

STATE OF OHIO
DEPARTMENT OF INSURANCE

IN THE MATTER OF:	:	MARY TAYLOR
	:	LT. GOVERNOR/DIRECTOR
TARGETED MARKET CONDUCT EXAMINATION	:	
OF AVIVA LIFE & ANNUITY COMPANY AND	:	
AVIVA LIFE & ANNUITY COMPANY OF NEW	:	ORDER ADOPTING REGULATORY
YORK	:	SETTLEMENT AGREEMENT

WHEREAS, the Ohio Department of Insurance has regulatory jurisdiction over the business of insurance transacted in this state, including the authority to conduct market conduct examinations pursuant to § 3901.011 of the Revised Code;

WHEREAS, the Departments of Insurance of California, Florida, Illinois, Iowa, New Hampshire, North Dakota and Pennsylvania are the Lead States (the “Lead States”) in the multistate targeted market conduct examination of Aviva Life & Annuity Company and Aviva Life & Annuity Company of New York (collectively, the “Company” or the “Aviva Insurers”) called on November 29, 2012 (the “Multi-State Examination”);

WHEREAS, the Multi-State Examination assessed the Company’s settlement practices, procedures and policy administration relating to claims, and the use of the Social Security Death Master File or similar database or service (“DMF”), including the Company’s efforts to identify the owners and beneficiaries of unclaimed proceeds;

WHEREAS, based on information gathered to date, the Lead States identified concerns regarding the adequacy of the Company’s policies and procedures to ensure that life insurance policies, annuities and retained asset accounts are timely paid to beneficiaries and are timely reported or remitted in accordance with applicable state unclaimed property laws and insurance laws; and

WHEREAS, the Company, the Lead States and the insurance departments executing a participating state adoption form (collectively, “Departments”) have entered into a regulatory settlement agreement (“RSA”) to resolve differences between the Company and the Departments as to the interpretation and enforcement of the Departments’ insurance laws and all claims that the Departments have asserted or may assert with respect to the Company’s claim settlement practices;

WHEREAS, on October 2, 2013, following execution of the RSA and the Global Atlantic Ancillary Settlement Agreement, Athene Holding Ltd. (“Athene Holding,” and together with its subsidiaries, “Athene”) announced it had completed the acquisition of Aviva USA Corporation and its subsidiaries, including Iowa-domiciled Aviva Life and Annuity Company, and New York-domiciled Aviva Life and Annuity Company of New York. Athene also announced that it has completed the sale of Aviva USA’s life insurance operations to Presidential Life Insurance Company – USA (“PLIC-USA”), a wholly owned subsidiary of Commonwealth Annuity and Life Insurance Co. and part of the Global Atlantic Financial Group. Promptly after Commonwealth’s acquisition of the common stock of PLIC-USA from Athene, PLIC-USA and First Allmerica Financial Life Insurance Company will together (the “Global Atlantic Insurers”) reinsure all of the life insurance business of Aviva in a bulk reinsurance transaction;

WHEREAS, Aviva USA has been renamed Athene USA, which is the parent for Athene’s U.S operations and is now headquartered in West Des Moines, Iowa; and

WHEREAS, the RSA governs the activities of Athene as successor to Aviva with respect to the former Aviva annuities business. The Global Atlantic Ancillary Settlement Agreement governs the activities of the Global Atlantic Insurers with respect to the former Aviva life insurance business.

NOW, THEREFORE, IT IS HEREBY ORDERED that the RSA and the Global Atlantic Ancillary Settlement Agreement are approved and adopted.

IT IS HEREBY FURTHER ORDERED that the Aviva Insurers and the Global Atlantic Insurers shall initiate compliance with all terms and conditions of the RSA and the Global Atlantic Ancillary Settlement Agreement and follow all recommendations set forth in the RSA and the Global Atlantic Ancillary Settlement Agreement immediately upon the Effective Date.

Dated: 12/11/13



Mary Taylor
Lt. Governor/Director

REGULATORY SETTLEMENT AGREEMENT

This Regulatory Settlement Agreement (“**Agreement**”) is entered into by and between Aviva Life & Annuity Company (“**ALAC**”) and Aviva Life & Annuity Company of New York (“**ALAC NY**”); the California Department of Insurance, Florida Office of Insurance Regulation, Illinois Department of Insurance, Iowa Insurance Division, New Hampshire Insurance Department, North Dakota Insurance Department, and Pennsylvania Insurance Department as Lead States (“**Lead States**”) in the multistate targeted market conduct examination of the Company called on November 29, 2012 (the “**Multi-State Examination**”); and the insurance departments executing a Participating State Adoption in the form set forth on Schedule B (the “**Participating States**”) (the **Lead States** and **Participating States** are collectively referred to herein as the “**Departments**”) (the “**Departments**” and **Company** are collectively referred to herein as the “**Parties**”).

RECITALS

WHEREAS, the Departments have regulatory jurisdiction over the business of insurance conducted in their respective jurisdictions, including the authority to conduct market conduct examinations;

WHEREAS, the Departments are the Lead and Participating States in the Multi-State Examination, that was called to assess the Company’s settlement practices, procedures and policy administration relating to claims, and the use of the Social Security Death Master File or similar database or service, including the Company’s efforts to identify the owners and beneficiaries of unclaimed Proceeds;

WHEREAS, the Departments and the Company desire to ensure that life insurance policies, annuities, Retained Asset Accounts and other funds are timely paid out to Beneficiaries, and are timely reported or remitted in accordance with the Unclaimed Property Laws and the Insurance Laws;

WHEREAS, the Company represents that it has policies and procedures that are reasonably designed to ensure timely payment of valid claims to Beneficiaries in accordance with the Insurance Laws and, in the event that the Company’s search identifies no living Beneficiary, to timely report and remit unclaimed Proceeds to the appropriate states in accordance with the Unclaimed Property Laws. These procedures include the voluntary use of the DMF as part of a project initiated prior to the start of the Multi-State Examination, the use of third party tools to locate individuals, and internal system cross checks upon receiving notification of a death in order to identify additional Company products.

WHEREAS, based upon the information gathered to date, the Departments have identified concerns regarding the adequacy of the Company’s aforementioned policies and procedures.

WHEREAS, the Company denies any wrongdoing or activities that violate any

Insurance Laws in the jurisdiction of each Department or any other applicable laws, but in view of the complex issues raised and the probability that long-term litigation and/or administrative proceedings would be required to resolve the disputes between the Parties hereto, the Company and the Departments desire to resolve the differences between the Parties as to the interpretation and enforcement of Insurance Laws and all claims that the Departments have asserted or may assert with respect to the Company's claim settlement practices; and

WHEREAS, the Company has cooperated with the Departments and its examiners in the course of the Multi-State Examination by making its books and records available for examination, and its personnel and agents available to assist as requested by the Departments and the Company represents that at all times relevant to this Agreement, the Company and its officers, directors, employees, agents, and representatives acted in good faith.

NOW, THEREFORE, the Parties agree as follows:

- I. **Defined Terms.** Those capitalized terms in this Agreement not otherwise defined in the text shall have the following meanings:
 - a. **"Accountholder"** means the owner of a "Retained Asset Account."
 - b. **"Annuity Contract"** means a fixed or variable annuity contract other than a fixed or variable annuity contract issued (1) in connection with an employment-based plan subject to the Employer Retirement Income Security Act of 1974 ("ERISA") or (2) to fund an employment-based retirement plan, including any deferred compensation plans.
 - c. **"Annuity Contract Owner"** means the owner of an Annuity Contract.
 - d. **"Beneficiary"** or **"Beneficiaries"** means the party or parties entitled or contingently entitled to receive death benefit Proceeds payable pursuant to a Policy, Annuity Contract, or Retained Asset Account.
 - e. **"Company"** means ALAC and ALACNY and its current existing wholly owned subsidiaries. In the event the Company is subject to acquisition, the terms of this Agreement shall survive and remain binding upon the Company, but such terms shall not extend to or be binding upon non-signatory third-party entities involved in the acquisition.
 - f. **"Company Records"** means Insured information maintained on the Company's administrative systems or the administrative systems of any third-party administrator retained by the Company concerning all of the Company's in-force Policies, Annuity Contracts and Retained Asset Accounts that are currently administered by the Company or such third-party administrator, as well as those Policies that lapsed within the eighteen (18) month period prior to the date of a DMF comparison undertaken pursuant to Section 2 of this Agreement.

- g. **"Date of Death"** means the date on which an Insured has died.
- h. **"Date of Death Notice"** means the date the Company first has notice of the Date of Death of an Insured. For purposes of this Agreement and subject to Schedule A, notice shall include, but not be limited to, information provided in the DMF or any other source or record maintained or located in Company Records.
- i. **"DMF"** means a version of the United States Social Security Administration's Death Master File or any other database or service, including those of a third party vendor with comparable services, that is at least as comprehensive as the United States Social Security Administration's Death Master File for determining that a person has reportedly died.
- j. **"DMF Match"** means a match of an Insured contained in the Company Records to a unique biological individual listed in the DMF under the criteria provided in the attached Schedule A.
- k. **"Effective Date"** means the date this Agreement has been executed by the Company, each of the Lead States and the Departments of at least thirteen (13) Participating States.
- l. **"Exception"** means a fact situation described in subparagraphs i. – iii. below which serves to exclude the Proceeds from payment to a beneficiary or escheatment to a state as a result of a DMF Match:
 - i. for death benefits under a Policy, Annuity Contract and Retained Asset Account: (a) the individual identified in the Date of Death Notice as the Insured is either alive or not the Insured; (b) the Policy was not in force at the Date of Death; (c) there is no death benefit due and payable upon death due to, among other things: (i) the application of a contestability period provision, (ii) the existence of an exclusionary event, or (iii) pending litigation; (d) the beneficiary is a minor and unable to accept payment of the death benefit under the applicable Uniform Transfer to Minors Act; (e) the death benefit under an Annuity Contract is within the five (5) year deferral period under the Internal Revenue Code and the Beneficiary has indicated an intent to defer; (f) the death indicated was the first of two Insureds or Annuity Contract Owners to die under a second-to-die policy; (g) the dormancy period has not expired; (h) claims received under non-Recordkeeper group life insurance or annuity contracts (including group life insurance or annuity certificates issued where the Company lacks and/or is unable to obtain sufficient information necessary to determine that a life insurance or annuity benefit is due or is unable to determine the benefit amount without contacting a third party); (i) the

full value of any benefits due and payable upon death has in fact been remitted to the Beneficiary or reported and remitted as Unclaimed Property to the affected jurisdiction(s); and/or (j) any death benefit payable where the claim request was determined not to be in good order and the Beneficiary and the Company are actively working to resolve the good order issues in order to settle the claim;

- ii. for Annuities that have reached or are approaching their Maturity Date: (a) there is no benefit due and payable on the Maturity Date; (b) documented contact has occurred with the Annuity Contract Owner within the dormancy period, including but not limited to: (i) a request by the Annuity Contract Owner to change the designation of a Beneficiary, Annuity Contract Owner or annuitant; (ii) a non-automated request to reallocate the value of the Annuity Contract among variable investment options; or (iii) a non-automated request to renew or change a fixed interest guarantee period under the Annuity contract; (c) the Annuity Contract Owner has taken action which is inconsistent with a desire to annuitize; (d) the value of the Proceeds payable upon Maturity Date is the subject of pending litigation; (e) the terms of the Annuity Contract provide for a forced annuitization at the Maturity Date and the Annuity Contract has been annuitized or is in the process of being annuitized; and/or (f) the full value of any benefits due and payable upon the Maturity Date has in fact been remitted to the Annuity Contract Owner or Beneficiary or reported and remitted as Unclaimed Property to the affected jurisdiction(s);
 - iii. for Retained Asset Accounts: (a) the Accountholder has taken affirmative action in respect to the Retained Asset Account that is inconsistent with abandonment (automatic financial or administrative transactions, including automated deposits or withdrawals prearranged by the account owner, and/or the non-receipt by the Company of returned mail shall not constitute "affirmative action" for this purpose, except to the extent where the affected jurisdiction specifically recognizes that such activity is sufficient to prevent property from being presumed abandoned); (b) the Retained Asset Account is the subject of pending litigation; and/or (c) the full value of the Retained Asset Account has in fact been remitted to the Beneficiary or reported and remitted as Unclaimed Property to the affected jurisdiction(s).
- m. **"Future Settlement Agreement"** means any agreement entered into by any other insurer and the Departments concerning the subject matter of this Agreement.
 - n. **"Insurance Laws"** means the insurance laws, rules and regulations in effect in each of the Department's jurisdictions and any official guidance issued by one or more of the Departments under such laws, rules and regulations.

- o. **"Insured"** means an individual identified in a Policy, Retained Asset Account or Annuity Contract whose death obligates the Company to pay "Proceeds."
- p. **"Maturity Date"** means the date in an Annuity Contract that annuity payments are scheduled to begin, unless the records of the Company indicate that the Maturity Date has been extended with documented contact with the Annuity Contract Owner, or the Annuity Contract Owner has taken action with respect to the Annuity Contract that is inconsistent with a desire to annuitize. For purposes hereof, "action in respect to the Annuity Contract that is inconsistent with a desire to annuitize" shall mean a partial annuitization, a partial withdrawal of contract value (including required minimum distributions or systematic withdrawals, unless such distributions or withdrawals remain uncashed, and partial exchanges of the Annuity Contract for another annuity contract), termination or surrender of the Annuity Contract, payment of all Proceeds due, fund transfers, beneficiary changes, or payment of additional annuity considerations.
- q. **"Policy"** means any individual life policy, endowment policy, or group life insurance policy or certificate of life insurance for which the Company performs "Recordkeeping" services and provides a death benefit. The term "Policy" shall not include: (a) credit or mortgage life insurance policies or certificates issued thereunder; (b) other group life insurance policies or certificates issued thereunder where the Company does not perform Recordkeeping functions; (c) any policy or certificate of life insurance that provides a death benefit under any Federal employee benefit program, including without limitation the Servicemembers Group Life Insurance and Veterans Group Life Insurance Programs; (d) any benefits payable under accidental death health coverages including but not limited to disability and long term care arising from the reported death of a person insured under such coverages.
- r. **"Proceeds"** means the money payable under a Policy, Annuity Contract or Retained Asset Account of the Company.
- s. **"Recordkeeping"** means the information contained in the Company's records necessary to process a claim, including without limitation, the Insured's full name, address, date of birth, telephone number, Social Security Number, coverage eligibility, premium payment status, benefit amount and Beneficiary's information, including without limitation, the Beneficiary's full name, address, date of birth, telephone number and Social Security Number.
- t. **"Retained Asset Account"** means any mechanism whereby the settlement of proceeds payable under a Policy or individual Annuity Contract, including, but not limited to, the payment of a death benefit or cash surrender value, is accomplished by the Company or an entity acting on behalf of the Company establishing an account with check or draft writing privileges, where those proceeds are retained by the Company, pursuant to a supplementary contract not

involving annuity benefits.

- u. **“Thorough Search”** means the minimum Company efforts to identify, locate and contact 1) the Beneficiaries of a Policy, Retained Asset Account, or Annuity Contract after receiving a Date of Death Notice that indicates that the Insured has been reported as dead; 2) the Annuity Contract Owner when the Company has received returned mail pursuant to Section 2.i.(ii); or 3) the Accountholder when required pursuant to Section 2.k. The Company may utilize any methodology to locate a Beneficiary, Annuity Contract Owner or Accountholder that can be demonstrated by the Company to provide equivalent or better results than the Thorough Search.

A Thorough Search will be deemed completed the earlier of when (1) the Beneficiary, Annuity Contract Owner or Accountholder has been located; (2) the Company identifies an Exception whereby Proceeds are not due and payable to the Beneficiary; or (3) the following steps, at a minimum, have been performed:

- i. The Company shall undertake reasonable efforts to identify the Beneficiary, Annuity Contract Owner or Accountholder and determine a current address for the Beneficiary, Annuity Contract Owner or Accountholder based upon the Company Records, including, but not limited to, internal databases;
- ii. The Company shall make at least two (2) attempts to contact the Beneficiary, Annuity Contract Owner or Accountholder in writing at the address in (i) above; provided that, if such writing is returned as undeliverable, the Company will not be required to send any additional mailings to that address and will within thirty (30) days conduct research to locate a more updated or accurate address using online search or locator tools, such as Lexis Nexis, Accurant or other comparable databases;
- iii. If the Company obtains an updated address using online search or locator tools as described in (ii) above, the Company shall make at least two (2) attempts in writing to contact the Beneficiary, Annuity Contract Owner or Accountholder at that address;
- iv. In the event that no response is received to the writings sent pursuant to (ii) and (iii) above, or a writing sent pursuant to (ii) and (iii) above is returned as undeliverable, the Company shall attempt to contact the Beneficiary, Annuity Contract Owner or Accountholder at least two (2) times at the most current telephone number contained in the Company's Records if such a telephone number exists in the Company Records or obtained by the Company by an online search or locator tool;

- v. In the event that no response has been received to the attempted contacts described above, the Company shall attempt to contact the Beneficiary, Annuity Contract Owner or Accountholder at the most current available email address, if any;
- vi. In the event that no response has been received to the attempted contacts described above, the Company shall engage a nationally recognized database service to update addresses in order to check for a more current address for the Beneficiary, Annuity Contract Owner or Accountholder and send a third and final letter at the address found by that database service by first class mail; and
- vii. The Company shall maintain documentation of all attempts described in (i)-(vi) to contact the Beneficiary, Annuity Contract Owner or Accountholder.

If the value of a policy, contract, or account is *de minimis* (defined as \$100 or less), the Company may satisfy its obligations to conduct a Thorough Search by making at least one (1) attempt to contact the Beneficiary or Beneficiaries by mail at the address indicated in the Company Records, or, if the Company Records do not identify a Beneficiary and address, may report and remit the funds to the affected jurisdiction(s) in accordance with the Unclaimed Property Laws.

Notwithstanding the forgoing, the Company's obligation to conduct a Thorough Search shall cease upon documented contact with a Beneficiary. In the event the Company fails to locate a Beneficiary, including through the efforts described above, the Company shall report and remit the policy proceeds in accordance with the applicable jurisdiction's Unclaimed Property Laws.

- v. **"Unclaimed Property"** means property subject to state Unclaimed Property Laws.
- w. **"Unclaimed Property Audit Agreements"** means (i) the Global Resolution Agreements between the Company, Verus Financial LLC, and Unclaimed Property regulators and (ii) the agreement between the Company and the Florida Department of Financial Services.
- x. **"Unclaimed Property Laws"** means the Laws, Rules and Regulations regulating unclaimed property in each of the Departments' jurisdictions.

2. **Specific Business Practices and Reforms.** The Company will hereby institute the following policies and procedures:

- a. Within twelve (12) months from the Effective Date, the Company shall compare its Company Records against the complete DMF, and shall continue to make such comparison against the complete DMF at least

annually, and against any updates to the DMF at least monthly. The Company shall have no responsibility for errors, omissions or delays in information contained in the DMF or any update files. The Company shall use the comparison criteria specified in Schedule A. During this twelve month transition period the Company will continue to implement its existing DMF process.

- b. Upon implementation of the DMF comparison outlined in Section 2.a. above, if the Company is not contacted by a Beneficiary within one hundred twenty (120) days from its receipt of the Date of Death Notice, the Company shall promptly commence a Thorough Search, which shall be completed within one (1) year from the Date of Death Notice. At the conclusion of that one (1) year period, if (i) the Beneficiary cannot be located by a Thorough Search and (ii) the Company is unable to establish an Exception, it shall report and remit the Proceeds as Unclaimed Property to the affected jurisdiction(s) in accordance with the applicable Unclaimed Property Laws following the expiration of three (3) or five (5) years, as applicable, from the Date of Death.
- c. For the sole purpose of this Agreement, the Company shall implement policies and procedures to establish that a DMF Match shall require the Company to initiate its death claims process and conduct a Thorough Search for Beneficiaries in accordance with Section 2(b) of this Agreement. Nothing herein is intended nor shall be deemed to determine the requirements for establishing proof of death for any other purpose, or to confer any rights on any party other than the Company and the Departments.
- d. In the event that one of the Company's line of business conducts a search for matches of its Insureds against the DMF at intervals more frequent than those provided for in this Agreement and such DMF Match results in action being taken with respect to a Policy, Annuity Contract, or Retained Asset Account, then that line of business shall share the relevant Insured information among applicable lines of business.
- e. In the event that the Company locates the Beneficiary following a Thorough Search, the Company shall provide the appropriate claim forms or instructions, if required, to the Beneficiary to make a claim, including instructions as to the need to provide an official death certificate if consistent with applicable law and the Policy, Annuity Contract, or Retained Asset Account. The Company reserves the right to require satisfactory confirmation of death, including a death certificate, as due proof of death, before Proceeds are paid to a Beneficiary or a Beneficiary's legal representative if consistent with applicable law and the Policy, Annuity Contract, or Retained Asset Account. Nothing in this Agreement shall be construed to supersede the Company's right to maintain effective procedures and resources to deter and investigate fraudulent insurance acts as required by applicable law.

- f. Within twelve (12) months from the Effective Date, the Company shall implement policies and procedures for conducting a Thorough Search. The obligation to conduct a Thorough Search under the terms of this Agreement shall not abrogate the right of the Company to complete any due diligence within the timeframe required by any applicable law. During this twelve month transition period, whereby existing policies and procedures will be modified to comply with the terms of this Agreement, the Company will continue its existing practice of initiating the death claim process and attempting to locate Beneficiaries upon receipt of a Date of Death Notice.
- g. To the extent permitted under applicable law, the Company may disclose the minimum necessary personal information about an Insured or Beneficiary to a person whom the Company reasonably believes may be able to assist the Company locate the Insured or Beneficiary or a person otherwise entitled to payment of the claims Proceeds, provided however, the Company shall not implement policies or practices that will or may diminish the rights of, or amounts of Proceeds due to, Beneficiaries under its Policies, Annuity Contracts, or Retained Asset Accounts.
- h. The Company shall conduct a Thorough Search for group life insurance policies, including group life insurance certificates issued thereunder, where a group life insurance claim is received for which the Company, from information in its administrative systems and/or the group policy claim form, is able to determine that a benefit is due and is able to determine the benefit amount, but the beneficiary cannot be identified and/or located.
- i. Within twelve (12) months after the Effective Date of this Agreement the Company shall establish policies and procedures to ensure that:
 - i. commencing no later than forty-five (45) days prior to the Maturity Date of an Annuity Contract for which the Company is unable to establish an Exception, at least two (2) letters are sent to an Annuity Contract Owner notifying the owner of the upcoming Maturity Date, stating that the Contract will be annuitized following the Maturity Date if no response is received, and identifying the options available to the Beneficiary (e.g., annuitization, extension of the Maturity Date, surrender of the Contract). Letters are not required if the Company has established an Exception;
 - ii. the Company shall commence a Thorough Search for the Annuity Contract Owner if the letters described in subparagraph (i) hereof are returned as undeliverable;
 - iii. an affirmative request by an Annuity Contract Owner or authorized representative shall be required by the Company before a Maturity Date is extended, and such request will be recorded in the Company's

books and records;

- iv. the Annuity Contract is annuitized as soon as practicable, but in no event more than sixty (60) days following the Maturity Date, if the Company has a valid address for the Annuity Contract Owner and no response is received to the letters described in subparagraph (i) hereof;
 - v. if a Thorough Search for the Annuity Contract Owner is unsuccessful, or if annuity payments for an Annuity Contract that has been annuitized under paragraph (iv) above are not deposited within one (1) year, the Proceeds shall be reported and remitted as Unclaimed Property to the affected jurisdiction(s) in accordance with the applicable Unclaimed Property Laws, if the Company is unable to establish an Exception. The Company shall report and remit the Proceeds to the affected jurisdiction(s) following the expiration of three (3) or five (5) years, as applicable, from the Maturity Date or date of annuitization payment;
 - vi. The provisions described in paragraphs (i) – (v) above do not apply to Annuity Contracts held within ERISA or other tax-qualified plans, Individual Retirement Annuities, or Annuity Contracts held in Individual Retirement Accounts.
- j. Within twelve (12) months after the Effective Date of this Agreement, the Company shall establish policies and procedures to ensure that all Retained Asset Accounts are monitored for inactivity and that each Accountholder is notified that the failure to make a withdrawal from the Retained Asset Account or to respond to communications from the Company may cause the Retained Asset Account to be declared dormant and subject to escheat based on the last documented contact with the Accountholder or the Accountholder's authorized representative. The value of the Retained Asset Account(s) shall be the value of the account as of the date the property is paid to the Accountholder or reported and remitted to the affected jurisdiction(s).
- k. Upon implementation of the policies and procedures outlined in Section 2.j., a Thorough Search for a Beneficiary of a Retained Asset Account or an Accountholder, as appropriate, shall commence following the earlier of three (3) or five (5) years, as applicable, after: (i) the date that the Accountholder last initiated a financial or administrative transaction or (ii) the last Accountholder-authenticated response to the Company that is documented on the Company's books and records. In the event that the Company is unable to locate a Beneficiary or Accountholder and is unable to establish an Exception within one (1) year after the commencement of the Thorough Search, it shall report and remit the Proceeds of the Retained Asset Account as Unclaimed Property to the affected jurisdiction(s) within three (3) or five (5) years, as applicable, after: (i) the date that the Accountholder last initiated a financial or administrative

transaction or (ii) the last Accountholder-authenticated response to the Company that is documented on the Company's books and records.

1. Within twelve (12) months after the Effective Date of this Agreement, the Company shall establish policies and procedures to ensure that prior to the delivery of a Policy or Annuity Contract or establishment of a Retained Asset Account, and upon any change of a Beneficiary, the Company shall request information to facilitate the (i) payment of all Proceeds to Beneficiaries upon the death of the Insured and (ii) perfection of a claim, including, at a minimum, the name, address, date of birth, social security number, and telephone number of every Insured and Beneficiary of such Policy, Annuity Contract or Retained Asset Account, as applicable.
3. **Regulatory Oversight.** Each of the Departments shall maintain independent regulatory oversight over the Company's compliance with the terms of this Agreement and in furtherance thereof, the Company agrees to the following:
- a. For a period of thirty-six (36) months following the Effective Date, the Company shall provide to the Lead States quarterly reports on the implementation and execution of the requirements of this Agreement. Each report shall be delivered to each of the Lead States within forty-five (45) days following the end of the applicable reporting period. Copies of these reports will also be made available to a Department's designated examiner, upon reasonable request, to allow it to assist the Departments in monitoring compliance with the requirements of this Agreement.
 - b. Thirty-nine (39) months following the Effective Date the Lead States shall conduct a Multi-State Examination of Company's compliance with the requirements of this Agreement. The Lead States shall provide a report summarizing the results of that examination to Company and Departments. The examination shall be performed with the cost of the examination to be borne by Company in accordance with the Lead States' respective laws.
 - c. The Company may petition a Department to terminate or modify this Agreement in that jurisdiction. Such petition may include, but not be limited to the following grounds: (i) the Agreement's terms, in whole or in part, are inconsistent with the statutes, rules, or regulations then in effect in that jurisdiction; (ii) that a Future Settlement Agreement with a company possessing substantial market share is more favorable than this Agreement; or (iii) by three (3) years from the Effective Date of this Agreement, Future Settlement Agreements have not been entered into with companies possessing substantial market share. A Department shall not unreasonably withhold its consent to the relief requested by the Company in its petition. Once made by the Company, the Multi-State Examination Payment, as allocated to each Department, is final and non-recoverable under any circumstances including termination of this Agreement.

- d. In addition to the payments set forth in Section 5, the reasonable costs and expenses of the Departments related to the monitoring of the Company's compliance with the Agreement, including the costs and expenses of conducting any reviews or examinations permitted by the Agreement, as well as participating in any meetings, presentations or discussions with the Company, shall be borne by the Company as costs of the Multi-State Examination.
- e. If the jurisdiction of any Department adopts any Insurance Law addressing insurance companies' use of the DMF (or its equivalent) in connection with insurance companies' procedures concerning the payment of Proceeds to Beneficiaries, then the Company's compliance with the terms of such Insurance Law of that jurisdiction after the Effective Date of this Agreement shall be deemed to comply with those terms of this Agreement (i) which relate solely to the use of the DMF; and (ii) for the purposes of compliance herewith for that jurisdiction alone.
- f. The monitoring of the Company for compliance with the terms of this Agreement constitutes an ongoing examination by each of the Departments in accordance with the laws of its jurisdiction. Consistent with applicable law, each Department shall accord confidential treatment to the work papers, recorded information, documents, copies of work papers, and documents produced by, obtained by or disclosed by Company, and to the information contained therein.
- g. No later than five (5) years following the Effective Date, the Lead States will complete the Multi-State Examination with a final review concerning the Company's compliance with the Agreement. If that review confirms that the Company has fulfilled its obligations under the Agreement, the Multi-State Examination will be closed. The Agreement will terminate eight (8) years following the Effective Date (the "**Termination Date**"), contingent upon closure of the Multi-State Examination and the Company's submission of its prospective policies and procedures for DMF matching and Beneficiary outreach to be used thereafter. This submission shall be made to the Lead States six (6) calendar months prior to the Termination Date.

4. **Company Covenants.** The Company covenants and agrees with each of the Departments as follows:

- a. Proceeds under a Policy shall be determined in accordance with the Policy terms.
- b. Proceeds under Annuity Contracts shall be determined in accordance with the contract terms.
- c. The value of a Retained Asset Account shall be the value of the account as of the date the Proceeds are removed from the Retained Asset Account to be

paid to the Beneficiary.

- d. The Company, its agents or contracted third-parties, shall not charge Beneficiaries for any fees or costs associated with a search or verification conducted pursuant to this Agreement.
- e. The Company shall comply with the Unclaimed Property Audit Agreement.

5. **Multi-State Examination Payment.** Without admitting any liability whatsoever, the Company agrees to pay the Departments the sum of \$4,000,000 (the "Payment") for the examination, compliance and monitoring costs incurred by the Departments associated with the Multi-State Examination. The Lead States shall be responsible for allocating the Payment among the Departments. The Company agrees to remit the Payment within ten (10) days after the later of the Effective Date or the receipt of the allocation from the Lead States. Upon the receipt of the Payment, as allocated by each of the Departments, the Company's financial obligations incurred by the Departments arising out of the Multi-State Examination will be fully satisfied, except as set forth in Paragraph 3d. The Payment shall be in addition to the Company's obligation to reimburse the Lead States for reasonable third-party expenses, including expenses for consultants, incurred in connection with the Lead States' role in the Multi-State Examination.

6. **Miscellaneous.**

- a. This Agreement is an agreement solely between the named Parties as defined above, and no other person or entity shall be deemed to obtain or possess any enforceable rights against the Company as a third party beneficiary or otherwise as a result of this Agreement. The Parties agree that this Agreement is not intended to and shall not confer any rights upon any other person or entity and shall not be used for any other purpose. Nothing in this Agreement shall be construed to provide for a private right of action to any person or entity not a Party to this Agreement. Nor shall the Agreement be deemed to create any intended or incidental third party beneficiaries, and the matters herein shall remain within the sole and exclusive jurisdiction of the Departments.
- b. This Agreement does not impair, restrict, suspend, or disqualify the Company from engaging in any lawful business in any jurisdiction, based upon, or arising out of, the Multi-State Examination regarding any alleged act or omission of the Company; provided that all matters set forth in this Agreement shall remain with the sole and exclusive jurisdiction of the Departments.
- c. This Agreement contains the entire agreement between the Parties regarding the Company's claims settlement practices, procedures, and policy administration relating to the matching of Insureds against the DMF or any similar database and that there are no other understandings or agreements, verbal or otherwise, between the Parties, except as set forth herein or within a written agreement executed contemporaneously hereto. In entering into this Agreement, no Party

has relied on a representation not set forth herein or within a written agreement executed contemporaneously hereto.

- d. Neither this Agreement, nor any of the communications or negotiations leading up to this Agreement, nor any actions taken or documents executed in connection with this Agreement, is now or may be deemed in the future to be an admission or evidence of any liability or wrongdoing by the Company or any of its current or former affiliates, subsidiaries, officers, directors, employees, agents or representatives with respect to the subject matter of the Multi-State Examination.
- e. Subject to the Company's performance of and compliance with the terms and conditions in this Agreement and Schedules each Department hereby releases the Company from any and all claims, demands, interest, penalties, actions or causes of action that each Department may have by reason of any matter, cause or thing whatsoever, regarding or relating to the subject matter of the Multi-State Examination; provided, however, that nothing herein shall preclude the Lead States from conducting subsequent Multi-State Examinations to assess the Company's compliance with this Agreement.
- f. In the event that any portion of this Agreement is enjoined or held invalid under the laws of a Department's jurisdiction, such enjoined or invalid portion shall be deemed to be severed only for the duration of the injunction, if applicable, and only with respect to that Department and its jurisdiction, and all remaining provisions of this Agreement shall be given full force and effect and shall not in any way be affected thereby.
- g. Nothing in this Agreement shall be construed as an admission of any party's position as to the preemptive effect of the Employee Retirement Income Security Act of 1974, as periodically amended, or the law of the jurisdiction as applied to employment based plans.
- h. This Agreement shall not be construed to allow or require the Company to implement policies or practices that will or may diminish the rights or the Proceeds due to Beneficiaries under the terms of its Policies, Annuity Contracts, or Retained Asset Accounts.
- i. To the extent that any laws, rules, or regulations are adopted by any Department, or a regulatory agency of a Department that conflict with any of the terms and conditions of this Agreement, then the application of those affected terms and conditions shall be superseded by such laws, rules or regulations as it applies to that Department, provided that all other unaffected terms and conditions of the Agreement shall remain in full force and effect.
- j. Nothing in this Agreement shall abrogate the obligation of the Company under the Unclaimed Property Audit Agreement.

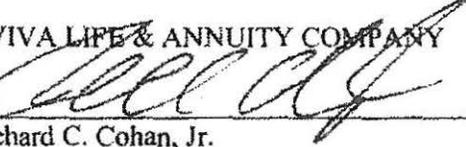
- k. The Parties represent and warrant that the person executing this Agreement on behalf of each Party has the legal authority to bind the Party to the terms of this Agreement.
 - l. This Agreement may be executed in counterparts. A true and correct copy of the Agreement shall be enforceable the same as an original.
7. **Enforcement.** The failure to comply with any provision of this Agreement shall constitute a breach of the Agreement, a violation of an Order of the Departments and a violation of Company's Agreement with the Departments, and shall subject Company to such administrative and enforcement actions and penalties as each Department deems appropriate, consistent with each Department's respective laws.

IN WITNESS WHEREOF THE PARTIES HAVE EXECUTED THIS AGREEMENT
AS OF THE DATE SET FORTH AFTER EACH OF THEIR NAMES.

[SIGNATURE PAGES IMMEDIATELY FOLLOW]

COMPANY SIGNATURE PAGE

AVIVA LIFE & ANNUITY COMPANY

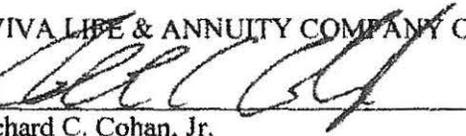
By 

Richard C. Cohan, Jr.

EVP – General Counsel & Corp. Secretary

Dated: 9-30-13

AVIVA LIFE & ANNUITY COMPANY OF NEW YORK

By 

Richard C. Cohan, Jr.

EVP – General Counsel & Corp. Secretary

Dated: 9-30-13

Lead States Signature Page

FLORIDA OFFICE OF INSURANCE REGULATION

BY: 
KEVIN M. McCARTY, COMMISSIONER

DATE 10/9/13

NORTH DAKOTA INSURANCE DEPARTMENT

BY: _____
ADAM HAMM, COMMISSIONER

DATE _____

CALIFORNIA DEPARTMENT OF INSURANCE

BY: _____
DAVE JONES, COMMISSIONER

DATE _____

PENNSYLVANIA INSURANCE DEPARTMENT

BY: _____
MICHAEL F. CONDSINEDINE, COMMISSIONER

DATE _____

ILLINOIS DEPARTMENT OF INSURANCE

BY: _____
ANDREW BORON, DIRECTOR

DATE _____

NEW HAMPSHIRE INSURANCE DEPARTMENT

BY: _____
ROGER A. SEVIGNY, COMMISSIONER

DATE _____

IOWA INSURANCE DIVISION

BY: _____
NICK GERHART, COMMISSIONER

DATE _____

Lead States Signature Page

FLORIDA OFFICE OF INSURANCE REGULATION

BY: _____
KEVIN M. McCARTY, COMMISSIONER

DATE _____

NORTH DAKOTA INSURANCE DEPARTMENT

BY: _____
ADAM HAMM, COMMISSIONER

DATE 10/3/2013 _____

CALIFORNIA DEPARTMENT OF INSURANCE

BY: _____
DAVE JONES, COMMISSIONER

DATE _____

PENNSYLVANIA INSURANCE DEPARTMENT

BY: _____
MICHAEL F. CONDSINEDINE, COMMISSIONER

DATE _____

ILLINOIS DEPARTMENT OF INSURANCE

BY: _____
ANDREW BORON, DIRECTOR

DATE _____

NEW HAMPSHIRE INSURANCE DEPARTMENT

BY: _____
ROGER A. SEVIGNY, COMMISSIONER

DATE _____

IOWA INSURANCE DIVISION

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NICK GERHART, COMMISSIONER

DATE _____

Lead States Signature Page

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KEVIN M. McCARTY, COMMISSIONER

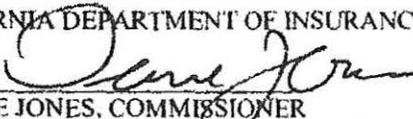
DATE _____

NORTH DAKOTA INSURANCE DEPARTMENT

BY: _____
ADAM HAMM, COMMISSIONER

DATE _____

CALIFORNIA DEPARTMENT OF INSURANCE

BY: 
DAVE JONES, COMMISSIONER

DATE 9-30-13

PENNSYLVANIA INSURANCE DEPARTMENT

BY: _____
MICHAEL F. CONDSSEDINE, COMMISSIONER

DATE _____

ILLINOIS DEPARTMENT OF INSURANCE

BY: _____
ANDREW BORON, DIRECTOR

DATE _____

NEW HAMPSHIRE INSURANCE DEPARTMENT

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ROGER A. SEVIGNY, COMMISSIONER

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Lead States Signature Page

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DATE _____

CALIFORNIA DEPARTMENT OF INSURANCE

BY: _____
DAVE JONES, COMMISSIONER

DATE _____

PENNSYLVANIA INSURANCE DEPARTMENT

BY: 
MICHAEL F. CONDESINE, COMMISSIONER

DATE 10/1/13

ILLINOIS DEPARTMENT OF INSURANCE

BY: _____
ANDREW BORON, DIRECTOR

DATE _____

NEW HAMPSHIRE INSURANCE DEPARTMENT

BY: _____
ROGER A. SEVIGNY, COMMISSIONER

DATE _____

IOWA INSURANCE DIVISION

BY: _____
NICK GERHART, COMMISSIONER

DATE _____

Lead States Signature Page

FLORIDA OFFICE OF INSURANCE REGULATION

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DATE _____

NORTH DAKOTA INSURANCE DEPARTMENT

BY: _____
ADAM HAMM, COMMISSIONER

DATE _____

CALIFORNIA DEPARTMENT OF INSURANCE

BY: _____
DAVE JONES, COMMISSIONER

DATE _____

PENNSYLVANIA INSURANCE DEPARTMENT

BY: _____
MICHAEL F. CONDSINEDINE, COMMISSIONER

DATE _____

ILLINOIS DEPARTMENT OF INSURANCE

BY: Andrew Boron
ANDREW BORON, DIRECTOR

DATE October 1, 2013

NEW HAMPSHIRE INSURANCE DEPARTMENT

BY: _____
ROGER A. SEVIGNY, COMMISSIONER

DATE _____

IOWA INSURANCE DIVISION

BY: _____
NICK GERHART, COMMISSIONER

DATE _____

Lead States Signature Page

FLORIDA OFFICE OF INSURANCE REGULATION

BY: _____
KEVIN M. McCARTY, COMMISSIONER

DATE _____

NORTH DAKOTA INSURANCE DEPARTMENT

BY: _____
ADAM HAMM, COMMISSIONER

DATE _____

CALIFORNIA DEPARTMENT OF INSURANCE

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DAVE JONES, COMMISSIONER

DATE _____

PENNSYLVANIA INSURANCE DEPARTMENT

BY: _____
MICHAEL F. CONDSINEDINE, COMMISSIONER

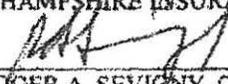
DATE _____

ILLINOIS DEPARTMENT OF INSURANCE

BY: _____
ANDREW BORON, DIRECTOR

DATE _____

NEW HAMPSHIRE INSURANCE DEPARTMENT

BY:  _____
ROGER A. SEVIGNY, COMMISSIONER

DATE 10-1-13

IOWA INSURANCE DIVISION

BY: _____
NICK GERHART, COMMISSIONER

DATE _____

Lead States Signature Page

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MICHAEL F. CONDSINEDINE, COMMISSIONER

DATE _____

ILLINOIS DEPARTMENT OF INSURANCE

BY: _____

ANDREW BORON, DIRECTOR

DATE _____

NEW HAMPSHIRE INSURANCE DEPARTMENT

BY: _____

ROGER A. SEVIGNY, COMMISSIONER

DATE _____

IOWA INSURANCE DIVISION

BY:  _____

NICK GERHART, COMMISSIONER

DATE 10/3/13

SCHEDULE A
RULES FOR IDENTIFYING DEATH MATCHES

In comparing Company's records of its insured's, annuitants, Annuity Contract owners, and retained asset account owners against the DMF and any updates thereto, the governing principle to be followed shall be establishing whether or not a unique biological individual identified within the Company's data is the same as a unique biological individual identified on the DMF in a case where a benefit is due and payable. In comparing the Company's records of its insured's, annuitants, Annuity Contract owners, and retained asset account holders against the DMF, the Company shall make reasonable efforts to utilize the following set forth below as the minimum standard for determining what constitutes a match.

Category 1: Exact Social Security Number Match occurs when the Social Security Number contained in the data found in the Company's records matches exactly to the Social Security Number contained in the DMF.

Category 2: Non-Social Security Number Match occurs in any of the following circumstances:

1. The Social Security Number contained in the data found in the Company's records matches in accordance with the Fuzzy Match Criteria listed below to the Social Security Number contained in the DMF, the First and Last Names match either exactly or in accordance with the Fuzzy Match Criteria listed below and the Date of Birth matches exactly.
2. The Company's records do not include a Social Security Number or where the Social Security Number is incomplete (less than 7 digits) or otherwise invalid (e.g., 111111111, 999999999, 123456789), and there is a First Name, Last Name, and Date of Birth combination in the data produced by the Company that is a match against the data contained in the DMF where the First and Last Names match either exactly or in accordance with the Fuzzy Match Criteria listed below and the Date of Birth matches exactly, subject to paragraph 3 immediately below.
3. If there is more than one potentially matched individual returned as a result of the process described in paragraphs 1 and 2 immediately above, or if both the Social Security Number and Date of Birth found in the Company's Records match in accordance with the Fuzzy Match Criteria listed below, then the Company shall run the Social Security Numbers obtained from the DMF for the potential matched individuals against Accurant for Insurance or an equivalent database. If a search of those databases shows that the Social Security Number is listed at the address in the Company's records for the insured, then a Category 2 Match will be considered to have been made only for individuals with a matching address.
4. If the Company's systems do not contain a complete "Date of Birth," then a "Date of Birth" exact match will be found to exist where the data that is available on the

Company's systems does not conflict with the data contained in the DMF. By way of example, if the Company's systems only contain a month and year of birth, an exact "Date of Birth" match will exist if the DMF record contains the same month and year of birth. Additionally, if the Company's systems only contain a year of birth or contain a complete date of birth that includes a month and day of 1/1 (i.e., January 1) followed by a year of birth, the Date of Birth will be deemed to match exactly where the year of birth in the data that is available on the Company's systems is within one (1) year of the year of birth listed in the DMF. By way of example, if the Company's systems contain 1/1/1934, an "exact" Date of Birth match will exist if the DMF record contains a year of birth of 1933, 1934 or 1935.

Fuzzy Match Criteria:

1. A First Name fuzzy match includes one or more of the following:
 - a. "First Name" "Nick Names:" "JIM" and "JAMES." The Company shall utilize a Nickname database, such as the pd Nickname database from Peacock Data, Inc. or an equivalent database, as well as publicly available lists of names and nicknames to identify matching First Names where a nickname is used on one or both sides of the match.
 - b. "Initial" instead of full first name: "J FOX" and "JAMES FOX."
 - c. "Metaphone" (a recognized and accepted phonetic name matching algorithm created by Lawrence Philips and originally published in 1990): "BUDDY" and "BUDDIE."
 - d. Data entry mistakes with a maximum difference of one character for a First Name at least five characters in length: "HARRIETTA" and "HARRIETA."
 - e. If First Name is provided together with Last Name in a "Full Name" format and "First Name" and "Last Name" cannot be reliably distinguished from one another: "ROBERT JOSEPH," Both "JOSEPH ROBERT" and "ROBERT JOSEPH."
 - f. Use of interchanged "First Name" and "Middle Name:": "ALBERT E GILBERT" and "EARL A GILBERT."
 - g. Compound "First Name:" "SARAH JANE" and "SARAH," or "MARY ANN" and "MARY."
 - h. Use of "MRS." + "HUSBAND'S First Name + Last Name:" "MRS. DAVID KOOPER" and "BERTHA KOOPER" where the "Date of Birth" and "Social Security Number" match exactly and the Last Name matches exactly or in accordance with the Fuzzy Match Criteria listed herein.

2. A "Last Name" fuzzy match includes one or more of the following:
 - a. "Anglicized" forms of last names: "MACDONALD" and "MCDONALD."
 - b. Compound last name: "SMITH" and "SMITH-JONES."
 - c. Blank spaces in last name: "VON HAUSEN" and "VONHAUSEN."
 - d. "Metaphone" (a recognized and accepted phonetic name matching algorithm created by Lawrence Philips and originally published in 1990): "GONZALEZ" and "GONZALES."
 - e. If First Name is provided together with Last Name in a "Full Name" format and "First Name" and "Last Name" cannot be reliably distinguished from one another: "ROBERT JOSEPH," Both "JOSEPH ROBERT" and "ROBERT."
 - f. Use of apostrophe or other punctuation characters in "Last Name:" "O'NEAL" and "ONEAL."
 - g. Data entry mistakes with a maximum difference of one (1) character for Last Name with at least eight (8) characters in length: "MACHIAVELLI" and "MACHIAVELI."
 - h. Last Name Cut-off: A match will be considered to have been made where due to the length of the Last Name, some of the last letters were not saved in the database. Examples include: "Brezzinnows" and "Brezzinnowski" and "Tohightower" and "Tohightowers."
 - i. Married Female "Last Name" Variations: A fuzzy "Last Name" match will be considered to have been made even though the data does not match on the last name of a female, if the "Date of Birth" and "Social Security Number" match exactly and the First Name matches exactly or in accordance with the Fuzzy Match Criteria listed herein.
3. "Social Security Number" fuzzy match includes one of the following:
 - a. Two (2) Social Security Numbers with a maximum of two (2) digits in difference, any number position: "123456789" and "123466781."
 - b. Two (2) consecutive numbers are transposed: "123456789" and "123457689"

- c. If a Social Security Number is less than nine (9) digits in length (with a minimum of seven (7) digits) and is entirely embedded within the other Social Security Number: "12345678" and "012345678."

Other Matches and Mismatches

Notwithstanding the fact that a policy is listed as a match in accordance with the foregoing rules, there will not be a reportable match if the Company is able to produce competent evidence to establish that the unique biological individual identified in the Company's data is not the same as a unique biological individual identified on the DMF or such individual is not dead.

ANCILLARY SETTLEMENT AGREEMENT

This Ancillary Agreement (this "Agreement") is entered into by and between: Aviva Life and Annuity Company and Aviva Life and Annuity Company of New York (collectively, the "Aviva Insurers"); First Allmerica Financial Life Insurance Company ("FAFLIC") and Presidential Life Insurance Company – USA (PLIC-USA and collectively with FAFLIC, the "Global Atlantic Insurers"); the California Department of Insurance, the Florida Office of Insurance Regulation, the Illinois Department of Insurance, the Iowa Insurance Division, the New Hampshire Insurance Department, the North Dakota Insurance Department and the Pennsylvania Insurance Department as lead states (the "Lead States") in the multistate targeted market conduct examination of the Aviva Insurers called on November 29, 2012 (the "Multi-State Examination"); and the insurance departments executing a participating state adoption in the form set forth on Schedule B (the "Participating States"). The Lead States and the Participating States are collectively referred to in this Agreement as the "Departments", and the Departments, the Aviva Insurers and the Global Atlantic Insurers are collectively referred to in this Agreement as the "Parties".

RECITALS

- A. As part of the resolution of the Multi-State Examination, the Aviva Insurers and the Departments are entering into a Regulatory Settlement Agreement dated the date of this Agreement (the "RSA"), a copy of which is attached as Schedule A.
- B. Aviva plc has agreed to sell all of the common stock of Aviva USA Corporation ("Aviva USA"), the owner of the Aviva Insurers, to Athene Holding Ltd. ("Athene").
- C. In connection with the sale of Aviva USA to Athene, Commonwealth Annuity and Life Insurance Company ("Commonwealth") has agreed to acquire all of the common stock of PLIC-USA from Athene.
- D. Promptly after Commonwealth's acquisition of the common stock of PLIC-USA from Athene, PLIC-USA and FAFLIC will together reinsure all of the life insurance business of the Aviva Insurers (the "Aviva Life Business") in a bulk reinsurance transaction (the "Life Reinsurance Transaction").
- E. During a transitional period following the completion of the Life Reinsurance Transaction (the "Transition Period"), Aviva USA and its affiliates will continue to administer the Aviva Life Business.
- F. When the Transition Period ends, PLIC-USA and FAFLIC will assume responsibility for providing the Aviva Insurers with all necessary and appropriate administrative and other services to operate the Aviva Life Business.

G. After the Transition Period ends, and after all relevant legal requirements are satisfied, a portion of the in-force life insurance policies of the Aviva Insurers will be novated either to PLIC-USA or to FAFLIC (the "Novation Transaction").

H. In light of the Life Reinsurance Transaction and the Novation Transaction, the Parties wish to clarify the extent of the rights and obligations of the Global Atlantic Insurers under the RSA.

The Parties agree as follows:

1. Defined Terms. Capitalized terms used in this Agreement without definition have the meanings assigned to them in the RSA.
2. Effective Date. The date on which this Agreement takes effect (the "Effective Date") shall be the same date on which the RSA takes effect in accordance with its terms.
3. Compliance with the RSA. Following the Transition Period, in the course of performing their respective obligations under the transaction agreements that govern the Life Reinsurance Transaction and the Novation Transaction, each of the Global Atlantic Insurers assumes all rights and obligations set forth in the RSA, including but not limited to those listed below in Section 4 of this Agreement, insofar as such obligations relate to the Aviva Life Business; provided that the Global Atlantic Insurers assume no responsibility for satisfying any of the payment obligations set forth in Section 5 of the RSA.
4. Regulatory Oversight.
 - a. The Departments acknowledge that, following the Transition Period, when PLIC-USA and FAFLIC assume responsibility under the transaction agreements governing the Life Reinsurance Transaction for providing all necessary and appropriate administrative and other services to operate the Aviva Life Business, PLIC-USA and FAFLIC will be completely and solely responsible for complying with the RSA insofar as it relates to the Aviva Life Business. The Departments further acknowledge that the Aviva Insurers shall have no obligations under the RSA for any Aviva Life Business following the Transition Period. The Parties acknowledge that the length of the Transition Period for each particular product type that is included in the Aviva Life Business may be different. The Transition Period for a particular product type will end once the preparation and other work required in order for PLIC-USA or FAFLIC to administer the product type has been completed. The Lead States will be notified in writing by the Aviva Insurers and the Global Atlantic Insurers when the Transition Period for a particular product type has ended.

- b. Any of the Global Atlantic Insurers may petition a Department to terminate or modify this Agreement in that jurisdiction. Such petition may include, but not be limited to, the grounds that the Agreement's terms, in whole or in part, are inconsistent with the statutes, rules or regulations then in effect in that jurisdiction. A Department shall not unreasonably withhold its consent to the relief requested by any of the Global Atlantic Insurers in the petition.
- c. If the jurisdiction of any Department adopts any Insurance Law addressing insurance companies' use of the DMF (or its equivalent) in connection with insurance companies' procedures concerning the payment of Proceeds to Beneficiaries, then the Global Atlantic Insurers' compliance with the terms of such Insurance Law of that jurisdiction after the Effective Date shall be deemed to comply with those terms of this Agreement (i) which relate solely to the use of the DMF; and (ii) for the purposes of compliance herewith for that jurisdiction alone.
- d. To the extent permitted by applicable law, each Department shall accord confidential treatment as to the work papers, recorded information, documents, copies of work papers, and documents produced by, obtained by or disclosed by the Global Atlantic Insurers or the Aviva Insurers, and to the information contained therein.

5. Miscellaneous.

- a. This Agreement is an agreement solely between the named Parties as defined above, and no other person or entity shall be deemed to obtain or possess any enforceable rights against the Aviva Insurers or the Global Atlantic Insurers as a third party beneficiary or otherwise as a result of this Agreement. The Parties agree that this Agreement is not intended to and shall not confer any rights upon any other person or entity and shall not be used for any other purpose. Nothing in this Agreement shall be construed to provide a private right of action to any person or entity not a Party to this Agreement, nor shall this Agreement be deemed to create any intended or incidental third party beneficiaries, and the matters herein shall remain within the sole and exclusive jurisdiction of the Departments.
- b. This Agreement contains the entire agreement between the Parties regarding the claims settlement practices, procedures, policy administration relating to the matching of Insureds included in the Aviva Life Business against the DMF or any similar database. There are no other understandings or agreements, verbal or otherwise, between the Parties with respect to the subject matter of the Multi-State Examination, this Agreement or the RSA, except as set forth herein. In entering into this

Agreement, no Party has relied on a representation not set forth herein.

- c. Neither this Agreement, nor any of the communications or negotiations leading up to this Agreement, nor any actions taken or documents executed in connection with this Agreement, is now or may be deemed in the future to be an admission or evidence of any liability or wrongdoing by the Aviva Insurers, the Global Atlantic Insurers or any of their respective current or former affiliates, subsidiaries, officers, directors, employees, agents or representatives with respect to the subject matter of the Multi-State Examination.
- d. Subject to the Global Atlantic Insurers' performance of and compliance with this Agreement, each Department hereby releases the Global Atlantic Insurers from any and all claims, demands, interest, penalties, actions or causes of action that each Department may have by reason of any matter, cause or thing whatsoever, regarding or relating to the subject matter of the Multi-State Examination insofar as it relates to the Aviva Life Business; provided, however, that nothing herein shall preclude the Lead States from conducting subsequent Multi-State Examinations to assess the Global Atlantic Insurers' compliance with this Agreement.
- e. In the event that any portion of this Agreement is enjoined or held invalid under the laws of a Department's jurisdiction, such enjoined or invalid portion shall be deemed to be severed only for the duration of the injunction, if applicable, and only with respect to that Department and its jurisdiction, and all remaining provisions of this Agreement shall be given full force and effect and shall not in any way be affected thereby.
- f. Nothing in this Agreement shall be construed as an admission of any Party's position as to the preemptive effect of the Employee Retirement Income Security Act of 1974, as periodically amended, or the law of the jurisdiction as applied to employment based plans.
- g. To the extent that any laws, rules or regulations are adopted by any Department, or a regulatory agency of a Department that conflict with any of the terms and conditions of this Agreement or the RSA, then the application of those affected terms and conditions shall be superseded by such laws, rules or regulations as it applies to that Department, provided that all other unaffected terms and conditions of this Agreement shall remain in full force and effect.
- h. The Parties represent and warrant that the person executing this Agreement on behalf of each Party has the legal authority to bind the Party to the terms of this Agreement.

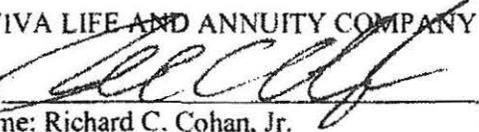
- i. This Agreement may be executed in counterparts. A true and correct copy of this Agreement shall be enforceable the same as an original.

IN WITNESS WHEREOF THE PARTIES HAVE EXECUTED THIS AGREEMENT AS OF THE DATE SET FORTH AFTER EACH OF THEIR NAMES.

Signature pages immediately follow.

AVIVA INSURERS SIGNATURE PAGE

AVIVA LIFE AND ANNUITY COMPANY

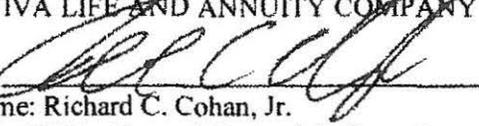
By: 

Name: Richard C. Cohan, Jr.

Title: EVP – General Counsel & Corp. Secretary

Dated: 9-30-13

AVIVA LIFE AND ANNUITY COMPANY OF NEW YORK

By: 

Name: Richard C. Cohan, Jr.

Title: EVP – General Counsel & Corp. Secretary

Dated: 9-30-13

GLOBAL ATLANTIC INSURERS SIGNATURE PAGE

FIRST ALLMERICA FINANCIAL
LIFE INSURANCE COMPANY

By: 

Name: Scott D. Silverman

Title: SVP, General Counsel & Secy

Dated: 9/30/13

PRESIDENTIAL LIFE INSURANCE COMPANY - USA

By: 

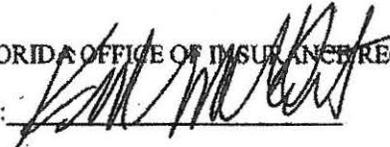
Name: Scott D. Silverman

Title: SVP, General Counsel & Secy

Dated: 9/30/13

Lead States Signature Page

FLORIDA OFFICE OF INSURANCE REGULATION

BY: 

KEVIN M. McCARTY, COMMISSIONER

DATE 10/9/13

NORTH DAKOTA INSURANCE DEPARTMENT

BY: _____

ADAM HAMM, COMMISSIONER

DATE _____

CALIFORNIA DEPARTMENT OF INSURANCE

BY: _____

DAVE JONES, COMMISSIONER

DATE _____

PENNSYLVANIA INSURANCE DEPARTMENT

BY: _____

MICHAEL F. CONDSINEDINE, COMMISSIONER

DATE _____

ILLINOIS DEPARTMENT OF INSURANCE

BY: _____

ANDREW BORON, DIRECTOR

DATE _____

NEW HAMPSHIRE INSURANCE DEPARTMENT

BY: _____

ROGER A. SEVIGNY, COMMISSIONER

DATE _____

IOWA INSURANCE DIVISION

BY: _____

NICK GERHART, COMMISSIONER

DATE _____

Lead States Signature Page

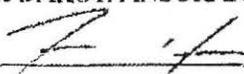
FLORIDA OFFICE OF INSURANCE REGULATION

BY: _____

KEVIN M. McCARTY, COMMISSIONER

DATE _____

NORTH DAKOTA INSURANCE DEPARTMENT

BY:  _____

ADAM HAMM, COMMISSIONER

DATE 10/3/2013

CALIFORNIA DEPARTMENT OF INSURANCE

BY: _____

DAVE JONES, COMMISSIONER

DATE _____

PENNSYLVANIA INSURANCE DEPARTMENT

BY: _____

MICHAEL F. CONDSINEDINE, COMMISSIONER

DATE _____

ILLINOIS DEPARTMENT OF INSURANCE

BY: _____

ANDREW BORON, DIRECTOR

DATE _____

NEW HAMPSHIRE INSURANCE DEPARTMENT

BY: _____

ROGER A. SEVIGNY, COMMISSIONER

DATE _____

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Lead States Signature Page

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KEVIN M. McCARTY, COMMISSIONER

DATE _____

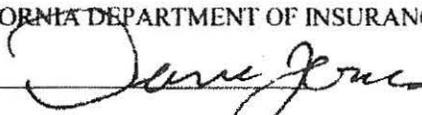
NORTH DAKOTA INSURANCE DEPARTMENT

BY: _____

ADAM HAMM, COMMISSIONER

DATE _____

CALIFORNIA DEPARTMENT OF INSURANCE

BY:  _____

DAVE JONES, COMMISSIONER

DATE 9-30-13

PENNSYLVANIA INSURANCE DEPARTMENT

BY: _____

MICHAEL F. CONDSINEDINE, COMMISSIONER

DATE _____

ILLINOIS DEPARTMENT OF INSURANCE

BY: _____

ANDREW BORON, DIRECTOR

DATE _____

NEW HAMPSHIRE INSURANCE DEPARTMENT

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ROGER A. SEVIGNY, COMMISSIONER

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Lead States Signature Page

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DATE _____

NORTH DAKOTA INSURANCE DEPARTMENT

BY: _____

ADAM HAMM, COMMISSIONER

DATE _____

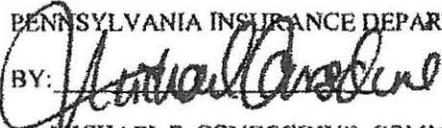
CALIFORNIA DEPARTMENT OF INSURANCE

BY: _____

DAVE JONES, COMMISSIONER

DATE _____

PENNSYLVANIA INSURANCE DEPARTMENT

BY: 

MICHAEL F. CONDESDINE, COMMISSIONER

DATE 10/11/13

ILLINOIS DEPARTMENT OF INSURANCE

BY: _____

ANDREW BORON, DIRECTOR

DATE _____

NEW HAMPSHIRE INSURANCE DEPARTMENT

BY: _____

ROGER A. SEVIGNY, COMMISSIONER

DATE _____

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BY: _____

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Lead States Signature Page

FLORIDA OFFICE OF INSURANCE REGULATION NORTH DAKOTA INSURANCE DEPARTMENT

BY: _____

KEVIN M. McCARTY, COMMISSIONER

DATE _____

BY: _____

ADAM HAMM, COMMISSIONER

DATE _____

CALIFORNIA DEPARTMENT OF INSURANCE

BY: _____

DAVE JONES, COMMISSIONER

DATE _____

PENNSYLVANIA INSURANCE DEPARTMENT

BY: _____

MICHAEL F. CONDSINEDINE, COMMISSIONER

DATE _____

ILLINOIS DEPARTMENT OF INSURANCE

BY: Andrew Boron

ANDREW BORON, DIRECTOR

DATE October 1, 2013

NEW HAMPSHIRE INSURANCE DEPARTMENT

BY: _____

ROGER A. SEVIGNY, COMMISSIONER

DATE _____

IOWA INSURANCE DIVISION

BY: _____

NICK GERHART, COMMISSIONER

DATE _____

Lead States Signature Page

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KEVIN M. McCARTY, COMMISSIONER

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DATE _____

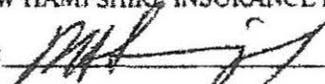
ILLINOIS DEPARTMENT OF INSURANCE

BY: _____

ANDREW BORON, DIRECTOR

DATE _____

NEW HAMPSHIRE INSURANCE DEPARTMENT

BY:  _____

ROGER A. SEVIGNY, COMMISSIONER

DATE 10-1-13

IOWA INSURANCE DIVISION

BY: _____

NICK GERHART, COMMISSIONER

DATE _____

Lead States Signature Page

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DATE _____

NEW HAMPSHIRE INSURANCE DEPARTMENT

BY: _____

ROGER A. SEVIGNY, COMMISSIONER

DATE _____

IOWA INSURANCE DIVISION

BY:  _____

NICK GERHART, COMMISSIONER

DATE 10/3/13

SCHEDULE A
COPY OF THE RSA

[To be inserted.]

SCHEDULE B
PARTICIPATING REGULATOR ADOPTION
GLOBAL ATLANTIC ANCILLARY SETTLEMENT AGREEMENT

On behalf of *[insert name of jurisdiction]*, I, *[insert title of chief insurance regulator]*, hereby adopt, agree and approve this Agreement.

By: _____

Jurisdiction:

Name:

Title:

Dated:

SCHEDULE B
PARTICIPATING REGULATOR ADOPTION
AVIVA
EXAMINATION RESOLUTION AGREEMENT

On behalf of Ohio, I, Mary Taylor, as Lt. Governor/Director, hereby adopt, agree, and approve this Agreement.

BY: 
(Signature)

JURISDICTION: Ohio

TITLE: Lt. Governor/Director

DATE: 12/11/13

Please provide the following information as to how your state's allocation of the Multi-State Examination Payment should be sent from Aviva.

CONTACT NAME: Jeff Rupp

MAILING ADDRESS: Ohio Department of Insurance
50 West Town Street, Suite 300
Columbus, Ohio 43215

PAYMENT MADE TO: Treasurer, State of Ohio

Please return this form to:

Debbie Hammond
Market Conduct
Illinois Department of Insurance
320 W. Washington Street
Springfield, IL 62767-0001
Phone: 217.524.5037
Fax: 217.557.8494
Email: DOI.MarketRegulation@illinois.gov

**SCHEDULE B
PARTICIPATING REGULATOR ADOPTION**

GLOBAL ATLANTIC ANCILLARY SETTLEMENT AGREEMENT

On behalf of Ohio, I, Mary Taylor, as Lt. Governor/Director, hereby adopt, agree, and approve this Agreement.

BY: Mary Taylor
(Signature)

JURISDICTION: Ohio

TITLE: Lt. Governor/Director

DATE: 12/11/13

Please return this form to:

Debbie Hammond
Market Conduct
Illinois Department of Insurance
320 W. Washington Street
Springfield, IL 62767-0001
Phone: 217.524.5037
Fax: 217.557.8494
Email: DOI.MarketRegulation@illinois.gov