

**State:** Arkansas **Filing Company:** Puritan Life Insurance Company of America  
**TOI/Sub-TOI:** A05I Individual Annuities- Immediate Non-Variable/A05I.000 Annuities - Immediate Non-variable  
**Product Name:** Puritan Lighthouse SPIA  
**Project Name/Number:** Puritan Lighthouse SPIA/

## Filing at a Glance

Company: Puritan Life Insurance Company of America  
Product Name: Puritan Lighthouse SPIA  
State: Arkansas  
TOI: A05I Individual Annuities- Immediate Non-Variable  
Sub-TOI: A05I.000 Annuities - Immediate Non-variable  
Filing Type: Form  
Date Submitted: 10/07/2012  
SERFF Tr Num: PLCA-128710053  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num:  
  
Implementation: 01/01/2013  
Date Requested:  
Author(s): Eric Johansson  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 10/11/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

**State:** Arkansas **Filing Company:** Puritan Life Insurance Company of America  
**TOI/Sub-TOI:** A05I Individual Annuities- Immediate Non-Variable/A05I.000 Annuities - Immediate Non-variable  
**Product Name:** Puritan Lighthouse SPIA  
**Project Name/Number:** Puritan Lighthouse SPIA/

## General Information

Project Name: Puritan Lighthouse SPIA  
Project Number:  
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments: This product will be filed for approval in our domicile state (Arizona) concurrently with this filing.

Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 10/11/2012  
State Status Changed: 10/11/2012

Deemer Date:  
Submitted By: Eric Johansson

Created By: Eric Johansson  
Corresponding Filing Tracking Number:

### Filing Description:

We are submitting the attached numbered forms for your consideration for approval. These forms have not previously been filed by PLICA with Arkansas and do not replace any current forms. They are submitted in final print format. (It is worth noting that this product is a copy of the policy submitted by another carrier that we are working with, Investors Heritage Life. Only the names have been changed on our document. The IHL product was approved under SERFF Tracking Number: IHLL-126879382).

This contract will not be marketed with illustrations. The contract is sex-distinct and will not be issued in any employer/employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.

AR-PLICA-SPIA100 is a single premium immediate annuity contract that satisfies the requirements for such contracts under the Internal Revenue Code of the United States. Income to the annuitant is in the form of ten annual payments, payable during the lifetime of the annuitant. The first payment is made on the contract date. Income payments are determined at issue and remain fixed for the duration of the contract. The contract will be available to the general public in both the qualified and nonqualified markets. This contract contains no unique features. The contract cannot be surrendered and has no cash surrender value. Annuity benefits may not be commuted. Issue ages are 50 – 85. Reserves are determined by discounting future income payments using the appropriate valuation interest rate and mortality tables as set forth in the Standard Valuation Law in effect.

Application Form AR-PLICA-COMBO100-APP will be used to apply for the annuity. This application is currently under review under SERFF tracking number: PLCA-128708914.

Thank you for your consideration.

## Company and Contact

### Filing Contact Information

Eric Johansson, VP  
16801 Addison Road, Suite 400  
Addison, TX 75001  
ejohansson@puritanlife.com  
214-716-5911 [Phone]

**State:** Arkansas **Filing Company:** Puritan Life Insurance Company of America  
**TOI/Sub-TOI:** A05I Individual Annuities- Immediate Non-Variable/A05I.000 Annuities - Immediate Non-variable  
**Product Name:** Puritan Lighthouse SPIA  
**Project Name/Number:** Puritan Lighthouse SPIA/

**Filing Company Information**

Puritan Life Insurance Company of America	CoCode: 71390	State of Domicile: Arizona
168010 Addison Road, Suite 400	Group Code:	Company Type: Life / Health
Addison, TX 75001	Group Name:	State ID Number:
(214) 716-5911 ext. [Phone]	FEIN Number: 41-6041001	

**Filing Fees**

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

Company	Amount	Date Processed	Transaction #
Puritan Life Insurance Company of America	\$50.00	10/07/2012	63529135
Puritan Life Insurance Company of America	\$50.00	10/10/2012	63624981

SERFF Tracking #:

PLCA-128710053

State Tracking #:

Company Tracking #:

**State:** Arkansas **Filing Company:** Puritan Life Insurance Company of America  
**TOI/Sub-TOI:** A05I Individual Annuities- Immediate Non-Variable/A05I.000 Annuities - Immediate Non-variable  
**Product Name:** Puritan Lighthouse SPIA  
**Project Name/Number:** Puritan Lighthouse SPIA/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/11/2012	10/11/2012

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	10/11/2012	10/11/2012
Pending Industry Response	Linda Bird	10/10/2012	10/10/2012
Pending Industry Response	Linda Bird	10/08/2012	10/08/2012

#### Response Letters

Responded By	Created On	Date Submitted
Eric Johansson	10/11/2012	10/11/2012
Eric Johansson	10/10/2012	10/10/2012
Eric Johansson	10/10/2012	10/10/2012

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Policy	Eric Johansson	10/10/2012	10/10/2012

**SERFF Tracking #:**

PLCA-128710053

**State Tracking #:****Company Tracking #:**

**State:** Arkansas  
**TOI/Sub-TOI:** A05I Individual Annuities- Immediate Non-Variable/A05I.000 Annuities - Immediate Non-variable  
**Product Name:** Puritan Lighthouse SPIA  
**Project Name/Number:** Puritan Lighthouse SPIA/

**Filing Company:** Puritan Life Insurance Company of America

## Disposition

Disposition Date: 10/11/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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	Certification		Yes
Form (revised)	Policy		Yes
Form	Policy		Yes
Form	Replacement Form Page 1		Yes
Form	Replacement Form Page 2		Yes

---

**State:** Arkansas **Filing Company:** Puritan Life Insurance Company of America  
**TOI/Sub-TOI:** A05I Individual Annuities- Immediate Non-Variable/A05I.000 Annuities - Immediate Non-variable  
**Product Name:** Puritan Lighthouse SPIA  
**Project Name/Number:** Puritan Lighthouse SPIA/

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/11/2012
Submitted Date	10/11/2012
Respond By Date	11/12/2012

---

Dear Eric Johansson,

**Introduction:**

*This will acknowledge receipt of the captioned filing.*

**Objection 1**

*Comments:*

*We have received the policy form with had not been attached to the original submission. However we did not received the required confirmation of compliance with Ark. Code Ann. 23-79-138, Regulation 49, and Regulation 19s10B as requested in our Objection Letter of 10/10/12.*

**Conclusion:**

*A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.*

*Please feel free to contact me if you have questions.*

*Sincerely,  
Linda Bird*

SERFF Tracking #:

PLCA-128710053

State Tracking #:

Company Tracking #:

**State:** Arkansas **Filing Company:** Puritan Life Insurance Company of America  
**TOI/Sub-TOI:** A05I Individual Annuities- Immediate Non-Variable/A05I.000 Annuities - Immediate Non-variable  
**Product Name:** Puritan Lighthouse SPIA  
**Project Name/Number:** Puritan Lighthouse SPIA/

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/11/2012
Submitted Date	10/11/2012

Dear Linda Bird,

### **Introduction:**

I am in receipt of your objection regarding the missing certification.

### **Response 1**

#### **Comments:**

Attached to the supporting documentation, and below, is a certification of compliance for the SPIA policy.

### **Related Objection 1**

Comments:

We have received the policy form with had not been attached to the original submission. However we did not received the required confirmation of compliance with Ark. Code Ann. 23-79-138, Regulation 49, and Regulation 19s10B as requested in our Objection Letter of 10/10/12.

### **Changed Items:**

#### **Supporting Document Schedule Item Changes**

Satisfied -Name: Certification

Comment: Attached, please find the certification of compliance.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### **Conclusion:**

Thank you.

Sincerely,

Eric Johansson

---

**State:** Arkansas **Filing Company:** Puritan Life Insurance Company of America  
**TOI/Sub-TOI:** A05I Individual Annuities- Immediate Non-Variable/A05I.000 Annuities - Immediate Non-variable  
**Product Name:** Puritan Lighthouse SPIA  
**Project Name/Number:** Puritan Lighthouse SPIA/

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/10/2012
Submitted Date	10/10/2012
Respond By Date	11/12/2012

---

Dear Eric Johansson,

### **Introduction:**

*This will acknowledge receipt of the captioned filing.*

### **Objection 1**

*Comments:*

*The policy form was not attached to the Form Schedule on this submission.*

*Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.*

*Regulation 49 requires that a Life and Health guaranty notice be give to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulatin 49.*

*Regulation 19s10B requires that a new or revised filing submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.*

### **Conclusion:**

*A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.*

*Please feel free to contact me if you have questions.*

*Sincerely,  
Linda Bird*

**State:** Arkansas **Filing Company:** Puritan Life Insurance Company of America  
**TOI/Sub-TOI:** A05I Individual Annuities- Immediate Non-Variable/A05I.000 Annuities - Immediate Non-variable  
**Product Name:** Puritan Lighthouse SPIA  
**Project Name/Number:** Puritan Lighthouse SPIA/

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/10/2012
Submitted Date	10/10/2012

Dear Linda Bird,

### **Introduction:**

I am in receipt of your objection. My apologies for this oversight.

### **Response 1**

#### **Comments:**

I attached the SPIA policy form to the Form Schedule, and also to an amendment. Because I added it as an amendment, SERFF will not let me attach to this response.

### **Related Objection 1**

#### **Comments:**

The policy form was not attached to the Form Schedule on this submission.

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be give to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulatin 49.

Regulation 19s10B requires that a new or revised filing submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### **Conclusion:**

Thank you.

Sincerely,

Eric Johansson

---

**State:** Arkansas **Filing Company:** Puritan Life Insurance Company of America  
**TOI/Sub-TOI:** A05I Individual Annuities- Immediate Non-Variable/A05I.000 Annuities - Immediate Non-variable  
**Product Name:** Puritan Lighthouse SPIA  
**Project Name/Number:** Puritan Lighthouse SPIA/

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/08/2012
Submitted Date	10/08/2012
Respond By Date	11/08/2012

---

Dear Eric Johansson,

**Introduction:**

*This will acknowledge receipt of the captioned filing.*

**Objection 1**

*Comments:*

*Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.*

**Conclusion:**

*A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.*

*Please feel free to contact me if you have questions.*

*Sincerely,  
Linda Bird*

---

**State:** Arkansas **Filing Company:** Puritan Life Insurance Company of America  
**TOI/Sub-TOI:** A05I Individual Annuities- Immediate Non-Variable/A05I.000 Annuities - Immediate Non-variable  
**Product Name:** Puritan Lighthouse SPIA  
**Project Name/Number:** Puritan Lighthouse SPIA/

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/10/2012
Submitted Date	10/10/2012

---

Dear Linda Bird,

**Introduction:**

I have added the additional \$50 to be sent via EFT today.

Thank you.

**Response 1**

**Comments:**

I have added the additional \$50 to be sent via EFT today.

Thank you.

**Related Objection 1**

Comments:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you.

Sincerely,

Eric Johansson

SERFF Tracking #:

PLCA-128710053

State Tracking #:

Company Tracking #:

**State:** Arkansas  
**TOI/Sub-TOI:** A05I Individual Annuities- Immediate Non-Variable/A05I.000 Annuities - Immediate Non-variable  
**Product Name:** Puritan Lighthouse SPIA  
**Project Name/Number:** Puritan Lighthouse SPIA/

**Filing Company:** Puritan Life Insurance Company of America

## Amendment Letter

Submitted Date: 10/10/2012

Comments:

When this filing was originally submitted, the SPIA policy was omitted. Please see attached.

Changed Items:

### Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
AR-PLICA-SPIA100	Policy/Contract/ Fraternal Certificate	Policy	Initial				54.900	AR-PLICA-SPIA100 Policy.pdf

**State:** Arkansas **Filing Company:** Puritan Life Insurance Company of America  
**TOI/Sub-TOI:** A05I Individual Annuities- Immediate Non-Variable/A05I.000 Annuities - Immediate Non-variable  
**Product Name:** Puritan Lighthouse SPIA  
**Project Name/Number:** Puritan Lighthouse SPIA/

## Form Schedule

### Lead Form Number: AR-PLICA-SPIA100

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		AR-PLICA-SPIA100	POL	Policy	Initial:	54.900	AR-PLICA-SPIA100 Policy.pdf
2		PLICA-REP-AR	OTH	Replacement Form Page 1	Initial:		PLICA-REP-AR.pdf
3		PLICA-REP2-AR	OTH	Replacement Form Page 2	Initial:		PLICA-REP2-AR.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

# PURITAN

*Life Insurance Company of America*

HOME OFFICE  
16801 ADDISON ROAD, ADDISON, TEXAS 75001  
PHONE: 1.800.513.3243  
ADMINISTRATIVE OFFICE  
PO BOX 717, FRANKFORT, KENTUCKY 40602-0717  
PHONE: 877.249.1966

We will pay the annuity specified in the contract schedule to the owner. Payment is subject to the provisions on this and the following pages of this contract.

This contract is a legal contract between you and us. It is issued in consideration of the application and the payment of the single premium on or before the date of contract delivery.

## **PLEASE READ YOUR CONTRACT CAREFULLY!**

Signed at our home office at 16801 Addison Road, Addison, Texas 75001.



Paul Crooks  
Secretary



Kenneth W Phillips  
President

## **30 DAY EXAMINATION PERIOD**

---

**RIGHT TO EXAMINE CONTRACT.** You may return this contract within 30 days after receiving it by mailing it to us, taking it to the agent through whom it was purchased, or by taking it to any other agent of Puritan Life Insurance Company of America. It will then be void as of the date of issue. Any premium paid will be returned.

## **SINGLE PREMIUM IMMEDIATE ANNUITY CONTRACT**

Income payable during annuitant's lifetime with a maximum of ten (10) annual payments;  
Non-participating - no dividends.

<b>TABLE OF CONTENTS</b>	<b>PAGE</b>
CONTRACT SCHEDULE	3
SCHEDULE OF ANNUITY PAYMENTS	3
DEFINITIONS	3
GENERAL PROVISIONS	4

**CONTRACT SCHEDULE  
SINGLE PREMIUM IMMEDIATE ANNUITY CONTRACT**

---

**CONTRACT NUMBER:** ..... 100630P1  
**ANNUITANT:** ..... John Doe  
**OWNER:** ..... John Doe  
**CONTRACT DATE:** ..... September 27, 2012  
**ISSUE AGE:** ..... 81  
**SEX:** ..... Male  
**SINGLE PREMIUM:** ..... \$ 129,229.00  
**ANNUITY PAYMENT:** ..... \$ 14,456.85  
**DATE OF FIRST ANNUITY PAYMENT:** ..... September 27, 2012  
**DATE OF LAST ANNUITY PAYMENT:** ..... September 27, 2021  
**FREQUENCY OF ANNUITY PAYMENTS:** ..... Annually

**SCHEDULE OF ANNUITY PAYMENTS**

---

Annual payments begin on September 27, 2012 and will continue during the lifetime of the annuitant for a maximum of ten (10) payments.

**DEFINITIONS**

---

**ATTAINED AGE**

The issue age of the annuitant plus the number of completed contract years.

**ANNUITANT**

The individual named as the annuitant in the contract schedule.

**ISSUE AGE**

Age on the annuitant's last birthday on or preceding the contract date.

**CONTRACT ANNIVERSARY**

The same day and month as the contract date for each succeeding year this contract remains in force.

**CONTRACT DATE**

The date from which contract anniversaries, contract years and contract months are determined.

**WE, OUR, US**

Puritan Life Insurance Company of America.

**WRITTEN REQUEST**

A notification or request received from the owner in a form satisfactory to us. Written requests are recorded at our home office. We will not be responsible for the validity of any written request.

**YOU, YOURS**

The owner of this contract. The owner is designated in the application unless later changed by written notice to us.

**GENERAL PROVISIONS**

---

**CONTRACT**

The entire contract between you and us consists of this contract, any riders or endorsements, and the written application, a copy of which is attached at issue or delivery. All statements between you and us in the application are representations and not warranties. No statement shall be used in defense of a claim under this contract unless it is contained in a written application that is attached to the contract when issued or delivered.

**SINGLE PREMIUM**

The single premium as shown in the contract schedule is due on the contract date. It is payable to us on or before the delivery of this contract. There is no coverage in effect until the single premium is paid. The single premium may be paid to our authorized agent who will provide a receipt. The receipt must be signed by the agent who received payment on our behalf.

**AUTHORITY TO CHANGE**

Only our officers may change the terms of this contract. Any change must be made in writing.

**INCONTESTABILITY**

We will not contest the validity of this contract after it has been in force during the lifetime of the annuitant for a period of two (2) years from the contract date as shown in the contract schedule, except for non-payment of premium.

No statement made by the owner or by the annuitant related to the annuitant's insurability may be used in a contest or to reduce benefits unless (a) it is contained in a written instrument signed by the owner or the annuitant, and (b) a copy of such instrument has been given to the owner, the annuitant, or the beneficiary.

**MISSTATEMENT OF AGE OR SEX**

If the age or sex of the annuitant is misstated, any amount of proceeds payable will be adjusted to that amount which the premiums paid would have purchased at the true age and sex of the annuitant.

**NON-PARTICIPATING**

This contract will not share in our surplus earnings. No dividends will be paid.

**OWNER**

The owner of this contract is the person or party designated to exercise the rights and receive the benefits of ownership. The annuitant is the owner unless otherwise stated in the application or later changed.

Subject to the terms of any beneficiary designation or assignment, the owner may, during the lifetime of the annuitant:

1. Assign this contract;
2. With our consent, make a change in this contract;
3. Transfer the ownership of this contract; and
4. Exercise other rights and receive other benefits as defined in this contract.

If the owner has not named a successor owner, at the death of the owner, the annuitant becomes the owner of this contract unless the annuitant is a minor or otherwise legally incompetent, in which case the owner will be the legally appointed guardian of the annuitant.

**BENEFICIARY**

The beneficiary is as shown in the application. The beneficiary will receive proceeds, if any, payable at the death of the annuitant subject to any assignment made by you.

**CHANGE OF OWNER OR BENEFICIARY**

You may change the designations of owner and beneficiary while the annuitant is alive. Any change is subject to the consent of an irrevocable beneficiary. Written request of change must be filed at our home office in a form acceptable to us. The new designation will then take effect as of the date you signed the notice. Such a change does not affect any payment made or other action taken by us before we received the notice.

**ASSIGNMENT**

You may assign this contract by written request. We are not responsible for the validity or effect of any assignment of this contract. No assignment will bind us until it is received at our home office. Unless otherwise specified, any assignment will take effect on the date the notice of assignment is signed by you, subject to any payments made or actions taken by us prior to receipt of the assignment.

**EVIDENCE OF SURVIVAL**

We may require proof that the annuitant is living before making any payment. We will not ask for this proof more than once in any twelve-month period.

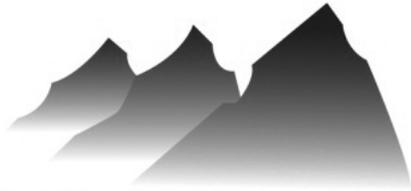
**DEATH OF ANNUITANT**

No annuity payment will be made after the death of the annuitant.

**TERMINATION**

This contract will terminate and all coverage will cease on the earliest of the following dates:

1. The date of death of the annuitant;
2. The date on which the final annuity payment is made in accordance with the provisions of this contract.



**PURITAN**®

*Life Insurance Company of America*

TO OBTAIN INFORMATION, MAKE A CLAIM, OR MAKE A COMPLAINT

Call us toll-free:

**1.877.249.1966**

Or write to us:

**PURITAN LIFE INSURANCE COMPANY OF AMERICA  
ADMINISTRATIVE OFFICE  
PO BOX 717  
FRANKFORT KY 40602-0717**

Or email us:

**[info@puritanlife.com](mailto:info@puritanlife.com)**

**SINGLE PREMIUM IMMEDIATE ANNUITY CONTRACT**

Income payable during annuitant's lifetime with a maximum of ten (10) annual payments;  
Non-participating - no dividends.



**IMPORTANT NOTICE**  
**REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**  
(Continued)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

**PREMIUMS:**

- Are they affordable?
- Could they change?
- You're older—are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

**POLICY VALUES:**

- New policies usually take longer to build cash values and to pay dividends.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

**INSURABILITY:**

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

**IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:**

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- What values from the old policy are being used to pay premiums?

**IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:**

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?



**Administrative Office:**

PO Box 717 • Frankfort KY • 40602-0717

Phone: 877.249.1966 • Fax: 502.875.7084

**LIFE INSURANCE AND ANNUITIES**

**REPLACEMENT MEMORANDUM**

<b>EXISTING CONTRACT/POLICY</b>	<b>PROPOSED CONTRACT /POLICY</b>
Owner/Annuitant(s) _____	Owner/Annuitant(s) _____
Insurer _____	Insurer _____
Contract # _____	Application # _____
Product Type * _____	Product Type * _____
Product Name _____	Product Name _____

**FOR BOTH LIFE INSURANCE AND ANNUITIES**

*Complete all that is applicable)*

<b>CONTRACT OR POLICY PROVISION</b>	<b>EXISTING CONTRACT/POLICY</b>	<b>REPLACEMENT CONTRACT/POLICY</b>
<b>Current Proposed Premium / Annual Consideration</b>		
<b>Current Contract Value</b>		
<b>Current Surrender Value</b>		
<b>Death Benefit Amount</b>		
<b>Current Interest Rate &amp; Guarantee Period</b>		
<b>Guarantied Minimum Accumulation/Interest Rate</b>		

\* Deferred Fixed Annuity, Deferred Variable Annuity, Deferred Indexed Fixed Annuity, Immediate Annuity, Indexed Life Insurance, Variable Life Insurance, Whole Life Insurance, Universal Life Insurance, Term Life Insurance and Endowment



SERFF Tracking #:

PLCA-128710053

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company: Puritan Life Insurance Company of America

TOI/Sub-TOI: A05I Individual Annuities- Immediate Non-Variable/A05I.000 Annuities - Immediate Non-variable

Product Name: Puritan Lighthouse SPIA

Project Name/Number: Puritan Lighthouse SPIA/

### Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	Please see attached Flesch certification.		
Attachment(s):			
AR FLESCH Certification - SPIA - 09.26.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	The application to be used with this product is currently under review in SERFF for the Puritan Lighthouse WL product, SERFF Filing 128708914. I've attached it below also.		
Attachment(s):			
AR Combo Application.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certification		
Comments:	Attached, please find the certification of compliance.		
Attachment(s):			
Certification for AR SPIA100.pdf			

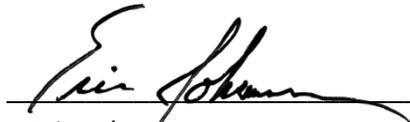


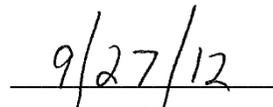
16801 Addison Road, Suite 400  
Addison, Texas 75001  
800-513-3243

I have reviewed or supervised the preparation of the forms listed below and certify that the forms comply with the applicable readability requirements of Arkansas.

<u>Form Number</u>	<u>Description</u>	<u>Flesch Score</u>
AR-PLICA-SPIA100	Single Premium Whole Life Insurance Policy	54.9

Puritan Life Insurance Company of America

  
Eric Johansson  
Vice President of Administration

  
Date



Administrative Address  
 PO Box 717  
 Frankfort, KY 40602-0717



**PART ONE**

**Section A. Proposed Insured / Proposed Annuitant**

FIRST	MI	LAST		
STREET ADDRESS				SSN, TAX ID#, OR GREEN CARD #
CITY	STATE	ZIP	EMAIL ADDRESS	
PHONE NUMBER ( )	GENDER	BIRTH DATE	BIRTH STATE	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, are you a permanent U.S. resident? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Section B. Owner Information (complete only if other than Proposed Insured)**

FIRST	MI	LAST		
STREET ADDRESS				SSN, TAX ID#, OR GREEN CARD #
CITY	STATE	ZIP	PHONE NUMBER ( )	
RELATIONSHIP TO PROPOSED INSURED				

**Section C. Other Coverage & Arrangements**

Does the Proposed Insured and/or Owner, have any existing life insurance or annuity coverage? Yes No

Has the Owner, Proposed Insured, or Beneficiary entered into or made plans to enter into any agreement or contract to sell or assign the ownership of, or a beneficial interest in this policy? Yes No (If yes, no coverage will be issued.)

Is this policy being purchased to replace any existing life insurance or annuity coverage? Yes No

If Yes, please complete the following:

COMPANY NAME	POLICY #		
STREET ADDRESS			
CITY	STATE	ZIP	

**Section D. Beneficiary**

PRIMARY	ADDRESS, CITY, STATE, ZIP	RELATIONSHIP	SSN	%
PRIMARY	ADDRESS, CITY, STATE, ZIP	RELATIONSHIP	SSN	%
CONTINGENT	ADDRESS, CITY, STATE, ZIP	RELATIONSHIP	SSN	%
CONTINGENT	ADDRESS, CITY, STATE, ZIP	RELATIONSHIP	SSN	%

**Section E. Coverage Information**

SINGLE PREMIUM IMMEDIATE ANNUITY SINGLE PREMIUM \$ _____ Funds Are: <input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified	LIFE INSURANCE FACE AMOUNT \$ _____
--	-------------------------------------

MARK IF APPLYING FOR RIDER:  
 Accelerated Death Benefit Rider (ADB) Yes No (Automatically included unless "No" is marked.)

## PART TWO

**Section A. Health Questions** If any question in Part Two, Section A is answered "Yes", or if height and weight exceeds the maximum range, no coverage will be issued.

ANSWER FOR  
PROPOSED INSURED

1. What is your height and weight? .....	H_____ W_____
2. Have you had, or been medically advised to have, an organ transplant, or have you been medically diagnosed as having a terminal illness or life expectancy of 12 months or less, or have you been diagnosed, treated (including dialysis) or taken medication for chronic kidney disease or kidney (renal) insufficiency or kidney or liver failure or do you have paralysis of two or more extremities? .....	..... <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or any immune deficiency related disorder or tested positive for the Human Immunodeficiency Virus (HIV)? .....	..... <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you currently: hospitalized, confined to a bed or nursing facility, or using oxygen equipment to assist in breathing, or receiving Hospice Care? .....	..... <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you been treated for insulin shock, diabetic coma, or ever taken insulin shots prior to the age of 50 or were you diagnosed with Diabetes prior to age 30? .....	..... <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been medically diagnosed, treated, or taken medication for: congestive heart failure (CHF), cardiomyopathy, Alzheimer's, dementia, organic brain syndrome, schizophrenia, bipolar disorder, mental incapacity, Lou Gehrig's disease (ALS), or Huntington's disease? .....	..... <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Within the past 24 months, have you been confined more than twice to a hospital, nursing facility, convalescent care facility, assisted living facility, mental facility or Hospice Care? .....	..... <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Within the past 24 months have you been diagnosed with internal cancer or melanoma, leukemia, lymphoma, stroke, transient ischemic attack (TIA) or have you had an amputation caused by any disease? .....	..... <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you had more than one occurrence or any metastasis of any cancer in your lifetime (excluding basal or squamous cell skin cancer), or are you currently being treated for cancer or recurrence of cancer? .....	..... <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Within the past 24 months have you:	
a. been medically diagnosed, treated or taken medication for: angina, chronic hepatitis or Hepatitis C, cystic fibrosis, Pulmonary Fibrosis, chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, respiratory failure or required oxygen equipment to assist in breathing? .....	..... <input type="checkbox"/> Yes <input type="checkbox"/> No
b. been diagnosed as having, been treated for or hospitalized for: heart attack, heart disease, heart or circulatory surgery (including pacemaker, by-pass, heart valve replacement, angioplasty or stent implant), uncontrolled high blood pressure or any procedure to improve circulation to the heart or brain? .....	..... <input type="checkbox"/> Yes <input type="checkbox"/> No
c. had Hodgkin's Disease, cirrhosis, liver disease, or systemic lupus (SLE)? .....	..... <input type="checkbox"/> Yes <input type="checkbox"/> No
d. had any neuromuscular disease (including cerebral palsy, multiple sclerosis, grand mal seizures, or Parkinson's disease)? .....	..... <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Within the past 10 years, have you been convicted of a felony or are you currently on parole or on probation? ...	..... <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Within the last 5 years have you been treated for, been advised to have treatment for, or excessively used, alcohol or any drugs of abuse, or have you been convicted of operating a vehicle while impaired or under the influence of alcohol or any drugs, or had your driver's license suspended or revoked, or currently is your driver's license suspended or revoked, or attempted suicide? .....	..... <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you been declined or postponed for life or health insurance in the past two years? .....	..... <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you have any impairment, whether physical or mental, for which you need or receive assistance or supervision in performing normal activities of daily living such as dressing, eating, bathing, incontinence, toileting, taking medications, or moving without any type of physical assistance? .....	..... <input type="checkbox"/> Yes <input type="checkbox"/> No

**Section B. Other Questions** If any question in Part Two, Section B is answered "Yes", coverage may still be issued.

15. Are you taking medication for any impairment in Part Two, Section A? .....	..... <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you used any nicotine based products in the past 12 months? .....	..... <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have you applied for life insurance with any other insurance companies in the last two years? .....	..... <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Proposed Insured's driver's license number _____ State _____ <input type="checkbox"/> None	

# PART THREE

## Section A. Statements and Authorizations

### PROPOSED INSURED'S STATEMENT (or Owner if legal representative)

I have read and understood this Application. I am not currently taking and I am not under the influence of any medications or drugs that would affect my ability to fully understand and to fully and accurately complete this Application. The representations in Part One, Sections A, B, C, D and E and Part Two, Sections A and B are true. I agree the policy shall not be in effect until it has been issued by Puritan Life Insurance Company of America ("the Company") and the premium is paid during my lifetime. I understand that the Producer has no authority to approve this Application, change the policy, or waive any policy provisions. I understand no insurance will be effective until the date signed in the policy and all eligibility requirements are met. The purpose of this Application is not to sell or assign it to any type of viatical settlement, senior settlement or life settlement company.

Proposed Insured's Initials

### MEDICAL AUTHORIZATION

I authorize any physician, medical practitioner, hospital, medical care facility, the Veteran's Administration, insurance company, MIB, Inc. (formerly known as the Medical Information Bureau), pharmacy, pharmacy benefit manager, insurance laboratories, my employer or consumer reporting agency, to give Puritan Life Insurance Company of America or its reinsurers any information they have about my health, including confidential HIV-related information. I authorize Puritan Life Insurance Company of America, or its reinsurers, to make a brief report of my personal health information to MIB, Inc.. I acknowledge receipt of the MIB, Inc. Pre-Notice on page 7. I agree that a copy of this authorization is as valid as the original and I can obtain a copy on request. This authorization is valid for use in underwriting risk selection purposes only and is valid for 36 months, except for HIV-related information, which is only valid for 180 days from the date below.

----- WARNING -----

### FRAUD NOTICE

Any person who knowingly submits a false statement in an Application or files a claim containing false or deceptive statements may be guilty of insurance fraud and subject to penalties under state law.

I have read, understand, and acknowledge the Fraud Notice.

Proposed Insured's Initials

Owner's Initials

### MISREPRESENTATION NOTICE

If your answers to the questions in this application are incorrect or untrue, Puritan Life Insurance Company of America may deny coverage by voiding or canceling your policy and returning your premium payments to you or your estate. Be aware that voiding or canceling your policy may have an adverse impact to your intended beneficiary(ies).

I have read, understand, and acknowledge the Misrepresentation Notice. I agree that the information on this application will be relied upon to determine insurability and that incorrect or untrue information may result in coverage being voided, subject to the Incontestability provision in the policy.

Proposed Insured's Initials

Owner's Initials

Proposed Insured's Signature

Owner's Signature

Date

## Section B. Producer Statement

### PRODUCER'S STATEMENT

To the best of my knowledge and belief the Proposed Insured and/or Owner  does  does not have any existing life insurance or annuity coverage and the life insurance applied for  will  will not replace any existing life insurance or annuity coverage. I certify that I have verified the personal information of the Applicant. I further certify that any information recorded by me on this Application is true and accurate to the best of my knowledge and that the Proposed Insured and Owner seemed to me to be lucid and to fully understand all of the questions on this Application. I certify to the best of my knowledge that the Owner or Proposed Insured is not being paid cash or promised services as an inducement to enter into this insurance transaction and to my knowledge, this insurance transaction will not be sold or assigned for any type of senior settlement, life settlement or any other secondary market.

Writing Producer's Signature

Producer's Printed Name / Producer's Number

Date

### COMPLETE ONLY IF REQUESTING COMMISSION SPLIT:

Producer's Name

Producer's Number

Split %

Producer's Name

Producer's Number

Split %



Administrative Address  
 PO Box 717  
 Frankfort, KY 40602-0717

## ELECTRONIC FUNDS TRANSFER PLAN

I, the undersigned, agree that I want all premiums withdrawn from the account listed below in an amount sufficient to pay the premium due for the insurance policy. Additionally, I hereby authorize and request Puritan Life Insurance Company of America to initiate electronic debit entries or effect a change by any other commercially accepted practice to my account indicated on the attached check (or the information provided below) for premiums and other such payments that may become due in any amount under this policy. I request that this Authorization, unless previously revoked, continue to apply to any conversion, renewal, or change later made in the policy. I agree that this Authorization in no way affects the terms of the policy. This Authorization may be terminated by either party by giving written notice to the other.

Premium Amount to Withdraw \$ \_\_\_\_\_

### Bank Account Information:

Bank Name and Phone Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Payor Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account:  Savings (write routing and account numbers below and circle the corresponding numbers)  
 Checking (attach void check)

#### Bank Routing Number

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

#### Bank Account Number

0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9

FOR  
CHECKING  
ACCOUNTS:  
  
TAPE OR  
STAPLE  
VOIDED  
CHECK  
HERE

**PAYOR SIGNATURE:** (Must match your financial institution's records). A copy of this document sent via electronic transmission is as valid as the original.)

X \_\_\_\_\_ Date \_\_\_\_\_



Administrative Address  
PO Box 717  
Frankfort, KY 40602-0717

# HIPAA AUTHORIZATION FOR RELEASE OF HEALTH RELATED INFORMATION

\_\_\_\_\_  
Name(s) of Primary Proposed Insured/Patient

\_\_\_\_\_  
Date of Birth

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I authorize any health plan; physician; health care professional; hospital; clinic; laboratory; pharmacy; pharmacy benefit manager; medical facility; insurance company; insurance support organization (such as MIB Group, Inc. or any of its members or affiliates); or other health care provider that has provided payment, treatment, or services to me or on my behalf (collectively, "My Providers") to disclose the entire medical record and any other protected health information concerning me to the company referenced on this authorization ("the Company") and their Producers; employees; and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol; drugs; and tobacco, but excludes psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct My Providers to release and disclose the entire medical record without restriction for use in underwriting risk selection purposes.

This protected health information can be disclosed under the authorization at my request, as permitted by §164.508 of the privacy regulations issued pursuant to the Health Insurance Portability and Accountability Act ("HIPAA Privacy Rule"). This authorization will remain in force for 36 months following the date of my signature below, regardless of my condition and whether living or deceased, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to the Company (Attention: Policyholder Service Department, 16801 Addison Road - Suite 400, Addison, TX 75001). I understand that a revocation is not effective to the extent that any of My Providers has relied on this Authorization or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal regulations governing privacy and confidentiality of health information (such as the HIPAA Privacy Rule). However, the Company will protect the privacy of health information in accordance with other applicable state and/or federal privacy laws and its own privacy policies.

I understand that My Providers may not refuse to provide treatment or payment for health care services because I refuse to sign this authorization. I further understand that if I refuse to sign this authorization to release my complete medical record the Company may not be able to process my Application; or if coverage has been issued, may not be able to make any benefit payments. I acknowledge that I have received a copy of this authorization.

\_\_\_\_\_  
Signature of Primary Proposed Insured/Personal Representative

\_\_\_\_\_  
Date

If signed by an individual's Personal Representative, describe authority to sign on behalf of the individual:

Power of Attorney     Other (please describe): \_\_\_\_\_



Administrative Address  
PO Box 717  
Frankfort, KY 40602-0717

# LIFE INSURANCE CONDITIONAL RECEIPT

### PLEASE READ THIS CAREFULLY.

This Conditional Receipt will not become effective unless each of the following conditions are met:

- 1) The premium is paid according to the method of premium payment selected in the application in an amount equal to or greater than the minimum required by the Policy; and is received by the Company.
- 2) All underwriting and application requirements are completed no more than 45 days after the date of this Receipt;
- 3) There is no material misrepresentation in the Application, telephone or other interviews, or medical information provided to the Company and
- 4) On the effective date, the Proposed Insured is insurable for the insurance requested in the Application.

If all requirements are not met, or the person(s) to be insured dies by suicide, the liability of the Company is limited to a full refund to the Owner of all premiums received by the Company.

In the event of an adverse underwriting decision, the Company will mail notice to the Owner of the rejection of the Application for insurance and refund the premium, thereby terminating this Receipt. This Receipt provides no insurance for riders or additional benefits.

All checks must be made payable to Puritan Life Insurance Company of America. Do not make checks payable to the Producer or leave payee blank.

The Company's liability is limited to a refund of the premium paid.

I have advised the Proposed Insured and Owner of the terms, conditions, and limitations of this Conditional Receipt.

If the premium is paid by Electronic Funds Transfer, the Payor has completed the form. If the premium is received by check, I have received from \_\_\_\_\_ a check in the amount of \$\_\_\_\_\_.

The Application bears the same date as this Receipt. I acknowledge that no producer or broker is authorized to alter or waive the terms of this Receipt, or pass on insurability.

Dated at (City & State)	On (Date)	Producer's Signature
-------------------------	-----------	----------------------

**LEAVE THIS PAGE WITH OWNER IF PAYMENT IS MADE WITH APPLICATION.**



Administrative Address  
 PO Box 717  
 Frankfort, KY 40602-0717

**IMPORTANT NOTICES**

**PRIVACY NOTICE**

At Puritan Life Insurance Company of America (We, Us, Our), We are committed to protecting your privacy and the confidentiality of your personal and financial information. We, like other insurance companies, sometimes evaluate the medical history and other personal information about Applicants to determine their eligibility for certain policies. (Personal information includes information such as age, occupation, physical condition, health history, habits, general reputation, credit and career.) We also use this information to administer Your insurance coverage after it is in force.

We rely heavily on information provided by You. We may also supplement this information from other sources, such as medical professionals or institutions that have treated You or family members covered under Your policy; insurance support organizations; other insurance companies to which You have applied; and employers.

Any information You give Us regarding Your insurability and any information received from other sources will be treated as confidential. In some situations, and in compliance with applicable law, We may disclose necessary items of information to third parties, who may retain a copy and disclose the information to others for whom they perform such services, without Your specific authorization. Unless You request otherwise, Your name, address, date of birth, and phone number may also be used by Us or Our affiliates to inform you of other insurance products or services which are available. We may also disclose this information to: (1) an organization performing administrative, business or professional services for Us; (2) other insurance companies to which You apply; and (3) your physician or medical professional.

If you wish, You have the right to request a copy of, items of personal information that appear in Our files. You also have the right to seek correction of information you believe to be inaccurate.

THE ABOVE IS A GENERAL DESCRIPTION OF OUR PRIVACY PRACTICES. IF YOU WOULD LIKE A MORE DETAILED EXPLANATION OF OUR PRACTICES AND THE CIRCUMSTANCES UNDER WHICH WE MAY USE OR DISCLOSE INFORMATION, PLEASE WRITE TO OUR PRIVACY OFFICER AT PURITAN LIFE INSURANCE COMPANY OF AMERICA, 16801 ADDISON ROAD - SUITE 400, ADDISON, TX 75001, OR VISIT WWW.PURITANLIFE.COM.

**FAIR CREDIT REPORTING ACT NOTICE**

With regard to Your Application, We may have requested an investigative consumer report. These reports contain information about Your character, general reputation, mode of living and health except as may be related directly or indirectly to Your sexual orientation. The information may have been obtained through interviews with You, Your neighbors, friends and others who know You. Upon request, We will give You the name and address of the consumer reporting firm so that You may request a copy of the report.

**MIB, Inc. PRE-NOTICE - Proposed Insured**

Information regarding Your insurability will be treated as confidential. Puritan Life Insurance Company of America, or its reinsurers, may, however, make a brief report thereon to MIB, Inc., a not-for-profit membership organization of insurance companies, that operates an information exchange on behalf of its members. If You apply to another MIB, Inc. member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the MIB, Inc., upon request, will supply Puritan Life Insurance Company of America with the information in its file.

Upon receipt of a request from You, the MIB, Inc. will arrange disclosure of any information it may have in Your file. Please contact MIB, Inc. at 866-692-6901 (TTY: 866-346-3642). If You question the accuracy of information in the MIB, Inc.'s file, you may contact the MIB, Inc. and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB, Inc. is: 50 Braintree Hill, Suite 400, Braintree, Massachusetts 02184-8734. Puritan Life Insurance Company of America, or its reinsurers, may also release information in its file to MIB, Inc. and to other life or health insurance companies to whom You may apply for life or health insurance, or to whom a claim for benefits may be submitted.

**STRANGER OWNED LIFE INSURANCE (STOLI) NOTICE**

State insurance law may prohibit the owner of a life insurance policy from entering into any agreement to sell, transfer or assign a life insurance policy prior to the date the policy was issued, or within a period of time specified by state law after the date the policy was issued. You should consult with legal advisors if you have any questions about these matters.

**LEAVE THIS PAGE WITH OWNER**



16801 Addison Road, Suite 400  
Addison, Texas 75001  
800-513-3243

### Certificate of Compliance

Re: Forms: AR-PLICA-SPIA100

I hereby certify that the submitted forms listed above meet all applicable Arkansas requirements including the requirements of Rule and Regulation 19 and the requirements of Rule and Regulation 49.

I also hereby certify that the submitted forms listed above meet with the applicable readability requirements of the Arkansas Code.

I also certify that the Consumer Information Notice as required by ACA 23-79-138 is attached to every policy at policy issue.

Puritan Life Insurance Company of America

A handwritten signature in black ink, appearing to read "Eric Johansson", is written over a horizontal line.

Eric Johansson  
Vice President of Administration

10/11/2012

Date

**SERFF Tracking #:**

PLCA-128710053

**State Tracking #:****Company Tracking #:**

**State:** Arkansas  
**TOI/Sub-TOI:** A05I Individual Annuities- Immediate Non-Variable/A05I.000 Annuities - Immediate Non-variable  
**Product Name:** Puritan Lighthouse SPIA  
**Project Name/Number:** Puritan Lighthouse SPIA/

**Filing Company:** Puritan Life Insurance Company of America

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/04/2012	Form	Policy	10/10/2012	