

SERFF Tracking Number: MNNL-127384022 State: Arkansas
 Filing Company: Minnesota Life Insurance Company State Tracking Number: 49625
 Company Tracking Number: 11-70209
 TOI: A02I Individual Annuities- Deferred Non- Variable Sub-TOI: A02I.005 Limited Flexible Premium
 Product Name: SecureOption Focus Limited Payment Deferred Fixed Annuity
 Project Name/Number: SO Focus/11-70209

Filing at a Glance

Company: Minnesota Life Insurance Company

Product Name: SecureOption Focus Limited Payment Deferred Fixed Annuity
 SERFF Tr Num: MNNL-127384022 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non- Variable
 SERFF Status: Closed-Approved- Closed State Tr Num: 49625

Sub-TOI: A02I.005 Limited Flexible Premium
 Co Tr Num: 11-70209 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird

Author: Monica Ramstad
 Disposition Date: 08/31/2011

Date Submitted: 08/24/2011
 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: SO Focus

Status of Filing in Domicile: Pending

Project Number: 11-70209

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: These forms for our domicilliary state of Minnesota are on file with the Interstate Compact as part of SERFF Submission MNNL-127340208, and are pending approval at this time.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 08/31/2011

State Status Changed: 08/31/2011

Deemer Date:

Created By: Monica Ramstad

Submitted By: Monica Ramstad

Corresponding Filing Tracking Number: 11-70209

Filing Description:

NAIC Number 66168

RE: Individual Fixed Annuity Forms Submission

SERFF Tracking Number: MNNL-127384022 State: Arkansas
Filing Company: Minnesota Life Insurance Company State Tracking Number: 49625
Company Tracking Number: 11-70209
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.005 Limited Flexible Premium
Variable
Product Name: SecureOption Focus Limited Payment Deferred Fixed Annuity
Project Name/Number: SO Focus/11-70209
11-70209 Limited Payment Deferred Fixed Annuity Contract
11-70210 Fixed Annuity Application

The above forms are enclosed for your review and approval. They are new, and are not intended to replace any other forms. The forms for our domiciliary state of Minnesota are on file with the Interstate Compact and are pending review under SERFF Submission MNNL-127340208.

Form 11-70209 is a non-participating, Limited Payment Fixed Deferred Annuity. Additional purchase payments to the contract are accepted for the first 6 months following the contract issue date. The minimum issue age is eighteen, and the maximum issue age is 88. The contract offers a choice of initial interest rate guarantee periods. The contract includes a seven year deferred sales charge and provides cash surrender benefits. The death benefit is equal to the contract value prior to the start of annuity payments.

The product will be marketed on a face-to-face basis through licensed and appointed representatives of Minnesota Life.

Also submitted with this filing are the Actuarial Memorandum and the Statement of Variability. The latter outlines the language that will appear in the non-personal bracketed sections of page 1 of the contract, and the Guarantee Periods in section 2 of the Application.

Appendix A forms 03-70091 and 03-70092 contain the guaranteed unisex and sex-distinct fixed annuity payment rates for annuitization of the contract. The applicable Appendix A will be inserted into the contract based on state of issue and plan type.

The enclosed application form 11-70210 will be used with contract form 11-70209. Although it is available for completion both in paper or in an electronic format, a wet signature is required in either case in order to complete the sale.

The Flesch score for contract form 11-70209 is 50.1. The Flesch score for application form 11-70210 is 52.

The enclosed forms are submitted in final print and are subject to only minor modification in paper stock size, ink, border, Company logo, and adaptation to electronic media or computer printing.

Thank you for your attention to this filing. We look forward to its approval. Should you have any questions regarding this submission, please give me a call at 651-665-4838, or send me an e-mail at monica.ramstad@securian.com.

Sincerely,

SERFF Tracking Number: MNNL-127384022 State: Arkansas
 Filing Company: Minnesota Life Insurance Company State Tracking Number: 49625
 Company Tracking Number: 11-70209
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.005 Limited Flexible Premium
 Variable
 Product Name: SecureOption Focus Limited Payment Deferred Fixed Annuity
 Project Name/Number: SO Focus/11-70209

Monica Ramstad
 Senior Product Compliance Analyst
 Minnesota Life Insurance Company
 651-665-4838

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]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Minnesota Life Insurance Company	\$125.00	08/24/2011	50902916

SERFF Tracking Number: MNNL-127384022 State: Arkansas
Filing Company: Minnesota Life Insurance Company State Tracking Number: 49625
Company Tracking Number: 11-70209
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.005 Limited Flexible Premium
Variable
Product Name: SecureOption Focus Limited Payment Deferred Fixed Annuity
Project Name/Number: SO Focus/11-70209

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	08/31/2011	08/31/2011

SERFF Tracking Number: MNNL-127384022 *State:* Arkansas
Filing Company: Minnesota Life Insurance Company *State Tracking Number:* 49625
Company Tracking Number: 11-70209
TOI: A021 Individual Annuities- Deferred Non- *Sub-TOI:* A021.005 Limited Flexible Premium
Variable
Product Name: SecureOption Focus Limited Payment Deferred Fixed Annuity
Project Name/Number: SO Focus/11-70209

Disposition

Disposition Date: 08/31/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MNNL-127384022 *State:* Arkansas
Filing Company: Minnesota Life Insurance Company *State Tracking Number:* 49625
Company Tracking Number: 11-70209
TOI: A021 Individual Annuities- Deferred Non-Variable *Sub-TOI:* A021.005 Limited Flexible Premium
Product Name: SecureOption Focus Limited Payment Deferred Fixed Annuity
Project Name/Number: SO Focus/11-70209

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
Supporting Document	Previously Approved Appendix A Forms		Yes
Form	SecureOption Focus Limited Payment Deferred Fixed Annuity		Yes
Form	Secureoption focus Fixed Annuity Application		Yes

SERFF Tracking Number: MNNL-127384022 State: Arkansas
 Filing Company: Minnesota Life Insurance Company State Tracking Number: 49625
 Company Tracking Number: 11-70209
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.005 Limited Flexible Premium
 Variable
 Product Name: SecureOption Focus Limited Payment Deferred Fixed Annuity
 Project Name/Number: SO Focus/11-70209

Form Schedule

Lead Form Number: 11-70209

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	11-70209	Policy/Contract/Individual Certificate	SecureOption Focus Limited Payment Deferred Fixed Annuity	Initial	50.100	11-70209.pdf
	11-70210	Application/Enrollment Form	Secureoption focus Fixed Annuity Application	Initial	52.000	11-70210 8-2011 JD.pdf

SecureOption Focus
Individual Fixed Annuity

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

Read Your Contract Carefully – This is A Legal Contract

We agree to provide the benefits and other rights of this contract. Payment of benefits is subject to the provisions, terms, and conditions of this contract. We make this promise and issue this contract in return for the receipt of a Purchase Payment.

Notice of Your Right to Examine This Contract for 20 Days

It is important to us that you are satisfied with this contract. If you are not satisfied, you may return the contract to us or to your sales representative within 20 days of its receipt, or 30 days if this contract is issued as a replacement. If you exercise this right, the contract will be considered void from the Contract Date and we will refund the Purchase Payments made under this contract, less any benefits paid. We will pay this refund within 10 days after we receive your notice of cancellation.

THIS CONTRACT CONTAINS A DEFERRED SALES CHARGE AS DESCRIBED ON PAGE 5. IT ALSO INCLUDES A BENEFIT TO WAIVE THE DEFERRED SALES CHARGE UNDER QUALIFYING HOSPITAL, MEDICAL CARE, AND TERMINAL CONDITION EVENTS AS DESCRIBED ON PAGE 6.

Signed for Minnesota Life Insurance Company at St. Paul, Minnesota on the Contract Date.



Secretary



President

- *Limited Payment Fixed Deferred Annuity Contract*
- *Fixed Annuity Payment Benefits*
- *Nonparticipating Contract*

TABLE OF CONTENTS

	<i>Page</i>
Contract Schedule.....	1
Definitions.....	2
General Provisions	3
Purchase Payments	4
Interest	5
Contract Charges	5
Withdrawal and Surrender	6
Annuity Income Benefits	7
Death Benefits.....	8

Contract Schedule

CONTRACT NUMBER: [1234567]	CONTRACT DATE: [10/01/2011]
OWNER: [John Doe]	MATURITY DATE: [10/01/2041]
JOINT OWNER:	JURISDICTION: [Your State]
ANNUITANT: [John Doe]	GENDER: [M] DATE OF BIRTH: [10/01/1946]
JOINT ANNUITANT:	GENDER: DATE OF BIRTH:
PLAN: [Non-Qualified]	INITIAL PURCHASE PAYMENT: [\$25,000]

Initial Guarantee Period: [5 Years]

Interest Rate(s) applicable to Initial Purchase Payment

Base Interest Rate:	[2.25%]
[Interest Rate Enhancement:	
First Contract Year of Initial Guarantee Period:	[1.00%]
Remainder of Initial Guarantee Period:	[0.00%]

Minimum Guaranteed Interest Rate: [1.00%]

Minimum Subsequent Purchase Payment: [1,000]

Subsequent Purchase Payments may be made during the first six months following the Contract Date.

Maximum Cumulative Purchase Payments: [\$1,000,000]

Deferred Sales Charge:

The deferred sales charge is applied to amounts withdrawn or surrendered from this contract according to the following schedule:

Beginning of Contract Year:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8+</u>
Percentage:	7%	7%	7%	6%	5%	4%	3%	0%

The deferred sales charge may be waived under qualifying hospital, medical care, and terminal condition events as described on page 6. This benefit is available at the later of the first Contract Anniversary or one year following a change of Owner.

Definitions

Annuitant

The person named as Annuitant on page one and upon whose lifetime Annuity Payment benefits will be paid under this contract. If Joint Annuitants are named, all references to Annuitant shall mean the Joint Annuitants.

Annuity Commencement Date

The date on which Annuity Payments are elected to begin. This may be the Maturity Date or a date you select prior to the Maturity Date.

Annuity Payments

A series of income payments for one of the following periods of time: the life of the Annuitant; the life of the Annuitant with a minimum number of income payments; joint lifetime and thereafter during the lifetime of the survivor; or, income payments for a designated period. Annuity Payments made at regular intervals are due and payable on dates agreed to between you and us.

Base Interest Rate

An annual rate of interest, credited daily, that we declare for each Guarantee Period. The initial Base Interest Rate is shown on page one and applies to the initial Purchase Payment until the end of the initial Guarantee Period.

Beneficiary

The person, persons or entity designated to receive any death benefits payable on the death of any Owner prior to the Annuity Commencement Date; or to receive any remaining annuity income payable on the death of the Annuitant after the Annuity Commencement Date. The Beneficiary will be the first person on the following list who is alive on the date of death: the Joint Owner (if any), the primary Beneficiary, the contingent Beneficiary or, if none of the above is alive, your estate.

Contract Anniversary

The same day and month as the Contract Date for each succeeding year of this contract.

Contract Date

The effective date of this contract. It is also the date we use to determine Contract Anniversaries and Contract Years.

Contract Value

The sum of the Purchase Payments, plus interest credited, less any withdrawals and amounts applied to provide Annuity Payments and any previously applied deferred sales charge.

Contract Year

A period of one year beginning with the Contract Date or Contract Anniversary.

Guarantee Period

A period of one or more years for which the current interest rate is guaranteed.

Maturity Date

The date this contract matures. The Maturity Date will be the first of the month following the later of: (a) the Annuitant's 95th birthday; or (b) seven years after the Contract Date.

Owner

The person(s) who is entitled to exercise all rights available under this contract. If two Owners have been designated, each Owner shall be a Joint Owner of the contract. Joint Owners have equal ownership rights and must both authorize any request to exercise those rights unless otherwise permitted by us. If Joint Owners are named, all references to Owner shall mean the Joint Owners.

Purchase Payment

Amounts paid to us as consideration for benefits provided by this contract.

Surrender Value

The amount payable to you upon surrender of this contract. The Surrender Value is equal to the Contract Value adjusted for any applicable deferred sales charge.

We, Our, Us

Minnesota Life Insurance Company ("Minnesota Life").

Written Request

A written notice, signed by you, in a form approved by or acceptable to us. In some cases, we may require that this contract be sent in with your Written Request.

You, Your

The person named as the Owner or Joint Owner on page one.

General Provisions

Entire Contract

This contract and any amendments, endorsements, riders or application attached thereto, contain the entire contract between you and us. Any statements made in the application either by you or the Annuitant, will in the absence of fraud, be considered representations and not warranties.

Any additional rider or agreement attached to this contract will become part of this contract. It will be subject to the terms and conditions of this contract unless we state otherwise in the rider or agreement.

Modification of Contract

Modifications to this contract or any waiver of our rights or requirements under this contract can only be made by the written authorization of an officer of Minnesota Life. No representative or other person has the authority to change or waive any provisions of this contract. No modification will adversely affect your rights under this contract unless the modification is made to comply with a law or government regulation. You will have the right to accept or reject such a modification. The terms and conditions of the contract will not be modified without prior state insurance department approval and the rights and benefits provided by the contract at issue will not be reduced without the prior written consent of the Owner.

Reports to Owners

At least annually, we will send you a report that will show the beginning and end dates for the current report period, your beginning and ending Contract Value, the ending Surrender Value, death benefit, a summary of transactions, any charges incurred since the last report, and any other information that may be required. Values will be as of a date within two months of its mailing. Additional reports are available to you upon request at a cost of not more than \$35 per report.

Misstatement of Age or Gender

If the age or gender of the Annuitant has been misstated, we will adjust the benefits and amounts payable under this contract to those that would have been paid based upon the corrected age or gender. In the case of an overpayment, we may either deduct the required amount from future payments under this contract; or you may pay us the difference in a lump sum until we are fully repaid. In the case of an underpayment, we will pay the difference in a lump sum. Overpayments or underpayments will be charged or credited with an annual effective interest rate of 2.00%.

Proof of Age, Gender, or Survival

We may require satisfactory proof of correct age and gender when Annuity Payments begin. We have the right to require proof of the life or death of any person on whose life or death determines whether, to whom, and how much we must pay any benefits under this contract.

Delay of Payments

Generally, we will make payment within seven days from our receipt of the Written Request. After making written request and receiving written approval from the Insurance Commissioner where required, we reserve the right to delay payments for up to six months.

Basis of Values

A detailed statement showing how values are determined has been filed with the state insurance departments. All values and reserves for this contract are at least equal to those required by the laws of the state in which this contract is issued.

Incontestability

We will not contest this contract except in the event of fraud in the procurement of the contract, where permitted by applicable law in the state in which the contract is issued.

Assignment

Unless this contract provides otherwise, you may assign all rights under this contract prior to the Annuity Commencement Date. We will not be bound by any assignment until we have received the Written Request at our home office. The assignment will take effect as of the date you signed the request, but will not apply to any payment or action taken by us prior to our receipt of the request. We are not responsible for the validity of any assignment. If the contract is absolutely assigned, the assignee becomes the new Owner. The new Owner or Joint Owner is subject to the terms and conditions of the contract. Any change of ownership may cause a taxable event. You should consult your tax advisor to determine the tax consequences of an assignment before taking any action.

Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of the assignment. If this contract is issued pursuant to a retirement plan which receives favorable tax treatment under the provisions of Section 401, 404, 408, or 408A of the Internal Revenue Code, then it may not be assigned, pledged or otherwise transferred except under such conditions as may be allowed under applicable law.

Claims of Creditors

To the extent protected by law, no benefit provided by this contract will be subject to any creditor's claim or process of law.

Change of Owner or Annuitant

You may change the Owner at any time. The Annuitant may change at any time prior to the Annuity Commencement Date. However, if the Owner of this contract is not a natural person, such as a trust or other entity, an Annuitant cannot be changed or added. A change of ownership may cause a taxable event.

To change the Owner or Annuitant, we must receive the Written Request at our home office. The change will take effect as of the date the Written Request was signed, whether or not you are living at the time of receipt. We are not liable for any payment, settlement, or tax reporting made by us before such change is recorded at our home office.

The new Owner or Annuitant is subject to the terms and conditions of the contract.

Non-Participating

This contract is non-participating. No dividends will be paid under this contract.

Contract Termination

This contract will terminate on the earliest of these events:

- you withdraw the entire Surrender Value,
- the Owner dies and any death benefit due has been paid; or
- Annuity Payments cease.

We may cancel a contract after the third Contract Anniversary if the Contract Value is less than \$2,000. If such a cancellation takes place, we will pay the Contract Value to you.

Purchase Payments

Initial Purchase Payment

This contract becomes effective when we receive the initial Purchase Payment at our home office. Your initial Purchase Payment is shown on page one. The initial Purchase Payment is applied on the Contract Date to the initial Guarantee Period at the initial Base Interest Rate shown on page one.

Upon expiration of the initial Guarantee Period, the Guarantee Period will continue to automatically renew for one year periods.

Subsequent Purchase Payments

You may make additional Purchase Payments during the first six months following the Contract Date, provided the Owner is still living, and this contract is in force. Any subsequent Purchase Payment must be at least equal to the amount shown on page one. Subsequent Purchase Payments do not start a new Guarantee Period.

Purchase Payment Limitations

The minimum Purchase Payment is \$10,000. A single Purchase Payment or total of all Purchase Payments may not exceed the Maximum Cumulative Purchase Payments found on page one for the same Owner or Annuitant without our prior consent. Checks should be made payable to Minnesota Life.

Deductions from Purchase Payments

We reserve the right to make a deduction from Purchase Payments for state premium taxes, where applicable.

Interest

Interest Rates

Purchase Payments will be credited interest at an annual rate at least equal to the minimum guaranteed interest rate shown on page one. As conditions permit, we will credit additional amounts of interest to the Contract Value. Interest will be credited on a daily basis and compounded annually.

The initial Purchase Payment will earn interest at the initial Base Interest Rate until the end of the initial Guarantee Period. The initial Base Interest Rate and initial Guarantee Period are shown on page one.

Subsequent Purchase Payments will earn interest at the rate in effect at the time of each Purchase Payment and will be guaranteed for the remainder of the initial Guarantee Period. We may credit additional interest based on the cumulative amount of Purchase Payments received, less any prior withdrawals. If applicable, adjustments will be made to the crediting rates on prior Purchase Payments.

At the end of the initial Guarantee Period and on each Contract Anniversary thereafter, we will declare a renewal rate. Each renewal rate is guaranteed until the next Contract Anniversary. The renewal rate may be more or less than your previous interest rate. Renewal rates will not be less than the minimum guaranteed interest rate found on page one.

Interest Rate Enhancement

We may from time to time declare an additional interest as an interest rate enhancement. If applicable, the interest rate enhancement will be added to the Base Interest Rate. Additional interest may be declared based upon certain factors such as the size of the contract and/or duration of the Guarantee Period. If applicable, the interest rate enhancement applied to the initial Purchase Payment is shown on page one.

There is no explicit fee or charge for the interest rate enhancement. The existence of any interest rate enhancement may cause a reduction in renewal rates. The amount of the interest rate enhancement may be more than offset by the reduction in renewal rates.

Contract Charges

Deferred Sales Charge

The deferred sales charge may be assessed on amounts withdrawn or surrendered during the first seven Contract Years. The amount withdrawn plus any deferred sales charge is deducted from the Contract Value. The amount of deferred sales charge equals the amount withdrawn multiplied by the appropriate percentage found in the deferred sales charge schedule below:

Beginning of Contract Year:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8+</u>
Percentage:	7%	7%	7%	6%	5%	4%	3%	0%

Free Withdrawal Amount

Each Contract Year, you can withdraw a portion of your Contract Value free from any deferred sales charge. This amount is called the “free withdrawal amount”. During the first Contract Year, the free withdrawal amount is equal to 10% of Purchase Payments received by us. Thereafter, the free withdrawal amount is equal to 10% of the prior Contract Anniversary Contract Value. The free withdrawal amount is not available upon full surrender of the contract.

The deferred sales charge will not apply to amounts in excess of the free withdrawal amount described above if withdrawn in any Contract Year to satisfy the IRS required minimum distribution for this contract. Applicable contracts include those issued pursuant to a retirement plan under the provisions of Section 401, 404, 408, or 457 of the Internal Revenue Code.

Waiver of Deferred Sales Charge

The deferred sales charge will not apply to:

- Amounts withdrawn in any Contract Year that are less than or equal to the free withdrawal amount as defined above.
- Amounts payable as a death benefit.
- Amounts applied to provide Annuity Payments under an annuity income option.
- A withdrawal or surrender requested after the first Contract Anniversary if you meet the eligibility requirements for confinement in a qualified health care facility as described in the “Withdrawal and Surrender” section of this contract.
- A withdrawal or surrender requested after the first Contract Anniversary if you are diagnosed with a terminal condition as defined in the “Withdrawal and Surrender” section of this contract.

Withdrawal and Surrender

Withdrawal Provisions

At any time before Annuity Payments begin, you may request a withdrawal from the Contract Value. You must make a Written Request for any withdrawals. The amount of any withdrawal must be at least \$250. We will treat any withdrawal that leaves a Contract Value of less than \$2,000 as a complete surrender of the contract.

In the event of a withdrawal, the Contract Value will be reduced by the amount requested and any applicable deferred sales charge. The amount withdrawn may also reflect any required or requested federal and/or state income tax withholding. If there are subsequent Purchase Payments, amounts will be withdrawn from Contract Value on a first in, first out basis.

Withdrawal values will be determined as of the date your Written Request is received at our home office.

Contract Surrender

At any time before Annuity Payments begin, you may surrender this contract for its Surrender Value. The Surrender Value will be determined as of the date your Written Request is received at our home office. The Surrender Value will not be less than the sum of Purchase Payments less prior withdrawals including any applicable deferred sales charge. The Surrender Value will be paid in a single sum if the contract is surrendered for its full Surrender Value.

After making written request and receiving written approval from the Insurance Commissioner where required, we reserve the right to defer the payment of surrender benefits for a period of six months after your request.

Health Care Facility or Terminal Condition Waiver (one year waiting period required)

Deferred sales charge will not apply when:

- A Written Request for a withdrawal or surrender is received any time after the first Contract Anniversary if you are confined to a qualified health care facility for at least 90 consecutive days. The request must be made while you are still confined or within 90 days after the discharge from a qualified health care facility after confinement of at least 90 consecutive days. A qualified health care facility means a licensed hospital or inpatient nursing facility providing daily medical treatment and keeping daily medical records for each patient (not primarily providing just residency or retirement care). This does not include a facility that primarily provides drug or alcohol treatment, or a facility owned or operated by the Owner or Annuitant or a member of the immediate family of either the Owner or Annuitant.
- A Written Request for a withdrawal or surrender is received any time after the first Contract Anniversary if you are diagnosed with a terminal condition. Terminal condition is an illness or injury: (a) diagnosed by a licensed Physician; and (b) reasonably expected to result in death within 12 months.

For purposes of these provisions, we must receive a Written Request documenting your confinement or terminal condition. If any additional information is required, we will notify you within 10 days of receipt of your request. If you do not receive a request for additional information within 10 days, you may assume you have satisfied our requirement for documentation. These provisions will not apply to any withdrawal taken prior to the date you satisfy our requirements for documentation. If the contract is owned by a trust, corporation, or similar non-natural person, the Annuitant is considered the Owner for purposes of these provisions. Physician means: (a) a licensed medical doctor (MD) or a licensed doctor of osteopathy (DO) practicing within the scope of his or her license; and (b) not you, the Annuitant or a member of either the Annuitant's or your immediate family. If the Owner is changed subject to the provisions of this contract, a one year waiting period will apply before the new Owner is eligible for this benefit.

We will notify you in writing if your request to waive the deferred sales charge has been denied. At that time you may choose to accept or cancel the requested surrender or withdrawal, including any deferred sales charge.

Annuity Income Benefits

Annuity Commencement Date

You may request an Annuity Commencement Date at any time after the first Contract Anniversary by providing us the Written Request at least 30 days before Annuity Payments are to begin. If not elected prior to the Maturity Date, Annuity Payments will automatically begin on the Maturity Date shown on page one of this contract.

Election of Annuity Income Option

You may elect, by Written Request, any one of the annuity income options described below or any annuity income option offered by us at the time of your election. Annuity Payments will be payable on a monthly basis unless otherwise agreed to by us. Once the annuity income option and Annuity Payment frequency are chosen by you, they may not be changed. If no election is provided, Annuity Payments will be made on the basis of option 2A, a life annuity with a period certain of 120 months.

The following annuity income options are available:

Option 1 – Single Life – Annuity Payments are payable for the lifetime of the Annuitant, ending with the last payment due prior to the Annuitant's death.

Option 2 – Single Life with a Period Certain – Annuity Payments payable for the lifetime of the Annuitant; provided, if the Annuitant dies before payments have been made for the entire period certain, those remaining period certain payments will be made to the Beneficiary. The period certain may be for 120 months (Option 2A); for 180 months (Option 2B); or for 240 months (Option 2C).

Option 3 – Joint and Last Survivor – Annuity Payments payable for the joint lifetimes of the Annuitant and Joint Annuitant. The payments end with the last payment due before the last remaining Annuitant's death.

Option 4 – Period Certain – Annuity Payments payable for a fixed period of ten to twenty years. If the Annuitant dies before all payments for the fixed period are received, payments will continue for the remainder of the fixed period to the Beneficiary.

We will pay the Annuity Payments of this contract according to your instructions as contained in our records at the time the payment is made. We are discharged from liability for any Annuity Payment made according to your instructions. Any payee who receives Annuity Payments that should not have been made will be liable to Minnesota Life for the amount of those payments.

With respect to any Annuity Payments based upon the Annuitant's lifetime, no Annuity Payment will be made for the period between the date of the last surviving Annuitant's death and the Annuity Payment date immediately preceding the date of death.

Determination of Annuity Payment

The tables in Appendix A show the amount of guaranteed monthly Annuity Payment that can be provided with each \$1,000 of available value. The amount available for Annuity Payments is the Contract Value adjusted for any applicable premium tax not previously deducted from the Purchase Payment.

The dollar amount of each payment depends on the annuity income option selected, the adjusted age of any Annuitant and Joint Annuitant, and the amount applied.

If, when Annuity Payments are elected, we are using tables of annuity purchase rates for this class of contracts that would result in a larger Annuity Payment than those shown in this contract, we will base the payments on those tables instead.

The first payment must be at least equal to the minimum payment amount according to our rules then in effect. If at any time payments become less than the minimum payment amount, we have the right to change the payment frequency to meet the minimum payment requirements. If any payment amount is less than the minimum annual payment amount, we may make an alternative arrangement with you.

Death Benefits

Amount Payable at Death prior to the Annuity Commencement Date

If any Owner dies before the Annuity Commencement Date, we will pay the Beneficiary a death benefit equal to the Contract Value. If the contract is owned by a trust, corporation, or similar non natural entity, the Annuitant is considered the Owner for purposes of the death benefit provision. The entire value of the contract must be distributed within five years from the date of death except as otherwise provided below.

We will pay the death benefit in a single sum unless another form of settlement has been requested and agreed to by us as of the date we receive all information necessary to make payment.

If any portion of the death benefit is payable to your designated Beneficiary who is not your surviving spouse, that Beneficiary may elect an annuity income option measured by a period not longer than that Beneficiary's life expectancy. Annuity Payments must begin no later than one year after your death.

If any portion of the death benefit is payable to your designated Beneficiary who is your surviving spouse, the surviving spouse shall be treated as the contract Owner for purposes of: (a) when Annuity Payments must begin; and (b) the time of distribution in the event of death.

This contract is intended to satisfy the requirements under Section 72(s) of the Internal Revenue Code of 1986, as amended ("Code"). In all events and notwithstanding any provision of this contract to the contrary, this contract will be construed and administered in accordance with Code Section 72(s).

Amount Payable at Death on or After the Annuity Commencement Date

Upon the death of the last surviving Annuitant on or after the Annuity Commencement Date, the death benefit, if any, will be as specified by the annuity income option selected. If Annuity Payments will continue for the remainder of a certain period, the Beneficiary may elect to terminate the contract and receive the commuted value of the remaining certain period payments in a lump sum. The commuted value will be based on the then current dollar amount of the Annuity Payment and the same interest rate that was used to calculate the initial Annuity Payment.

Proof of Death

Proof of any claim under this contract, satisfactory to us, must be submitted in writing to us at our home office. Generally we require a certified death certificate as proof of death. However, in the event that a certified death certificate is unavailable, we may accept one of the following:

- (a) A copy of the certified death certificate.
- (b) A copy of a certified decree of a court of competent jurisdiction as to the finding of death.
- (c) A written statement signed by a medical doctor who attended the deceased at the time of death.
- (d) Any other written proof satisfactory to us.

Change of Beneficiaries

To change the Beneficiary, you must submit the Written Request to us. After it has been received, it will take effect as of the date you signed the request. However, it will not apply to any death benefits paid prior to the request being received in our home office.

Unless you designate otherwise, if a Beneficiary dies, his/her interest in this contract ends with his/her death. Only those Beneficiaries who survive you will be eligible to share in a death benefit. If no Beneficiary survives you, we will pay the death benefit of this contract to your estate.

Minnesota Life Insurance Company, a stock company, is a subsidiary of Minnesota Mutual Companies, Inc., a mutual insurance holding company. You are a member of Minnesota Mutual Companies, Inc. which holds its annual meetings on the first Tuesday in March of each year at 3:00 p.m. local time. The meetings are held at 400 Robert Street North, St. Paul, Minnesota 55101-2098.

- *Limited Payment Fixed Deferred Annuity Contract*
- *Fixed Annuity Payment Benefits*
- *A Nonparticipating Contract*

Minnesota Life Insurance Company
400 Robert Street North
St. Paul, MN 55101-2098

SecureOption Focus Fixed 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

1. Type of Plan					
<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)			
2. Initial Guarantee Period					
Limited Payment Fixed Deferred Annuity with an initial guarantee period of:					
<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years <input checked="" type="checkbox"/> 5 Years <input type="checkbox"/> 7 Years] (choose one)					
3. Owner					
Individual name (first, middle initial, last, suffix), or corporation name or trust title					
John Doe					
<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?	
		8-20-1970	123-33-3333	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street address					
123 Main Street					
City		State	Zip code	Telephone number	
Anytown		MN	55555	123-333-4444	
4. Joint Owner (if applicable)					
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	
5. Annuitant					
Complete only if the individual annuitant is not the same as owner.	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
	6. Joint Annuitant (if applicable)				
Complete only if the joint annuitant is not the same as owner.	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



IAN000001



2

7. Beneficiary(ies)				
<p>Primary beneficiary designations must total 100%.</p> <p>Contingent beneficiary designations must total 100%.</p> <p>Please identify any additional beneficiaries in Section 9.</p>	Name			
	Mary Doe			
	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Entity	Date of birth 3-22-1970	Tax I.D. (SSN or TIN) 233-33-3333	
	Relationship to owner Wife		Type of beneficiary <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage 100 %
	Address same as owner			
	City		State	Zip code
	Name			
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity			Date of birth
	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	
Relationship to owner		Type of beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage %	
Address				
City		State	Zip code	
8. Replacement				
<p>Please be aware that client and representative/agent responses in Sections 8 and 14 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> <p>Please identify additional policies/contracts in Section 9.</p>	Do you have any existing life insurance or annuity contracts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	Will the contract applied for replace or change an existing life insurance or annuity contract? If yes, complete the section below. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	Company Name		Policy/Contract Number	Year Issued

9. Special Instructions

Minimum purchase payment is \$10,000.

Make checks payable to Minnesota Life.

10. Purchase Payment Method

- 1035 Exchange \$ **25,000** Remitted with Application
- Direct Transfer/Rollover \$ _____ Client initiated Rollover
(approximate amount)

11. Military Sales

Regarding this annuity application, is any owner or annuitant an active duty member of the U.S. Armed Forces? Yes* No

*If yes, complete our Military Personnel Financial Services Disclosure form, and submit the form to us with the application.

12. Notice to Applicant

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.

13. Owner/Annuitant Signatures

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.

Contract owner's signature

X John Doe

Signed in (city)

Anytown

State

MN

Date

8-8-2011

Joint contract owner's signature, if any

X

Signed in (city)

State

Date

Annuitant's signature (if other than the owner)

X

Date

Joint annuitant's signature, if any

X

Date

Representative/
agent responses
must match client
responses in
Section 8.

All representatives/
agents involved in
this sale must sign
this application.

Representative/
agent split must
total 100%.

14. To Be Completed By Representative/agent

To the best of my knowledge and belief, this applicant has existing life insurance or annuity contracts. Yes No

To the best of my knowledge and belief, the contract applied for will replace or change an existing life insurance or annuity contract. Yes No

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.

Representative/agent name (print)	Representative/agent code	
Stephen Jones	12345	100 %

Representative/agent signature
X

Representative/agent name (print)	Representative/agent code	
		%

Representative/agent signature
X

Representative/agent name (print)	Representative/agent code	
		%

Representative/agent signature
X

15. To Be Completed by Minnesota Life

Accepted by Susan Anderson	Date 8-8-2011	Contract number 12345
--------------------------------------	-------------------------	---------------------------------

SERFF Tracking Number: MNNL-127384022 State: Arkansas
 Filing Company: Minnesota Life Insurance Company State Tracking Number: 49625
 Company Tracking Number: 11-70209
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.005 Limited Flexible Premium
 Variable
 Product Name: SecureOption Focus Limited Payment Deferred Fixed Annuity
 Project Name/Number: SO Focus/11-70209

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Please see the attached Certifications.

Attachments:

AR Certificate of Readability.pdf
 CERTIFICATION.pdf

Item Status: **Status Date:**

Bypassed - Item: Application

Bypass Reason: Please see the application attached on the Forms Tab.

Comments:

Item Status: **Status Date:**

Satisfied - Item: Life & Annuity - Actuarial Memo

Comments:

Please see the attached Actuarial Memorandum.

Attachment:

Act Memo 11-70209.pdf

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability

Comments:

Please see the attached Statement of Variability.

Attachment:

SOV 11-70209.pdf

SERFF Tracking Number: MNNL-127384022 State: Arkansas
Filing Company: Minnesota Life Insurance Company State Tracking Number: 49625
Company Tracking Number: 11-70209
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.005 Limited Flexible Premium
Variable
Product Name: SecureOption Focus Limited Payment Deferred Fixed Annuity
Project Name/Number: SO Focus/11-70209

Item Status:

**Status
Date:**

Satisfied - Item: Previously Approved Appendix A
Forms

Comments:

Please see the attached Appendix A forms which were approved by your Department on September 22, 2003.

Attachments:

03-70091 Appendix A - unisex.pdf

03-70092 Appendix A - sex distinct.pdf

STATE OF ARKANSAS
CERTIFICATION OF READABILITY

Minnesota Life Insurance Company hereby certifies that this filing complies with the statutory requirements of Arkansas and achieves the following Flesch reading ease test score:

<u>Form Title</u>	<u>Form Number</u>	<u>Flesch Score</u>
Limited Payment Deferred Fixed Annuity	11-70209	50.1
Fixed Annuity Application	11-70210	52



Signature

Name: Joy E. Norquist

Title: Assistant Secretary

Date: August 24, 2011

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 underline.

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

Minnesota Life Insurance Company

Statement of Variability

Policy Form 11-70209
Application Form 11-70210

August 5, 2011

These policy forms contain several pieces of text that are bracketed to indicate variability. The following information describes the usage, alternate text, and possible future modifications related to the bracketed items.

Contract Form 11-70209

The client specific information at the top of page one, the contract schedule page, will be modified to reflect the data collected at the time of application for each contract issued. The Maturity Date will be calculated based upon the contract definition.

With respect to the bracketed information on the bottom half of the contract schedule page, we certify that all contracts issued in a particular state during a specific time period will be issued with the same values and that no individual will be unfairly discriminated against in the application of those items. No change in variability will be made without prior filing and approval which in any way expands the scope of the item being changed beyond the ranges defined in this document.

The bracketed items will vary as follows:

1. **Initial Guarantee Period** – This will reflect the guarantee period elected by the owner on the application. Possible values are: 1 Year, 3 Years, 5 Years, or 7 Years.
2. **Base Interest Rate** – This rate will change to reflect the current base interest rate applicable to the initial purchase payment.
3. **Interest Rate Enhancement** – An interest rate enhancement may or may not be offered based on the current interest environment, size of the contract and/or the guarantee period elected. If no enhancement is applicable, the entire bracketed interest rate enhancement section will be omitted from the contract schedule page. If an interest rate enhancement is applicable and the initial guarantee period elected is 1 Year, the additional interest rate will be noted as follows:

First Contract Year of Initial Guarantee Period: x.xx%

If an interest rate enhancement is applicable and the initial guarantee period elected is longer than 1 Year, the additional interest rate will be noted as follows:

First Contract Year of Initial Guarantee Period: x.xx%
Remainder of Initial Guarantee Period: x.xx%

During the first year of the guarantee, the enhancement may vary between 0.25% and 2.00%. For the remainder of the guarantee period the enhancement may vary between 0.00% and 1.00%.

4. **Minimum Guaranteed Interest Rate** – The minimum guaranteed interest rate will be set at contract issue and guaranteed for the life of the contract. The rate will be determined as described in the accompanying actuarial memorandum. Values may vary between 1.00% and 3.00%. This rate will be set at contract issue and will not be re-determined.

5. **Minimum Subsequent Purchase Payment** – Values may vary between \$500 and \$2,000. Initially, this value will be set to \$1,000. Amounts may be increased as a result of fixed processing costs or decreased in response to competitive needs. A change to this value will not impact existing contracts and will only apply to future issues.
6. **Maximum Cumulative Purchase Payments** – The total purchase payments accepted without home office approval will initially be set at \$1,000,000. Values may vary between \$500,000 and \$3,000,000 based on the interest rate environment and company risk appetite. A change to this value will not impact existing contracts and will only apply to future issues.

Application Form 11-70210

Question 2 - Initial Guarantee Period – This will reflect the current interest guarantee periods offered at the time of application. If all of the guarantee periods are available, values will reflect 1 Year, 3 Years, 5 Years, and 7 Years. If a guarantee period is discontinued, the option will be eliminated from the application such that only a sub-set of the available guarantee periods are shown.

APPENDIX A – FIXED ANNUITY PAYMENT RATES

The following tables show the minimum dollar amount of monthly fixed Annuity Payment that can be provided with each \$1,000 of available value.

The rates shown are based on an interest rate of 1.50%, compounded annually, and the Annuity 2000 Mortality Table, blended to provide genderless rate. Dollar amounts for ages or payment frequencies other than those shown here will be calculated on the same basis and may be obtained from us upon request.

Annuitant and Joint Annuitant age are determined on an age nearest birthday basis as of the Annuity Commencement Date and will be further adjusted based on the year of commencement as follows:

<u>Annuity Commencement Year</u>	<u>Age Adjustment</u>
2010 – 2019	-1
2020 – 2029	-2
2030 and later	-3

<u>Annuitant Adjusted Age</u>	<u>Life (Option 1)</u>	<u>Life with 120 Months (Option 2A)</u>	<u>Life with 180 Months (Option 2B)</u>	<u>Life with 240 Months (Option 2C)</u>
50	\$3.05	\$3.04	\$3.02	\$2.99
55	3.40	3.37	3.34	3.28
60	3.85	3.80	3.74	3.62
65	4.46	4.37	4.22	4.00
70	5.31	5.09	4.78	4.35
75	6.54	5.99	5.34	4.61
80	8.32	6.99	5.79	4.75
85	10.95	7.89	6.05	4.80

Joint and Last Survivor (Option 3)

<u>Annuitant Adjusted Age</u>	<u>Joint Annuitant Adjusted Age</u>									
	<u>40</u>	<u>45</u>	<u>50</u>	<u>55</u>	<u>60</u>	<u>65</u>	<u>70</u>	<u>75</u>	<u>80</u>	<u>85</u>
50	\$2.44	\$2.56	\$2.68	\$2.79	\$2.87	\$2.93	\$2.98	\$3.01	\$3.03	\$3.04
55	2.48	2.63	2.79	2.94	3.07	3.18	3.26	3.32	3.35	3.37
60	2.51	2.68	2.87	3.07	3.27	3.44	3.59	3.69	3.76	3.80
65	2.53	2.72	2.93	3.18	3.44	3.71	3.94	4.13	4.27	4.36
70	2.54	2.74	2.98	3.26	3.59	3.94	4.30	4.63	4.89	5.07
75	2.55	2.76	3.01	3.32	3.69	4.13	4.63	5.14	5.61	5.97
80	2.55	2.77	3.03	3.35	3.76	4.27	4.89	5.61	6.35	7.02
85	2.56	2.77	3.04	3.37	3.80	4.36	5.07	5.97	7.02	8.11

Fixed Period Annuity (Option 4)

<u>Fixed Period Years</u>	<u>Dollar Amount of Payment</u>
10	\$8.96
11	8.21
12	7.58
13	7.05
14	6.59
15	6.20
16	5.85
17	5.55
18	5.27
19	5.03
20	4.81

APPENDIX A – FIXED ANNUITY PAYMENT RATES

The following tables show the minimum dollar amount of monthly fixed Annuity Payment that can be provided with each \$1,000 of available value.

The rates shown are based on an interest rate of 1.50%, compounded annually, and the Annuity 2000 Mortality Table. Dollar amounts for ages or payment frequencies other than those shown here will be calculated on the same basis and may be obtained from us upon request.

Annuitant and Joint Annuitant age are determined on an age nearest birthday basis as of the Annuity Commencement Date and will be further adjusted based on the year of commencement as follows:

<u>Annuity Commencement Year</u>	<u>Age Adjustment</u>
2010 – 2019	-1
2020 – 2029	-2
2030 and later	-3

<u>Male Annuitant Adjusted Age</u>	<u>Life (Option 1)</u>	<u>Life with 120 Months (Option 2A)</u>	<u>Life with 180 Months (Option 2B)</u>	<u>Life with 240 Months (Option 2C)</u>
50	\$3.24	\$3.22	\$3.19	\$3.14
55	3.63	3.60	3.54	3.45
60	4.15	4.07	3.96	3.79
65	4.85	4.69	4.46	4.14
70	5.82	5.45	4.99	4.44
75	7.15	6.32	5.48	4.65
80	9.01	7.22	5.86	4.76
85	11.61	8.00	6.07	4.81

<u>Female Annuitant Adjusted Age</u>	<u>Life (Option 1)</u>	<u>Life with 120 Months (Option 2A)</u>	<u>Life with 180 Months (Option 2B)</u>	<u>Life with 240 Months (Option 2C)</u>
50	\$3.00	\$2.99	\$2.98	\$2.95
55	3.34	3.32	3.29	3.24
60	3.78	3.74	3.68	3.58
65	4.37	4.28	4.16	3.96
70	5.19	5.00	4.72	4.32
75	6.39	5.91	5.31	4.60
80	8.16	6.93	5.77	4.75
85	10.79	7.86	6.04	4.80

Joint and Last Survivor (Option 3)

Male Annuitant Adjusted Age	<u>Female Annuitant Adjusted Age</u>									
	40	45	50	55	60	65	70	75	80	85
50	\$2.44	\$2.58	\$2.72	\$2.85	\$2.96	\$3.05	\$3.12	\$3.17	\$3.20	\$3.22
55	2.47	2.63	2.80	2.98	3.15	3.29	3.41	3.50	3.56	3.59
60	2.49	2.67	2.87	3.09	3.32	3.54	3.73	3.89	4.00	4.06
65	2.50	2.69	2.92	3.18	3.47	3.77	4.07	4.33	4.53	4.67
70	2.51	2.71	2.95	3.24	3.58	3.97	4.39	4.80	5.16	5.43
75	2.52	2.72	2.97	3.28	3.66	4.12	4.66	5.25	5.83	6.31
80	2.52	2.73	2.98	3.30	3.71	4.22	4.86	5.64	6.48	7.28
85	2.53	2.73	2.99	3.32	3.74	4.28	5.00	5.92	7.04	8.24

Fixed Period Annuity (Option 4)

<u>Fixed Period Years</u>	<u>Dollar Amount of Payment</u>
10	\$8.96
11	8.21
12	7.58
13	7.05
14	6.59
15	6.20
16	5.85
17	5.55
18	5.27
19	5.03
20	4.81