

State: Arkansas **Filing Company:** Fidelity & Guaranty Life Insurance Company
TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.002 Flexible Premium
Product Name: F&G - Individual FPDA - Rider
Project Name/Number: Individual Flexible Premiun Annuity/2012-003

Filing at a Glance

Company: Fidelity & Guaranty Life Insurance Company
Product Name: F&G - Individual FPDA - Rider
State: Arkansas
TOI: A021 Individual Annuities- Deferred Non-Variable
Sub-TOI: A021.002 Flexible Premium
Filing Type: Form
Date Submitted: 11/21/2012
SERFF Tr Num: MCHU-128772569
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: ARI-1043(10-12)

Implementation: On Approval
Date Requested:
Author(s): Betty Dabrowski, Ginny Mchugh, Jackie Tootchen, Lauren Regnery, Jane Neal, Tim Hager, Nancy Cuozzo, Linda Boyce, Ashley Schute, Kathy Nangle, Elizabeth Rogers

Reviewer(s): Linda Bird (primary)
Disposition Date: 11/29/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Fidelity & Guaranty Life Insurance Company
TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.002 Flexible Premium
Product Name: F&G - Individual FPDA - Rider
Project Name/Number: Individual Flexible Premium Annuity/2012-003

General Information

Project Name: Individual Flexible Premium Annuity
Project Number: 2012-003
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 11/29/2012
State Status Changed: 11/29/2012
Created By: Ashley Schute
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Ashley Schute

Filing Description:

RE: Fidelity & Guaranty Life Insurance Company
NAIC #: 63274 FIN: 52-6033321

To be issued with API-1018(06-11) Flexible Premium Deferred Annuity:
• Vesting Bonus Rider ARI-1043(10-12)

Dear Commissioner Bradford:

McHugh Consulting Resources, Inc. has been requested to file the enclosed forms on behalf of Fidelity & Guaranty Life Insurance Company . We have provided an authorization letter for your files.

The above Policy specification pages and vesting bonus rider are being submitted as new forms and do not replace any forms currently on file with the Department. The above mentioned specification pages are intended to be used in conjunction with Flexible Premium Deferred Annuity API-1018(06-11).

Individual policy form API-1018(06-11) which the above specification pages will be attached, was approved on August 23, 2012; SERFF tracking number MCHX-G127374307.

The updated 14 percent 10 year specifications/schedule pages are substantially similar to previously approved information pages with the following exceptions

- Updated information page number
- Addition of Vesting Bonus Rider ARI-1043(10-12)
- New surrender change scale for API-1018(10-12) 12.50-14ME and API-1018(10-12) 12.50-14MP

Any bracketed language is intended to be variable. See the enclosed statement of variability.

The form has been written in clear and simplified language and has passed the Flesch Reading Ease test.

The form is in final printed format subject only to changes in formatting, font style, margins, page numbers, ink, and paper stock. Printing standards will never be less than those required by law.

Thank you for your time and consideration of this filing. If you have any comments or questions, please feel free to contact me at the number listed below.

State: Arkansas **Filing Company:** Fidelity & Guaranty Life Insurance Company
TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.002 Flexible Premium
Product Name: F&G - Individual FPDA - Rider
Project Name/Number: Individual Flexible Premium Annuity/2012-003

Sincerely,

Ashley Schute
 Compliance Project Specialist
 McHugh Consulting Resources, Inc.
 mcr@mchughconsulting.com
 215-230-7960

Attachments

Company and Contact

Filing Contact Information

Kathy Nangle, Compliance Project Specialist
 mcr@mchughconsulting.com
 2005 S. Easton Road
 Suite 207
 Doylestown, PA 18901
 215-230-7960 [Phone]

Filing Company Information

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

| | | |
|--|-------------------------|-----------------------------|
| Fidelity & Guaranty Life Insurance Company | CoCode: 63274 | State of Domicile: Maryland |
| 1001 Fleet Street 6th Floor | Group Code: 4731 | Company Type: |
| Baltimore, MD 21202 | Group Name: | State ID Number: |
| (410) 895-0100 ext. [Phone] | FEIN Number: 52-6033321 | |

Filing Fees

| | |
|------------------|---|
| Fee Required? | Yes |
| Fee Amount: | \$125.00 |
| Retaliatory? | Yes |
| Fee Explanation: | Domicile state charges \$125.00 per form. |
| Per Company: | No |

| Company | Amount | Date Processed | Transaction # |
|--|----------|----------------|---------------|
| Fidelity & Guaranty Life Insurance Company | \$125.00 | 11/21/2012 | 65117706 |

SERFF Tracking #:

MCHU-128772569

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

ARI-1043(10-12)

State:

Arkansas

Filing Company:

Fidelity & Guaranty Life Insurance Company

TOI/Sub-TOI:

A021 Individual Annuities- Deferred Non-Variable/A021.002 Flexible Premium

Product Name:

F&G - Individual FPDA - Rider

Project Name/Number:

Individual Flexible Premium Annuity/2012-003

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 11/29/2012 | 11/29/2012 |

Amendments

| Schedule | Schedule Item Name | Created By | Created On | Date Submitted |
|---------------------|------------------------------------|---------------|------------|----------------|
| Form | Vesting Bonus Rider | Ashley Schute | 11/28/2012 | 11/28/2012 |
| Supporting Document | 11.27.12 Revised Submission Letter | Ashley Schute | 11/27/2012 | 11/27/2012 |

SERFF Tracking #:

MCHU-128772569

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

ARI-1043(10-12)

State:

Arkansas

Filing Company:

Fidelity & Guaranty Life Insurance Company

TOI/Sub-TOI:

A021 Individual Annuities- Deferred Non-Variable/A021.002 Flexible Premium

Product Name:

F&G - Individual FPDA - Rider

Project Name/Number:

Individual Flexible Premium Annuity/2012-003

Disposition

Disposition Date: 11/29/2012

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 | Authorization Letter | | Yes |
| Supporting Document | Statement of Variability | | Yes |
| Supporting Document | 11.27.12 Revised Submission Letter | | Yes |
| Form (revised) | Vesting Bonus Rider | | Yes |
| Form | ARI-1043(10-12) | Replaced | Yes |

State: Arkansas **Filing Company:** Fidelity & Guaranty Life Insurance Company
TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.002 Flexible Premium
Product Name: F&G - Individual FPDA - Rider
Project Name/Number: Individual Flexible Premium Annuity/2012-003

Amendment Letter

Submitted Date: 11/28/2012

Comments:

In addition to the filing amendment submitted 11/27/12; please note that form number and form name were incorrectly entered into the wrong field. This has been corrected.

Thank you for your attention to this change.

Ashley Schute
 McHugh Consulting Resources, Inc.
 215.230.7960
 Changed Items:

Form Schedule Item Changes:

| Form Schedule Item Changes | | | | | | | | |
|----------------------------|---------------------|---------------------|-----------|-------------|----------------------|-------------------|--|---|
| Item No. | Form Name | Form Number | Form Type | Form Action | Action Specific Data | Readability Score | Attachments | Submitted |
| 1 | Vesting Bonus Rider | ARI-1043(10-12) | POLA | Initial | | 45.000 | ARI-1043_10-12_Vesting Bonus Rider.pdf | Date Submitted: 11/28/2012 By: |
| <i>Previous Version</i> | | | | | | | | |
| 1 | ARI-1043(10-12) | Vesting Bonus Rider | SCH | Initial | | 45.000 | ARI-1043_10-12_Vesting Bonus Rider.pdf | Date Submitted: 11/21/2012 By: Ashley Schute |

No Rate Schedule Items Changed.

No Supporting Documents Changed.

SERFF Tracking #:

MCHU-128772569

State Tracking #:

Company Tracking #:

ARI-1043(10-12)

State:

Arkansas

Filing Company:

Fidelity & Guaranty Life Insurance Company

TOI/Sub-TOI:

A021 Individual Annuities- Deferred Non-Variable/A021.002 Flexible Premium

Product Name:

F&G - Individual FPDA - Rider

Project Name/Number:

Individual Flexible Premiun Annuity/2012-003

Amendment Letter

Submitted Date:

11/27/2012

Comments:

Please note that I inadvertently input the wrong submission letter into the general filing description. I have attached a revised submission letter for your review under the supporting documents tab.

Thank you for your attention to this change.

Ashley Schute

McHugh Consulting Resources, Inc.

215.230.7960

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes

| | |
|--|------------------------------------|
| Satisfied - Item: | 11.27.12 Revised Submission Letter |
| Comments: | |
| Attachment(s): | |
| MCR- F&G GENERIC Submission Letter.pdf | |

State: Arkansas **Filing Company:** Fidelity & Guaranty Life Insurance Company
TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.002 Flexible Premium
Product Name: F&G - Individual FPDA - Rider
Project Name/Number: Individual Flexible Premium Annuity/2012-003

Form Schedule

Lead Form Number: ARI-1043(10-12)

| Item No. | Schedule Item Status | Form Name | Form Number | Form Type | Form Action | Action Specific Data | Readability Score | Attachments |
|----------|----------------------|---------------------|-----------------|-----------|-------------|----------------------|-------------------|--|
| 1 | | Vesting Bonus Rider | ARI-1043(10-12) | POLA | Initial | | 45.000 | ARI-1043_10-12_Vesting Bonus Rider.pdf |

Form Type Legend:

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

Vesting Bonus Rider

This rider is a part of the Contract to which it is attached. It is subject to the terms, conditions, and provisions contained in the Contract. The following new provisions are added to the Contract. This rider will supersede any conflicting provisions of the Contract.

Benefit

This rider provides a bonus that is calculated as a percentage of the initial premium. This initial premium bonus is distinguished from the Primary Account Value and held in the Bonus Account. Each year during the vesting period a certain percentage of the bonus account value will vest. The vested portion of the bonus account value will be distinguished from the Bonus Account and held in the Vested Bonus Account. The bonus percentage and the vesting schedule are shown on the **Information** page of your annuity contract.

The Bonus Account Value will be allocated among the interest crediting option(s) in the same proportion as the initial premium and will earn interest [and/or index credits] at the same rate as the corresponding Primary Account Value. The bonus account value will be fully vested at the end of the vesting period.

Vesting Schedule

The time period over which the bonus account value vests. The vesting schedule displays the number of years in the bonus vesting period and the percentage of the bonus account value that vests each year during that period.

The Vesting Schedule is shown on the **Information** page of your annuity contract.

Vesting Date

The contract anniversary date each year during the vesting period on which a certain percentage of the bonus account value vests. The first possible Vesting Date is the first anniversary following the Date of Issue.

Primary Account Value

The Primary Account Value equals:

- The interest crediting option(s) account value in which the initial premium is allocated; plus
- Any additional premiums allocated to the interest crediting option(s); plus
- Any interest [and/or index credits] applied; less
- Any withdrawals and surrenders, including any surrender charges thereon; and
- Any adjustments for reallocations.

Bonus Account Value

Each interest crediting option in which the initial premium is allocated will have a corresponding Bonus Account Value and will earn interest [and/or index credits] at the same rate as its corresponding Primary Account Value.

The Bonus Account Value equals:

- The initial premium bonus; plus
- Any interest [and/or index credits] allocated to the Bonus Account Value; less
- Any, withdrawals and surrenders, including any surrender charges thereon; and
- Any adjustments for reallocations.

At the end of the vesting period, the bonus account value will be fully vested. The bonus account will continue to earn interest [and/or index credits] at the same rate as its corresponding interest crediting option until the earliest of the events shown in the **Rider Termination** provision.

Vesting Bonus Rider (*Continued*)

| | |
|-----------------------------------|--|
| Vested Bonus Account Value | The portion of the bonus account value that has vested according to the vesting schedule. |
| Vested Account Value | The Vested Account Value equals the Primary Account Value plus the Vested Bonus Account Value |
| Total Account Value | The Total Account Value equals the Primary Account Value plus the Bonus Account Value. |
| Surrenders | <p>Before the maturity date, you may surrender all or a portion of the surrender value. The surrender value as defined in the Surrenders section of your annuity is re-defined to Vested Account Value when this rider is attached. Surrenders, including surrender charges thereon, will reduce the Primary Account Value and the Vested Bonus Account Value proportionately. The dollar amount of the vested portion that is surrendered from the Vested Bonus Account will be deducted from the Bonus Account Value.</p> <p>For a full surrender, the Interest Crediting Option's surrender value is the greater of the Vested Account Value less surrender charges thereon; or the Interest Crediting Option's minimum guaranteed surrender value as described in your annuity.</p> <p>For any partial surrenders of the Interest Crediting Option's account value, the surrender value is the Vested Account value less any surrender charges thereon.</p> |
| Death Benefit | If an owner dies the bonus account value will fully vest. If the annuity is fully surrendered, the death benefit will be the greater of the Total Account Value, less any surrender charges thereon; or the Minimum Guaranteed Surrender Value shown in your annuity contract. |
| Rider Termination | This rider will terminate at the earliest of the following events: <ul style="list-style-type: none">• Your annuity contract ends.• If surrendered in full at Death of an owner.• When annuity payments begin. |
| Nonparticipating | Dividends are not payable. |

Signed for the Company.

Fidelity & Guaranty Life Insurance Company



Lee Launer
President

SERFF Tracking #:

MCHU-128772569

State Tracking #:

Company Tracking #:

ARI-1043(10-12)

State: Arkansas

Filing Company:

Fidelity & Guaranty Life Insurance Company

TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.002 Flexible Premium

Product Name: F&G - Individual FPDA - Rider

Project Name/Number: Individual Flexible Premium Annuity/2012-003

Supporting Document Schedules

| | | Item Status: | Status Date: |
|--|----------------------|--------------|--------------|
| Satisfied - Item: | Flesch Certification | | |
| Comments: | | | |
| Attachment(s): | | | |
| AR Cert of Compliance 23-79-138 and R&R 49.pdf | | | |
| AR Cert of Compliance, Rule & Reg 19.pdf | | | |
| AR Readability Certification.pdf | | | |

| | | Item Status: | Status Date: |
|---|--|--------------|--------------|
| Satisfied - Item: | Application | | |
| Comments: | This application was approved on 04/01/2011 State Tracking Number: 48385 | | |
| Attachment(s): | | | |
| AAPP-1000_02-11_ Annuity Application Final 3-9-11.pdf | | | |

| | | Item Status: | Status Date: |
|---|----------------------|--------------|--------------|
| Satisfied - Item: | Authorization Letter | | |
| Comments: | | | |
| Attachment(s): | | | |
| 2012 MCR Vendor Authorization Letter FG.pdf | | | |

| | | Item Status: | Status Date: |
|---|--------------------------|--------------|--------------|
| Satisfied - Item: | Statement of Variability | | |
| Comments: | | | |
| Attachment(s): | | | |
| SOV-ARI-1043_10-12_ Vesting Bonus Rider.pdf | | | |

| | | Item Status: | Status Date: |
|-------------------|------------------------------------|--------------|--------------|
| Satisfied - Item: | 11.27.12 Revised Submission Letter | | |

SERFF Tracking #:

MCHU-128772569

State Tracking #:

Company Tracking #:

ARI-1043(10-12)

State:

Arkansas

Filing Company:

Fidelity & Guaranty Life Insurance Company

TOI/Sub-TOI:

A021 Individual Annuities- Deferred Non-Variable/A021.002 Flexible Premium

Product Name:

F&G - Individual FPDA - Rider

Project Name/Number:

Individual Flexible Premiun Annuity/2012-003

Comments:

Attachment(s):

MCR- F&G GENERIC Submission Letter.pdf

CERTIFICATE OF COMPLIANCE

Insurer: Fidelity & Guaranty Life Insurance Company

Form Numbers: ARI-1043(10-12)

I hereby certify that the filing above meets all applicable Arkansas requirements including Regulation 49 (Life and Health Guaranty Fund Notice) and Ark. Code Ann. 23-79-138 and Bulletin 15-2009 (Consumer Information Notice).



Signature of Company Officer

Karen Lam

Name

Assistance Vice President, Compliance

Oversight

Title

11/15/2012

Date

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Fidelity & Guaranty Life Insurance Company

Form Number(s): ARI-1043(10-12)

I hereby certify that to the best of my knowledge and belief, the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Karen Lam

Name

Assistance Vice President, Compliance
Oversight

Title

11/15/2012

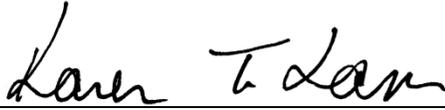
Date

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Fidelity & Guaranty Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of the Arkansas Insurance Code 23-80-201 through 23-80-208, cited as the Life and Accident and Health Insurance Policy Language Simplification Act.

| Form Number | Score |
|--------------------|--------------|
| ARI-1043(10-12) | 45 |

Signed: 
Name:
Title: Karen Lam – Assistance Vice President,
Compliance Oversight
Date: 11/15/2012

Annuity Application

Product: _____ [_____]

OM Financial Life Insurance Company Home Office: Baltimore, Maryland
 Administrative Office: P.O. Box 81497; Lincoln, NE 68501-81497

| | | |
|---|---|---|
| Owner(s) | Name: [<u>Jane Doe</u>] Joint Owner (if any): [_____] SSN or TAX ID: [<u>123-45-9876</u>] SSN or TAX ID: [_____] <input type="radio"/> Male <input type="radio"/> Female Birth Date: [_____] <input type="radio"/> Male <input type="radio"/> Female Birth Date: [_____] Address: [<u>123 Main Street Any City, Any State 12304</u>] Address: [_____] Phone No.: (<u>123</u>) [<u>123-4569</u>] Phone No.: () [_____] Identification # & State: [<u>Any State</u>] Relationship to Owner: [_____] Type of Identification: <input checked="" type="radio"/> State Issued <input type="radio"/> Immigration Identification # & State: [_____] <input type="radio"/> Military <input type="radio"/> Passport <input type="radio"/> Other Type of Identification: <input type="radio"/> State Issued <input type="radio"/> Immigration [_____] [_____] [_____] [_____] | |
| Annuitant(s) <i>(if other than Owner)</i> | Name: [_____] Joint/Contingent (if any): [_____] SSN: [_____] SSN: [_____] <input type="radio"/> Male <input type="radio"/> Female Birth Date: [_____] <input type="radio"/> Male <input type="radio"/> Female Birth Date: [_____] Address: [_____] Address: [_____] [_____] [_____] Identification # & State: [_____] Identification # & State: [_____] Type of Identification: <input type="radio"/> State Issued <input type="radio"/> Immigration Type of Identification: <input type="radio"/> State Issued <input type="radio"/> Immigration <input type="radio"/> Military <input type="radio"/> Passport <input type="radio"/> Other <input type="radio"/> Military <input type="radio"/> Passport <input type="radio"/> Other [_____] [_____] [_____] [_____] [_____] | |
| Beneficiary | Primary Contingent <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | Name: [<u>Child Doe</u>] SSN: [<u>987-65-3214</u>] Address: [<u>123 Main Street, Any City, Any State, 12304</u>] Birth Date: [_____] Name: [_____] SSN: [_____] Address: [_____] Birth Date: [_____] |
| Plan | <input checked="" type="radio"/> Nonqualified <input type="radio"/> Traditional IRA <input type="radio"/> Roth IRA <input type="radio"/> SEP IRA <input type="radio"/> Tax-Sheltered Annuity <input type="radio"/> Other (specify plan type): [_____] | |
| Premium | Initial/Single Premium Paid: (premium paid with application) \$ [<u>50,000</u>] <i>Make check payable to OM Financial Life Insurance Company.</i> | |
| Replacement | Do you have an existing life insurance or annuity policy? <input type="radio"/> Yes <input checked="" type="radio"/> No Will the annuity applied for replace or change an existing life insurance or annuity policy? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If a 1035 exchange, attach applicable forms. Exchange Amount: \$ [_____]</i> Policy/Certificate No.: [_____] Company: [_____] | |

Annuity Application

Product: _____ [_____]

I (We) have read the statements made in this application. To the best of my (our) knowledge and belief, the statements made are complete, true, and correctly recorded. I (We) understand that: a copy of this application may form a part of any annuity issued; the annuity will not take effect until delivered to the Owner; no agent has the authority to modify any annuity issued; and **there are terms, conditions, charges, and fees for any optional rider selected.**

I (We) understand that I (We) have applied for an indexed annuity. I (We) have received a copy of the Company's disclosure material for this annuity. I (We) understand that: while the values of the annuity may be affected by an external index, the annuity does not directly participate in any stock, bond, or equity investments; any values shown, other than guaranteed minimum values, are not guarantees, promises or warranties; and the annuity describes how the minimum guaranteed surrender values and indexed interest credits are calculated.

I (We) understand that the Company offers indexed annuity products with different features and benefits. I (We) can also apply for any of those products by contacting the Company or one of its agents.

Signature(s)

If the annuity is issued with a market value adjustment rider, the cash surrender values may increase or decrease based on a market value adjustment prior to the date or dates specified in the annuity; the market value adjustment applies when the surrender charge applies.

I (We) certify, under penalties of perjury, that I am a (we are) U.S. Citizen(s) or resident(s) of the U.S. (includes U.S. resident aliens) and that the taxpayer identification number(s) is (are) correct. I (We) understand that federal law requires all financial institutions to obtain identity information in order to verify my (our) identity(ies) and I (we) authorize its use for this purpose. This information includes, but is not limited to, the name(s), residential address(es), date(s) of birth, Social Security or taxpayer identification number(s), and any other information necessary to sufficiently verify identity(ies). I (We) understand that failure to provide this information could result in the application being rejected. Third party sources may be used to verify the information provided.

Signed at: Any state Date: 4/1/11

Signature(s) of Owner(s): Jane Doe

Signature(s) of Annuitant(s): _____

Does the applicant have an existing life or annuity policy? Yes No
To the best of your knowledge, does this application replace or change existing life insurance or annuities? Yes No

Agent

I attest that I have witnessed all signatures. I certify that the Company's disclosure material has been presented to the applicant and a copy was provided to the applicant. I have not made any statements which differ from this material nor have I made any guarantees or promises about the expected future values of the indexed annuity. I have received a copy of, have carefully read and complied with the applied for fixed indexed annuity's training manual.

I have verified the identity of the Owner, joint Owner, annuitant and joint annuitant through an examination of a state or federal government photo identification card provided by the Owner, joint Owner, annuitant or joint annuitant such as a driver's license or passport.

Agent's Signature: Any Agent Date: 4/1/11

Print Agent's Name: Any Agent OM Financial Life Agent #: 236564

Agent's License No. (required only in FL): _____

Agent's Phone No.: (321) 555-5555

Agent's Fax No.: (321) 555-5543

Agent's Email Address: anyagent@anyagent.com

January 1, 2012

NAIC Company Code: 63274

To: The Insurance Commissioner

Re: Authorization

This letter, or a copy thereof, will authorize the consulting firm of McHugh Consulting Resources, Inc., 2005 South Easton Road, Suite 207, Doylestown, PA 18901, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Fidelity & Guaranty Life Insurance Company

BY:



Karen T. Lam, FLMI, AIRC
Assistant Vice President, Compliance Oversight

STATEMENT OF VARIABILITY

The following information describes the nature and scope of the variable material. Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination. The final form issued to the consumer will not contain brackets denoting variable text. Any variable text included in this Statement of Variability will be effective only for future issues.

ARI-1043(10-12) Vesting Bonus Rider

| <u>Item</u> | <u>Range</u> |
|--|--|
| Provisions <ul style="list-style-type: none">• Benefit• Bonus Account Value• Primary Account Value | The following phrase "and/or index credits" will only print when this rider is attached to policies which offer index options. |
| Officer Signatures | To allow for flexibility should the corporation officers change |

.....
McHugh Consulting Resources, Inc.

November 27, 2012

Sent via SERFF

Jay Bradford
Commissioner
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

RE: Fidelity & Guaranty Life Insurance Company
NAIC #: 63274 FIN: 52-6033321

- May Be Used With: **API-1018(06-11)** Flexible Premium Deferred Annuity, Approved August 23, 2012; SERFF tracking number MCHX-G127374307
- Vesting Bonus Rider ARI-1043(10-12)

Dear Commissioner Bradford:

McHugh Consulting Resources, Inc. has been requested to file the enclosed forms on behalf Fidelity & Guaranty Life Insurance Company. We have provided an authorization letter for your files.

Enclosed for your review and approval is the above captioned form.

The Vesting Bonus Rider, ARI-1043(10-12) is designed to provide an initial premium bonus which vests by a certain percentage each year throughout the vesting period.

The issue ages will be the same as the product to which the rider is attached.

The above forms are new and do not replace any forms currently on file with your Department. Additional information regarding the above forms is provided below.

These riders may be used with the above captioned annuity and may also be used with any approved annuities by your department.

Enclosed are the actuarial memorandums.

Any bracketed language is intended to be variable. See the enclosed statement of variability.

The forms have been written in clear and simplified language and have passed the Flesch Reading Ease test.

The forms are in final printed format subject only to changes in font style, margins, page numbers, ink, and paper stock.

Printing standards will never be less than those required by law.

Thank you for your time and consideration of this filing. If you have any comments or questions, please feel free to contact me at the number listed below.

Sincerely,

A handwritten signature in black ink that reads "Ashley Schute". The signature is written in a cursive, flowing style.

Ashley Schute
Compliance Project Specialist
McHugh Consulting Resources, Inc.
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215-230-7960

Attachments

SERFF Tracking #:

MCHU-128772569

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

ARI-1043(10-12)

State:

Arkansas

Filing Company:

Fidelity & Guaranty Life Insurance Company

TOI/Sub-TOI:

A021 Individual Annuities- Deferred Non-Variable/A021.002 Flexible Premium

Product Name:

F&G - Individual FPDA - Rider

Project Name/Number:

Individual Flexible Premiun Annuity/2012-003

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 Item Status | Schedule | Schedule Item Name | Replacement Creation Date | Attached Document(s) |
|----------------------|-----------------------------|-----------------|---------------------------|----------------------------------|---|
| 11/15/2012 | Replaced 11/29/2012 | Form | ARI-1043(10-12) | 11/28/2012 | ARI-1043_10-12_ Vesting Bonus Rider.pdf |