

SERFF Tracking Number: AOIC-125870349 State: Arkansas
Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 40661
Company Tracking Number: APP-SIWL-10/08-AR
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Simplified-Issue Whole Life Insurance
Project Name/Number: SIWL-AR-License/APP-SIWL-10/08-AR

Filing at a Glance

Company: Auto-Owners Life Insurance Company

Product Name: Simplified-Issue Whole Life Insurance SERFF Tr Num: AOIC-125870349 State: ArkansasLH

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 40661

Sub-TOI: L08.000 Life - Other

Co Tr Num: APP-SIWL-10/08-AR

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Karin Dewley

Disposition Date: 10/27/2008

Date Submitted: 10/23/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: SIWL-AR-License

Status of Filing in Domicile: Not Filed

Project Number: APP-SIWL-10/08-AR

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/27/2008

State Status Changed: 10/27/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This application is used to apply for our Simplified-Issue Whole Life Insurance product. Form 61606 (9-08) replaces 10825 (9-06). We have added 'relationship' to policyowner name and address entry field and also removed the 'city/county tax code (kentucky only)' entry field. No other parts of the application have changed.

Company and Contact

Filing Contact Information

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Karin Dewley, Senior Business Systems dewley.karin@aoins.com
Analyst
P.O. Box 30325 (517) 886-1920 [Phone]
Lansing, MI 48909

Filing Company Information

Auto-Owners Life Insurance Company CoCode: 61190 State of Domicile: Michigan
P.O. Box 30325 Group Code: 280 Company Type: LAH
Lansing, MI 48917 Group Name: Auto-Owners Ins State ID Number:
Group
(800) 346-0346 ext. [Phone] FEIN Number: 38-1814333

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Filing Fees

Fee Required? Yes
Fee Amount: \$70.00
Retaliatory? No
Fee Explanation: \$50 per submission; \$20 per form. One submission and one form = \$70.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Life Insurance Company	\$70.00	10/23/2008	23423167

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/27/2008	10/27/2008

<i>SERFF Tracking Number:</i>	<i>AOIC-125870349</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40661</i>
<i>Company Tracking Number:</i>	<i>APP-SIWL-10/08-AR</i>		
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Disposition

Disposition Date: 10/27/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Form	Application for Simplified-Issue Whole Life Insurance		Yes

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Form Schedule

Lead Form Number: 61606 (9-08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	61606 (9-08)	Application/ Enrollment Form	Application for Simplified-Issue Whole Life Insurance	Initial		61	61606 (9-08).pdf

APPLICATION FOR SIMPLIFIED-ISSUE WHOLE LIFE INSURANCE - AGES 50 TO 80

PROPOSED INSURED (print full name)			BIRTH DATE	GENDER
MAILING ADDRESS	CITY	STATE	ZIP	SOC. SEC. NO.
POLICYOWNER NAME, ADDRESS & RELATIONSHIP				
BILLING NAME & ADDRESS (if other than policyowner)				
BENEFICIARY (full name & relationship)			CONTINGENT BENEFICIARY (full name & relationship)	

AMOUNT APPLIED FOR*

\$10,000
 \$20,000
 \$30,000
 \$40,000
 \$50,000
 Other
 \$ _____

PREMIUM WITH APPLICATION \$ _____ (Required) A S/A Q Monthly EFT (complete back side)

*\$10,000 minimum, \$50,000 maximum aggregate simplified-issue life insurance coverage per insured

DOES THE PROPOSED INSURED OR POLICYOWNER HAVE OTHER AUTO-OWNERS INSURANCE? Yes No
 (If "Yes," please list.) _____

ARE YOU A U.S. CITIZEN? (If "No," submit a copy of valid permanent resident card.) Yes No

1. Have you smoked one or more cigarettes within the last 24 months? Yes No
 (If "Yes," smoker premiums apply to this policy.)

IF ANY OF THE FOLLOWING QUESTIONS ARE LEFT BLANK OR ANSWERED "YES," COVERAGE CANNOT BE ISSUED UNDER THIS APPLICATION. INSTEAD, PLEASE SUBMIT A REGULAR APPLICATION FOR UNDERWRITING.

2. **Do you have, or during the past 10 years, have you been diagnosed or treated by any medical professional for:**
- A. Cancer (other than Basal Cell skin cancer), Heart Disease including Heart Attack, Stroke, Angina, Arterial Disease of the Heart or Extremities or Congestive Heart Failure, Diabetes, Liver Disease, Alzheimer's Disease, Multiple Sclerosis, Lupus, Kidney Disease, Ulcerative Colitis, Crohn's Disease, Seizures, Brain or Nervous System Disorder, Emphysema, Chronic Lung Disorder, Mental or Nervous Disorder, Alcoholism, or Drug Abuse? Yes No
 - B. Acquired Immune Deficiency Syndrome (AIDS), positive result of a Human Immunodeficiency Virus (HIV) test, or AIDS Related Complex (ARC)? Yes No
3. A. Are you currently confined to a hospital or nursing facility, or have you been advised by any medical professional during the past 3 years, to have any surgery, additional diagnostic testing, hospital confinement, or nursing facility confinement, and have not yet done so? Yes No
- B. In the past 5 years, have you been refused, rejected or postponed for Life Insurance?..... Yes No

I represent that the statements and answers recorded on this application are true and complete and agree that they will form a part of any insurance policy issued hereon. I also understand that the information on this application will be relied upon to determine insurability and that incorrect information may result in coverage being voided, subject to the policy Incontestability Provision.

I agree that the insurance requested above will start upon the date of this application only if: (a) the first premium is paid; and (b) questions 2A, 2B, 3A, and 3B are answered "No"; and (c) the health of the proposed insured is as described above. Otherwise the insurance will not take effect until a policy is issued by the corporate office and the first premium is paid. Should the application be declined, the amount paid will be refunded. All statements made are representations not warranties.

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. Penalties include imprisonment, fines and denial of Coverage.

To the best of my knowledge the insurance applied for will will not replace any existing life insurance on the proposed insured. If it will, complete replacement form and provide company name and policy number(s).

Signed this _____, day of _____, _____, in the State of _____

X _____
 Signature of Proposed Insured (signature mandatory)

Automatic Premium Loan Yes No

X _____
 Signature of Owner/Applicant (if other than proposed insured)

Social Security Number

I certify that the information supplied by the proposed insured has been truly and accurately recorded on the application, and I have received the first full modal premium shown above. To the best of my knowledge the insurance applied for <input type="checkbox"/> will <input type="checkbox"/> will not replace any existing life insurance.		
X _____ Signature of Agent	X _____ Print Agent Name	_____ Agency Code

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

10/23/2008

Comments:

Attachments:

61606-19.pdf

61606-read.pdf

Certificate of Compliance with

Arkansas Rule and Regulation 19

Insurer: Auto-Owners Insurance Company

Form Number(s): 61606 (9-08)

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Gayle A. Fisher

Name

Vice President, Life Operations

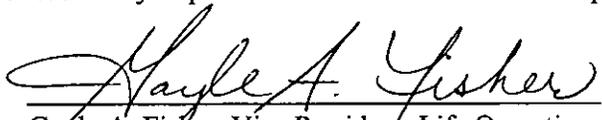
Title

October 23, 2008

Date

AUTO-OWNERS LIFE INSURANCE COMPANY
Certification of Readability

I hereby certify, to the best of my knowledge and belief, that the following forms have the respective Flesch Scores, which meet the readability requirements of the ARKANSAS Department of Insurance.


Gayle A. Fisher, Vice President, Life Operations

FORM 61606 (9-08) - Application for Simplified-Issue While Life Insurance
FLESCH SCORE = 61