

SERFF Tracking Number:	AOIC-125870359	State:	Arkansas
Filing Company:	Auto-Owners Life Insurance Company	State Tracking Number:	40660
Company Tracking Number:	APP-SIKID-10/08-AR		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Simplified-Issue Child Life Insurance		
Project Name/Number:	SIKID Application /App-SIKID-10/08-AR		

## Filing at a Glance

Company: Auto-Owners Life Insurance Company

Product Name: Simplified-Issue Child Life Insurance      SERFF Tr Num: AOIC-125870359      State: ArkansasLH

TOI: L08 Life - Other      SERFF Status: Closed      State Tr Num: 40660

Sub-TOI: L08.000 Life - Other      Co Tr Num: APP-SIKID-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: SIKID Application

Project Number: App-SIKID-10/08-AR

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/27/2008

State Status Changed: 10/27/2008

Corresponding Filing Tracking Number:

Filing Description:

This application is used to apply for our Simplified-Issue Child Life Insurance product. Form 61607 (9-08) replaces 10966 (3-06). We have added 'relationship' to policyowner name and address entry field; removed the 'city/county tax code (kentucky only)' entry field; we replaced 'proposed insured (age 15-17), parent or grandparent' with 'guardian' in the required signature area; and removed '(if other than proposed insured)' from the signature of owner/applicant area. No other parts of the application have changed.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

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## Company and Contact

### Filing Contact Information

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 filing; \$20 per form. One filing plus one form equals \$70.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Life Insurance Company	\$70.00	10/23/2008	23423116

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## Correspondence Summary

### Dispositions

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

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

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## Form Schedule

**Lead Form Number:** 61607 (9-08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	61607 (9-08)	Application/ Enrollment Form	Application for Simplified-Issue Child Life Insurance	Initial		56	61607 (9-08).pdf

# APPLICATION FOR SIMPLIFIED-ISSUE CHILD LIFE INSURANCE - AGES 0 TO 17

PROPOSED INSURED (print full name)				BIRTH DATE	GENDER	AMOUNT APPLIED FOR* <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> Other \$ _____
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)		

PREMIUM WITH APPLICATION \$ \_\_\_\_\_ (Required)  A  S/A  Q  Monthly EFT (complete back side)  
 ANNUITY BENEFIT \$ \_\_\_\_\_ (Optional)

\*\$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.) \_\_\_\_\_

**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.**

1. Does the child have, or, during the past 10 years, been diagnosed or treated by any medical professional for: Cancer (other than Basal Cell skin cancer), Liver Disease, Lupus Disease, Kidney Disease, Ulcerative Colitis, Diabetes, Sugar or Albumin in urine, Seizures, Paralysis, Depression or other Mental or Nervous System Disorder, Congenital Defect or Deformity, Impairment of Sight (if not corrected), Hearing (if not corrected) or Speech, Heart Murmur, Rheumatic Fever, any other Heart Disorder (other than controlled Hypertension), Asthma or other Lung Disorder? .....  Yes  No
2. Has the child been exposed to the Human Immunodeficiency Virus (HIV), been tested positive for HIV, or been diagnosed as having AIDS Related Complex (ARC) or Acquired Immune Deficiency Syndrome (AIDS) caused by the HIV infection or condition derived from such infection? .....  Yes  No
3. Has any medical professional, during the past 3 years, advised that the child have any surgery, or be hospital confined, that has not yet been done? .....  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 1, 2, and 3 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, with intent to defraud or knowing that he or she is facilitating a fraud (as determined by a court of competent jurisdiction) against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

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 \_\_\_\_\_ **Automatic Premium Loan**  Yes  No  
 Required Signature of Guardian

X \_\_\_\_\_  
 Signature of Owner/Applicant Social Security Number

I certify that the information supplied 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  will  will not replace any existing life insurance.

Have you seen the proposed insured in person?  Yes  No (If "No," please explain.) \_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_  
 Signature of Agent Print Agent Name Agency Code

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## **Rate Information**

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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice

10/23/2008

**Comments:**

**Attachments:**

61607-19.pdf

61607-read.pdf

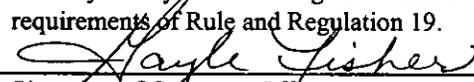
Certificate of Compliance with

**Arkansas Rule and Regulation 19**

Insurer: Auto-Owners Insurance Company

Form Number(s): 61607 (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

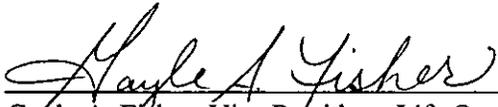
\_\_\_\_\_  
Title

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 61607 (9-08) - Application for Simplified-Issue Child Life Insurance  
FLESCH SCORE = 56