

State: Arkansas **Filing Company:** Fidelity & Guaranty Life Insurance Company
TOI/Sub-TOI: A07I Individual Annuities - Special/A07I.001 Equity Indexed
Product Name: Annuity Application AAAP-3019 (11-12)
Project Name/Number: LMG-2/80/80

Filing at a Glance

Company: Fidelity & Guaranty Life Insurance Company
Product Name: Annuity Application AAAP-3019 (11-12)
State: Arkansas
TOI: A07I Individual Annuities - Special
Sub-TOI: A07I.001 Equity Indexed
Filing Type: Form
Date Submitted: 01/17/2013
SERFF Tr Num: FRCS-128846669
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 5919

Implementation: On Approval
Date Requested:
Author(s): Marilyn Odell
Reviewer(s): Linda Bird (primary)
Disposition Date: 01/23/2013
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: A071 Individual Annuities - Special/A071.001 Equity Indexed
Product Name: Annuity Application AAAP-3019 (11-12)
Project Name/Number: LMG-2/80/80

Filing Company: Fidelity & Guaranty Life Insurance Company

General Information

Project Name: LMG-2/80
 Project Number: 80
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:

Status of Filing in Domicile: Authorized
 Date Approved in Domicile: 01/11/2013
 Domicile Status Comments:
 Market Type: Individual
 Individual Market Type:
 Filing Status Changed: 01/23/2013
 State Status Changed: 01/23/2013
 Created By: Marilyn Odell
 Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: Exselsa Cartwright

Filing Description:

We have been retained by Fidelity & Guaranty Life Insurance Company to file the enclosed form for approval in your state.

Our fee of \$125 has been sent by EFT on this same date. The fee is based on the domicile state (MD).

Annuity Application, form AAAP-3019(11-12), is a new application and it will not replace any currently on file in your Department.

This application will be used with the previously approved forms listed on the attached chart. It may also be used with contracts approved by your Department in the future.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

Company and Contact

Filing Contact Information

Marilyn Odell, Compliance Specialist
 1020 Central
 Suite 201
 Kansas City, MO 64105

marilyn.odell@firstconsulting.com
 800-927-2730 [Phone] 2835 [Ext]
 816-391-2755 [FAX]

Filing Company Information

(This filing was made by a third party - FC01)

Fidelity & Guaranty Life Insurance Company	CoCode: 63274	State of Domicile: Maryland
1001 Fleet	Group Code:	Company Type:
Baltimore, MD 21202	Group Name:	State ID Number:
(410) 895-0091 ext. [Phone]	FEIN Number: 52-6033321	

Filing Fees

Fee Required? Yes
 Fee Amount: \$125.00

State: Arkansas **Filing Company:** Fidelity & Guaranty Life Insurance Company
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Retaliatory? Yes
Fee Explanation: Domicile state fee is \$125 per form x 1 = \$125
Per Company: No

Company	Amount	Date Processed	Transaction #
Fidelity & Guaranty Life Insurance Company	\$125.00	01/17/2013	66656088

State: Arkansas Filing Company: Fidelity & Guaranty Life Insurance Company
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/23/2013	01/23/2013

SERFF Tracking #:

FRCS-128846669

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

5919

State:

Arkansas

Filing Company:

Fidelity & Guaranty Life Insurance Company

TOI/Sub-TOI:

A071 Individual Annuities - Special/A071.001 Equity Indexed

Product Name:

Annuity Application AAAP-3019 (11-12)

Project Name/Number:

LMG-2/80/80

Disposition

Disposition Date: 01/23/2013

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		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Third Party Authorization		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Certification of Compliance		Yes
Supporting Document	Previously approved forms chart		Yes
Form	Annuity Application		Yes

State: Arkansas
TOI/Sub-TOI: A071 Individual Annuities - Special/A071.001 Equity Indexed
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Form Schedule

Lead Form Number: AAAP-3019(11-12)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Annuity Application	AAAP-3019(11-12)	AEF	Initial		50.200	AAAP-3019(11-12).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

Application is made to Fidelity & Guaranty Life Insurance Company (“the Company”)

Home Office: [Baltimore, Maryland]

Administrative Office: [Post Office Box 81728, Lincoln, NE 68501]

ANNUITY APPLICATION
PLEASE PRINT AND USE DARK INK ONLY

SECTION 1--THE PROPOSED ANNUITANT(S)

<p>Primary Annuitant Name (print as desired on contract)</p> <p>_____</p> <p align="center">First Middle Last</p> <p>Address _____</p> <p>_____</p> <p align="center">Street</p> <p>_____</p> <p align="center">City State Zip</p> <p>Telephone (____) _____</p> <p>Gender [<input type="checkbox"/>] Male [<input type="checkbox"/>] Female</p> <p>Social Security Number _____</p> <p>Date of Birth _____ Birth State _____</p> <p align="center">Mo Day Yr</p> <p>Marital Status _____</p>	<p>Joint Annuitant Name (print as desired on contract)</p> <p>_____</p> <p align="center">First Middle Last</p> <p>Address _____</p> <p>_____</p> <p align="center">Street</p> <p>_____</p> <p align="center">City State Zip</p> <p>Telephone (____) _____</p> <p>Gender [<input type="checkbox"/>] Male [<input type="checkbox"/>] Female</p> <p>Social Security Number _____</p> <p>Date of Birth _____ Birth State _____</p> <p align="center">Mo Day Yr</p> <p>Marital Status _____</p>
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SECTION 2--THE APPLICANT (OWNER) Complete this Section if Owner(s) is(are) other than Annuitant(s)

<p>Owner (If Owner is a trust, include name and date.)</p> <p>Name _____</p> <p>_____</p> <p align="center">First Middle Last</p> <p>Address _____</p> <p>_____</p> <p align="center">Street</p> <p>_____</p> <p align="center">City State Zip</p> <p>Telephone (____) _____</p> <p>Gender [<input type="checkbox"/>] Male [<input type="checkbox"/>] Female</p> <p>Social Security Number or Tax ID Number _____</p> <p>Date of Birth _____ Marital Status _____</p> <p align="center">Mo Day Yr</p> <p>Relationship to Proposed Primary Annuitant _____</p>	<p>[<input type="checkbox"/>] Joint Owner (must be spouse of Owner)</p> <p>Name _____</p> <p>_____</p> <p align="center">First Middle Last</p> <p>Address _____</p> <p>_____</p> <p align="center">Street</p> <p>_____</p> <p align="center">City State Zip</p> <p>Telephone (____) _____</p> <p>Gender [<input type="checkbox"/>] Male [<input type="checkbox"/>] Female</p> <p>Social Security Number or Tax ID Number _____</p> <p>Date of Birth _____ Marital Status _____</p> <p align="center">Mo Day Yr</p> <p>Relationship to Proposed Primary Annuitant _____</p>
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SECTION 3--THE BENEFICIARY (If Beneficiary is a trust, include name and date.)

All Beneficiaries in each category will share equally unless the Company is instructed otherwise.

Primary Beneficiary(ies)	Relationship to Owner	%
Contingent Beneficiary(ies)	Relationship to Owner	%

SECTION 4—PRODUCT INFORMATION

Product Name _____
 Optional Benefits or Riders _____

**if applicable*

Initial Premium: Cash with Application Amount \$ _____ Estimated Transfer Amount \$ _____	<input type="checkbox"/> Nonqualified	<input type="checkbox"/> Qualified (Complete both types)									
		<table border="0"> <tr> <td><u>Annuity Type</u></td> <td><u>Premium Type</u></td> </tr> <tr> <td><input type="checkbox"/> IRA</td> <td><input type="checkbox"/> Contribution</td> </tr> <tr> <td><input type="checkbox"/> SEP-IRA</td> <td>Tax Year _____</td> </tr> <tr> <td><input type="checkbox"/> Roth-IRA</td> <td><input type="checkbox"/> Direct Transfer</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/> Rollover</td> </tr> </table>	<u>Annuity Type</u>	<u>Premium Type</u>	<input type="checkbox"/> IRA	<input type="checkbox"/> Contribution	<input type="checkbox"/> SEP-IRA	Tax Year _____	<input type="checkbox"/> Roth-IRA	<input type="checkbox"/> Direct Transfer	<input type="checkbox"/> Other _____
<u>Annuity Type</u>	<u>Premium Type</u>										
<input type="checkbox"/> IRA	<input type="checkbox"/> Contribution										
<input type="checkbox"/> SEP-IRA	Tax Year _____										
<input type="checkbox"/> Roth-IRA	<input type="checkbox"/> Direct Transfer										
<input type="checkbox"/> Other _____	<input type="checkbox"/> Rollover										

Initial Crediting Rate Strategy Selections

Strategy Name		%

SPECIAL INSTRUCTIONS

HOME OFFICE CHANGES

1. Do you have an existing life insurance or annuity contract? Yes No

2. Will the annuity applied for replace or change an existing life insurance or annuity contract? Yes No

I(We) understand that the Company will invest its general account assets at its sole discretion and no one will have the right to direct the Company concerning the investments owned by the Company. The Producer has no authority to make, modify, alter or discharge any contract. Acceptance of any contract issued on this application will ratify changes noted by the Company in the space titled "Home Office Changes" and a copy of the changed application attached to the contract will be sufficient notice of these changes. I(We) hereby authorize and direct the Company to accept and act on any and all telephone transfer, withdrawal, loan or service instructions from any person who can furnish proper identification, including the Social Security Number or Tax ID Number and personal security code of the Owner. I(We) agree to keep the personal security code confidential and bear all risks associated with my(our) disclosure to any third party.

I(We) agree to hold harmless and indemnify the Company and its affiliates and their directors, officers, employees and agents for any losses, liabilities, costs or expenses arising from acting on such instructions when believed to be genuine. I(We) understand that my(our) telephone calls to the Company may be recorded for our mutual protection and consent to such recording.

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. If a trust is named as a Beneficiary, I(we) declare that the trust is valid and operational as of the date this application is signed. I(We) certify: (1) the Social Security or Tax ID Number(s) shown on this application is (are) correct and (2) I(we) am(are) responsible for payment of Federal and/or State Income Tax on the taxable portion of withdrawals, if any, and that I(we) may be subject to tax penalties under estimated tax payment rules if my(our) payments of estimated tax and tax withholding, if any, are not adequate. I(We) understand that: a copy of this application may form a part of any annuity issued; any terms and conditions under 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.

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.

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 is calculated.

If the annuity is issued with a market value adjustment, the 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.

Dated at _____ Date _____
City and State

Signature of Owner _____ Signature of Joint Owner _____
(If Owner is not a natural person, print name (e.g., Trust Name and Trust Date)

By _____ Title of Authority of Owner _____
Signature (e.g., Trustee Signature, Trustee)

If Owner is not a natural person, signature of Primary Annuitant _____ Signature of Joint Annuitant _____

Agent's (Producer's) Statement:

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

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.

Signature of Producer (Licensed Agent) Printed Name of Producer Producer Number

SERFF Tracking #:

FRCS-128846669

State Tracking #:

Company Tracking #:

5919

State:

Arkansas

Filing Company:

Fidelity & Guaranty Life Insurance Company

TOI/Sub-TOI:

A071 Individual Annuities - Special/A071.001 Equity Indexed

Product Name:

Annuity Application AAAP-3019 (11-12)

Project Name/Number:

LMG-2/80/80

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR RDB.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Third Party Authorization		
Comments:			
Attachment(s):			
AUTH 2013.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
SOV for AAAP-3019(11-12).pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certification of Compliance		
Comments:			
Attachment(s):			
AR CoC.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Previously approved forms chart		
Comments:			
Attachment(s):			

SERFF Tracking #:

FRCS-128846669

State Tracking #:

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State:

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A071 Individual Annuities - Special/A071.001 Equity Indexed

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Annuity Application AAAP-3019 (11-12)

Project Name/Number:

LMG-2/80/80

AR PREV APPRVD CHART.pdf

**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 Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
AAAP-3019(11-12)	50.2



Karen Lam, FLMI, AIRC
Assistant Vice President

January 15, 2013

Date

January 2, 2013

NAIC Company Code: 63274

To: The Insurance Commissioner

Re: Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc.; 1020 Central, Suite 201; Kansas City, MO, 64105-1670, 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

New Form Name	Form Number
Application	AAAP-3019(11-12)

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.

Item – Rider	Range
Administrative Office address – Page 1	Address may change for future applicants due to administrative office changes.
Product name – Page 2	Product name dependent upon product offered.
Optional Benefits or Riders – Other – Page 2	Variable to reflect benefits or riders as offered by the company and/or elected by the applicant. The company will only offer benefits or riders approved by the state insurance department.
Crediting Rate Strategies – Page 2	Variable to reflect crediting rate strategies as offered by the company and/or elected by the applicant. The company will only offer crediting rate strategies approved by the state insurance department.

**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: Fidelity & Guaranty Life Insurance Company

Form Title(s): AAAP-3019(11-12)

Form Number(s): Annuity Application

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Karen Lam, FLMI, AIRC
Assistant Vice President

January 15, 2013

Date

ARKANSAS
List of Previously Approved Forms

Previously Approved Form Number	Description	Approval Date
API-1018(06-11)	Flexible Premium Deferred Annuity	08/23/2011
AM-PEIAII-0405-0(AR)	Equity Indexed Annuity Policy	07/13/2005
AM-PEIAII-0405-0-1(AR)	Equity Indexed Annuity Policy	07/13/2005
AM-PEIAII-0405-B(AR)	Equity Indexed Annuity Policy	07/13/2005
AM-PEIAII-0405-B-1(AR)	Equity Indexed Annuity Policy	07/13/2005
FGL FPDA-EIA (2005)	Flexible Premium Annuity	05/13/2005
AM-AMEND	Amendment to Application	10/12/2004
AM-CLAR	Application Clarification	10/12/2004