zip code	Telephone number

For UTMA/UGMA, enter custodian's information here.

Complete only if the individual annuitant is not the same as owner.

For UTMA/UGMA, enter minor's information here.

Complete only if the joint annuitant is not the same as owner.



IAN000064



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<p>Primary beneficiary designations must total 100%.</p> <p>Contingent beneficiary designations must total 100%.</p> <p>Please identify any additional beneficiaries in Section 11.</p>	<b>7. Beneficiary(ies)</b>			
	Name <b>Mary Doe</b>			
	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Entity	Date of birth <b>4-20-1975</b>	Tax I.D. (SSN or TIN) <b>122-22-2222</b>	
	Relationship to owner <b>Wife</b>		Type of beneficiary <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage <b>100</b> %
	Address <b>same as owner</b>			
	City		State	Zip code
	Name			
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity	Date of birth	Tax I.D. (SSN or TIN)	
	Relationship to owner		Type of beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage %
	Address			
City		State	Zip code	
Name				
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity	Date of birth	Tax I.D. (SSN or TIN)		
Relationship to owner		Type of beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage %	
Address				
City		State	Zip code	
<b>8. Optional Death Benefit Riders (Subject to state availability; additional charges apply - see Prospectus)</b>				
<input type="checkbox"/> Highest Anniversary Value Death Benefit <input type="checkbox"/> Premier Death Benefit <input type="checkbox"/> Estate Enhancement Benefit				
<p>If you select a Living Benefit rider, also complete the Living Benefit Rider Options Election form.</p>	<b>9. Optional Living Benefit Riders (Subject to state availability; additional charges apply - see Prospectus)</b>			
	<p>Minimum and maximum age requirements may apply - see Prospectus for details. These riders are not available with the Premier Death Benefit Rider or the Estate Enhancement Benefit.</p> <p>Choose only one</p> <input type="checkbox"/> Encore Lifetime Income - Single <input type="checkbox"/> Encore Lifetime Income - Joint <input type="checkbox"/> Guaranteed Minimum Income Benefit			

<b>10. Replacement</b>			
<p>Please be aware that client and representative/agent responses in Sections 10 and 16 must match.</p> <p>If yes, a State Replacement form is required to be signed, dated and enclosed with this application for most states.</p>	Do you have any existing life insurance or annuity contracts? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>		
	Will the contract applied for replace or change an existing life insurance or annuity contract? If yes, complete the section below. <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>		
	<b>Company Name</b>	<b>Policy/Contract Number</b>	<b>Year Issued</b>
<b>11. Special Instructions</b>			
<b>12. Purchase Payment Method</b>			
<p>Minimum purchase payment is \$10,000.</p> <p>Make checks payable to Minnesota Life.</p>	<input type="checkbox"/> 1035 Exchange <input type="checkbox"/> \$ <u>24,000</u> Remitted with Application		
	<input type="checkbox"/> Direct Transfer/Rollover <input type="checkbox"/> \$ _____ Client initiated Rollover <small>(approximate amount)</small>		
<b>13. Notice to Applicant</b>			
Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.			
<b>14. Military Sales</b>			
Regarding this annuity application, is any owner or annuitant an active duty member of the U.S. Armed Forces?		<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	
*If yes, complete our Military Personnel Financial Services Disclosure*form, and submit the form to us with the application.			

15. Owner/Annuitant Signatures				
<p>I ACKNOWLEDGE THAT I HAVE RECEIVED AND UNDERSTAND THE CURRENT PROSPECTUS. I UNDERSTAND THAT ALL PAYMENTS AND VALUES PROVIDED BY THIS CONTRACT, WHEN BASED UPON THE INVESTMENT EXPERIENCE OF A VARIABLE ANNUITY ACCOUNT, ARE VARIABLE, MAY INCREASE OR DECREASE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT.</p> <p>I/we represent that the statements and answers in this application are full, complete, and true to the best of my/our knowledge and belief. I/we agree that they are to be considered the basis of any contract issued to me/us. I/we have read and agree with the applicable statements. The representative left me/us the original or a copy of the written or printed communications used in this presentation.</p>				
Contract owner's signature				
<b>X John Doe</b>				
Signed in (city)	State	Date		
<b>Anytown</b>	<b>MN</b>	<b>8-8-2011</b>		
Joint contract owner's signature, if any				
<b>X</b>				
Signed in (city)	State	Date		
Annuitant's signature (if other than the owner)			Date	
<b>X</b>				
Joint annuitant's signature, if any			Date	
<b>X</b>				
16. To Be Completed By Representative/agent				
<p>Representative/agent responses must match client responses in Section 10.</p> <p>All representatives/agents involved in this sale must sign this application.</p> <p>Representative/agent split must total 100%.</p>	To the best of my knowledge and belief, this applicant has existing life insurance or annuity contracts. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	To the best of my knowledge and belief, the contract applied for will replace or change an existing life insurance or annuity contract. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	<b>No written sales materials were used other than those furnished by the Home Office. I believe the information provided by this client is true and accurate to the best of my knowledge and belief.</b>			
	Representative/agent name (print)	Representative/agent code		
	<b>James Smith</b>	<b>12345</b>	<b>100</b>	<b>%</b>
	Representative/agent signature			
	<b>X</b>			
	Representative/agent name (print)	Representative/agent code		
			<b>%</b>	
	Representative/agent signature			
<b>X</b>				
Representative/agent name (print)	Representative/agent code			
		<b>%</b>		
Representative/agent signature				
<b>X</b>				
17. To Be Completed By Broker - Dealer				
Broker-dealer name	Date	Signature of authorized dealer		
<b>Smith Associates</b>	<b>8-8-2011</b>	<b>X Stephen James</b>		
Principal signature	Date	Special note		
<b>X Thomas Jones</b>	<b>8-8-2011</b>			
18. To Be Completed By Minnesota Life				
Accepted by	Date	Contract number		
<b>Susan Anderson</b>	<b>8-8-2011</b>	<b>12345</b>		

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<p><b>Satisfied - Item:</b> Flesch Certification  <b>Comments:</b>            Please see the attached Certification for the Rule and Regulations and Consumer Information Notice. Please note that the variable annuity application submitted is exempt from Flesch scoring because of its review by the Securities and Exchange Commission.  <b>Attachment:</b>            CERTIFICATION.pdf</p>		
<p><b>Bypassed - Item:</b> Application  <b>Bypass Reason:</b> Please see the application submitted on the forms tab.  <b>Comments:</b></p>		
<p><b>Bypassed - Item:</b> Life &amp; Annuity - Acturial Memo  <b>Bypass Reason:</b> Not applicable to this submission.  <b>Comments:</b></p>		
<p><b>Satisfied - Item:</b> Statement of Variability  <b>Comments:</b>            Please see the attached Staement of Variability for form 11-70205 Rev 8-2011.  <b>Attachment:</b>            SOV 11-70202 Rev 8-2011.pdf</p>		

## CERTIFICATION

I hereby certify that:

Each individual annuity contract issued in the state of Arkansas includes the Guaranty Association Notice, form FMHC-41371 Rev 2-2010; and

Each individual annuity contract issued in the state of Arkansas includes an Important Notice to Contractholders form F38057 Rev 11-2009; and

I have reviewed Rule 19, and that the individual annuity forms issued are in compliance with this Regulation.

A handwritten signature in black ink that reads "Matthew Harrington". The signature is written in a cursive style with a large initial 'M' and a long, sweeping tail on the 'g'.

Matthew Harrington  
Assistant Secretary  
Minnesota Life Insurance Company  
February 18, 2011

Minnesota Life Insurance Company

**Statement of Variability**

Application Form 11-70205 Rev 8-2011

August 8, 2011

**Application Form 11-70205 Rev 8-2011**

Question 8 - Optional Death Benefit Riders . There are brackets around the riders that are listed to indicate that we may wish to add or delete riders without refiling this application form. Rider availability is determined by the current product prospectus.

Question 9 – Optional Living Benefit Riders. There are brackets around the riders that are listed to indicate that we may wish to add or delete riders without refiling this application form. Rider availability is determined by the current product prospectus.