

SERFF Tracking Number: AGNN-128302220 State: Arkansas
Filing Company: Western National Life Insurance Company State Tracking Number:
Company Tracking Number: S202-12
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
Variable
Product Name: S202-12
Project Name/Number: S202-12/S202-12

Filing at a Glance

Company: Western National Life Insurance Company

Product Name: S202-12

SERFF Tr Num: AGNN-128302220 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non-
Variable

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

Sub-TOI: A02I.003 Single Premium

Co Tr Num: S202-12

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Valerie Garcia

Disposition Date: 05/02/2012

Date Submitted: 04/25/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: S202-12

Status of Filing in Domicile: Not Filed

Project Number: S202-12

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 05/02/2012

State Status Changed: 05/02/2012

Deemer Date:

Created By: Valerie Garcia

Submitted By: Valerie Garcia

Corresponding Filing Tracking Number: S202-
12

Filing Description:

Re: WESTERN NATIONAL LIFE INSURANCE COMPANY

FEIN: 75-0770838

NAIC: 70432

Form: 212-4X-AR Annuity Application

Dear Filing Intake:

The form submitted in this filing replaces form 212-4X, previously approved by your Department on 4-13-12, SERFF

SERFF Tracking Number: AGNN-128302220 State: Arkansas
Filing Company: Western National Life Insurance Company State Tracking Number:
Company Tracking Number: S202-12
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
Variable
Product Name: S202-12
Project Name/Number: S202-12/S202-12

tracking number AGNN-128249783. The only change to the application is that we have added a Premium Guarantee option to the application in the Interest Rate section.

The filing includes no assumption or provisions that unfairly discriminate in availability, rates, benefits, or any other way for prospective insureds of the same class, equal expectation of life, and degree of risk. This filing does not contain any unusual or controversial items. To the best of our knowledge, information and belief, the form submitted herewith are in compliance with the provisions of the insurance laws, rules, regulations and bulletins of your state and such form contain no provisions previously disapproved by your Department.

Form 212-4X-AR is the application to be used with policy S202-12 previously approved by your Department on 4-13-12, SERFF tracking number AGNN-128249783.

Please contact me if I can assist with your review at 1.800.262.4764 x831.3702 or via e-mail at Valerie.garcia@valic.com. I look forward to your formal notification of approval.

Sincerely,

Valerie Garcia - Associate Legal Analyst

State Narrative:

Company and Contact

Filing Contact Information

Valerie Garcia,
2919 Allen Pkwy L10-30
Houston, TX 77019

Valerie.Garcia@valic.com
713-831-3702 [Phone]

Filing Company Information

Western National Life Insurance Company
2929 Allen Parkway, L10-30
Houston, TX 77019
(713) 831-6006 ext. [Phone]

CoCode: 70432
Group Code: 12
Group Name:
FEIN Number: 75-0770838

State of Domicile: Texas
Company Type:
State ID Number:

Filing Fees

SERFF Tracking Number: AGNN-128302220 State: Arkansas
Filing Company: Western National Life Insurance Company State Tracking Number:
Company Tracking Number: S202-12
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
Variable
Product Name: S202-12
Project Name/Number: S202-12/S202-12

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: Texas fee is \$100 for application.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Western National Life Insurance Company	\$100.00	04/25/2012	58535930

SERFF Tracking Number: AGNN-128302220 State: Arkansas
Filing Company: Western National Life Insurance Company State Tracking Number:
Company Tracking Number: S202-12
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
Variable
Product Name: S202-12
Project Name/Number: S202-12/S202-12

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/02/2012	05/02/2012

SERFF Tracking Number: AGNN-128302220 *State:* Arkansas
Filing Company: Western National Life Insurance Company *State Tracking Number:*
Company Tracking Number: S202-12
TOI: A021 Individual Annuities- Deferred Non- *Sub-TOI:* A021.003 Single Premium
Variable
Product Name: S202-12
Project Name/Number: S202-12/S202-12

Disposition

Disposition Date: 05/02/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

[205 East 10th Avenue
Amarillo, Texas 79101
Telephone 800.424.4990]

[0 5 Year 0 7 Year]

OWNER (All Policyholder correspondence will be sent to this address.)

Name: John Doe Sex: M Age: 35 DOB: 07/25/1972
Address: 123 Main Street Marital Status: Married SSN: 999-99-9999
Anywhere, USA XXXXX Daytime Phone: 713.555.1234

JOINT OWNER (Optional. Non-Qualified Annuities only.)

Name: _____ Sex: _____ Age: _____ DOB: _____
Marital Status: _____ SSN: _____ Daytime Phone: _____

ANNUITANT (if different from the Owner.) Upon the death of the Annuitant, Owner may designate a new Annuitant. If no designation is made within 30 days of the death of the Annuitant, the Owner will become the Annuitant.

Name: _____ Sex: _____ Age: _____ DOB: _____
Address _____ Phone: _____ SSN: _____
Relationship to Owner: _____

OWNER'S BENEFICIARY DESIGNATION – In the event of death of Owner, surviving Joint Owner becomes Primary Beneficiary.

If you do not want the Joint Owner to be the Primary Beneficiary, check here and name Beneficiary below.

Primary Beneficiary: Name: _____ Relationship: _____
Contingent Beneficiary: Name: _____ Relationship: _____

INTEREST RATE (Interest is credited and compounded daily to achieve the annual rate. To achieve this rate, the premium must be left for a full year without any withdrawals.) The guaranteed minimum interest rate for the life of your policy is [1.00] %.

[Premium Guarantee: I do do not elect the Return of Premium Guarantee.]

The Interest Rate on the Single Premium is [_____]% for [_____] year(s).

PURCHASE PAYMENT

Policy Number: H123456 Policy Date: 01/01/2012
Single Premium Payment: \$ 10,000 Annuity Income Date: 01/01/2042

PLAN TYPE (required): Non-Qualified Qualified

Tax-Qualified Plans: [Traditional IRA SEP IRA Roth IRA 401 Corporate Plan Other: _____]

Check one: Initial Contribution for Tax Year _____ Transfer Rollover Roth IRA Conversion Year _____

SIGNATURES Checks must be made payable to **Western National Life Insurance Company**.

[Do you have any existing life insurance policies or annuity contracts? Yes No

Will this annuity replace, discontinue or change any existing life insurance or annuity contract issued by any company? Yes No (If yes, complete the following.) Company _____ Policy No. _____

Are you an active duty service member of the United States Armed Forces? Yes No]

I understand this annuity is not federally insured. I have read and understand the important disclosures located on the reverse of this application. I represent that all statements and answers in this application are complete and true, on my behalf and any person who may claim any interest under this policy.

X John Doe X _____
Owner's Signature Joint Owner's Signature (if applicable)

Signed at (city/state): Anywhere, USA XXXXX on (date): 8/1/2007

REPRESENTATIVE INFORMATION

[To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. Yes No

Do you have any reason to believe this annuity will replace, discontinue or change any existing life insurance or annuity? Yes No

As agent, have you complied with all State Replacement Regulations and completed all required State Replacement forms? Yes No

By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.]

X Bill Agent ABC Insurance Agency #12345
Licensed Agent's Signature Agency Name and Number

Bill Agent State Lic.#: 45678 Agent#: 24-7
Licensed Agent (Print name)

DISCLOSURES

[REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS: Distributions from employer-sponsored retirement programs, including optional retirement programs, will be subject to any limitations imposed by the plan.

For Louisiana Optional Retirement Program Participants Only: For participants in the Louisiana Optional Retirement Program, withdrawals are limited by the plan and must take the form of an annuity payable over your lifetime or the joint lifetime of you and your beneficiary.

For Texas Optional Retirement Program Participants Only:

- Benefits in the Texas Optional Retirement Program vest after one year and one day of participation in one or more optional retirement plans.
- Benefits under the Texas Optional Retirement Program are available to you only after you attain the age of 70 ½ years, or terminate participation by death, retirement, or termination of employment in all Texas institutions of higher education.
- Western National Life Insurance Company (WNLIC) will require written verification from the program administrator of your qualification for any requested redemption of any annuity benefits purchased under the Texas Optional Retirement Program.

California Senior Disclosure: Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.]

FRAUD WARNING

[In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

Arkansas, North Dakota, South Carolina, South Dakota, and Texas Residents Only: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

Colorado, Kentucky, New Mexico, Ohio, and Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

District of Columbia, Louisiana, and Rhode Island Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

Maryland and Massachusetts Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or knowingly and willfully presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

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

Maine, Tennessee, Virginia and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Oklahoma Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

SERFF Tracking Number: AGNN-128302220 State: Arkansas
 Filing Company: Western National Life Insurance Company State Tracking Number:
 Company Tracking Number: S202-12
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
 Variable
 Product Name: S202-12
 Project Name/Number: S202-12/S202-12

Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments: See attachment.</p> <p>Attachment: FLESCH-AR.pdf</p>		

	Item Status:	Status Date:
<p>Satisfied - Item: Application</p> <p>Comments: Attached is the Previously Approved Form number and date of approval.</p> <p>Attachment: PreviouslyApprovedForm.pdf</p>		

	Item Status:	Status Date:
<p>Satisfied - Item: Life & Annuity - Acturial Memo</p> <p>Comments: See attachment.</p> <p>Attachment: Act Memo.pdf</p>		

	Item Status:	Status Date:
<p>Satisfied - Item: SOVs</p> <p>Comments:</p> <p>Attachment: SOV-212-4X-AR.pdf</p>		

CERTIFICATION

WESTERN NATIONAL LIFE INSURANCE COMPANY, NAIC #70238, hereby certifies that the following form(s) comply with Rule & Regulation 19 and 49, and the Flesch scale of readability requirements of Ark. Stat. Ann. s 23-80-206 and s 23-80-207 as cited in the Life and Disability Insurance Policy Language Simplification Act.

<u>Form Number</u>	<u>Form Description</u>	<u>Flesch Score</u>
212-4X-AR	SPDA Application	49.4



Tracey Harris
Vice President

04.25.2012
Date

Form #	Approval Date	state tracking #
212-4X	04/13/2012	AGNN-128249783

Statement of Variability for Form 212-4X-AR
Western National Life Insurance Company
April 25, 2012
Variability denoted by the use of brackets

We have bracketed or determined that the following information will be variable. Any changes will be for future use only, and on a non-discriminatory basis. We have bracketed the following information:

1. Contact Information: The location and telephone number are bracketed for administrative purposes.
2. Interest Rate section:
 - a. The current Guaranteed Minimum Interest Rate (GMIR) is 1.00%. The rate will always be equal or exceed the rate produced by the procedures filed with the Department. The GMIR will range between 1.0% to 3.0% and is tied to the five-year Constant Maturity Treasury Rate. Any changes to the GMIR will be applicable only to new issues.
 - b. The Premium Guarantee option is bracketed. Due to economic conditions we may wish to discontinue this feature at a later time. If the feature was ever discontinued, the entire sentence will be removed from the application. Any change to the availability of the feature will be for new issues only.
 - c. The current interest rate may range between 1.0% and 10.0%. Any changes will apply only to new issues.
 - d. The guaranteed interest rate period currently offered is a 5-year interest rate guarantee. There is a blank for the interest rate period to be filled in at the point of sale. This field is bracketed to allow flexibility to add interest rate guarantee periods without triggering a re-filing of the application.
3. Qualified Information: To allow for flexibility in the information collected, Tax Qualified Plans offered, and the ability to make changes that comply with applicable state or federal requirements. Any changes will apply only to new issues.
4. Replacement Information: To allow for flexibility in the information collected, and to make changes to comply with state or federal requirements. Replacement information will always be on the application as required, but may be subject to change based on state or federal updates. Any changes will apply only to new issues.
5. Disclosures and Fraud Warnings: The disclosures and fraud warnings so that text may be modified to comply with changes in state law. Any changes will apply only to new issues.

Any changes to the above will be refiled in a new statement of variability.