

SERFF Tracking Number: BBLB-125821138 State: Arkansas  
 Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 40298  
 Company Tracking Number: FCSLA/01SPWL-05  
 TOI: L07I Individual Life - Whole Sub-TOI: L07I.111 Single Premium - Single Life  
 Product Name: 01-SWL-05  
 Project Name/Number: FCSLA/01SPWL05/FCSLA/01SPWL05

## Filing at a Glance

Company: First Catholic Slovak Ladies Association of the United States of America

Product Name: 01-SWL-05 SERFF Tr Num: BBLB-125821138 State: ArkansasLH  
 TOI: L07I Individual Life - Whole SERFF Status: Closed State Tr Num: 40298  
 Sub-TOI: L07I.111 Single Premium - Single Life Co Tr Num: FCSLA/01SPWL-05 State Status: Approved-Closed  
 Filing Type: Form Co Status: Reviewer(s): Linda Bird  
 Authors: Virginia Kiddle, Beth Pestka Disposition Date: 10/06/2008  
 Date Submitted: 09/18/2008 Disposition Status: Approved  
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: FCSLA/01SPWL05 Status of Filing in Domicile:  
 Project Number: FCSLA/01SPWL05 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: 10/06/2008  
 State Status Changed: 10/06/2008 Deemer Date:  
 Corresponding Filing Tracking Number: FCSLA/01SPWL-05

Filing Description:

First Catholic Slovak Ladies Association of the United States of America,  
 NAIC #56332, FEIN #34-0220540  
 Forms: 01-SPWL-05, Whole Life Insurance Contract Single Premium  
 01-SPWL-05CV,-4Adult-, Adult Cash Value Page 4  
 01-SPWL-05CV,-4Juvenile-, Juvenile Cash Value Page 4  
 App-2005-AR, Life Insurance Application



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Jerry Alexander, FLMI jerry@bandbco.com  
916 Sherwood Drive (888) 278-2310 [Phone]  
Lake Bluff, IL 60044 (847) 295-6206[FAX]

**Filing Company Information**

First Catholic Slovak Ladies Association of the United States of America CoCode: 56332 State of Domicile: Ohio  
24950 Chagrin Blvd Group Code: -99 Company Type: Fraternal Benefit Society  
Beachwood, OH 44122 Group Name: State ID Number:  
(800) 464-4642 ext. [Phone] FEIN Number: 34-0220540  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
First Catholic Slovak Ladies Association of the United States of America	\$50.00	09/18/2008	22585421

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/06/2008	10/06/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	09/30/2008	09/30/2008	Beth Pestka	10/06/2008	10/06/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Life Insurance Form Application		Beth Pestka	09/18/2008	09/18/2008

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## Disposition

Disposition Date: 10/06/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: BBLB-125821138 State: Arkansas  
 Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 40298  
 Company Tracking Number: FCSLA/01SPWL-05  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life  
 Product Name: 01-SWL-05  
 Project Name/Number: FCSLA/01SPWL05/FCSLA/01SPWL05

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Authorization		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Required Certifications		Yes
Form	Whole Life Insurance Contract Single Premium		Yes
Form (revised)	Life Insurance Application		Yes
Form	Life Insurance Application		Yes

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TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life  
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Project Name/Number: FCSLA/01SPWL05/FCSLA/01SPWL05

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 09/30/2008  
Submitted Date 09/30/2008

Respond By Date

Dear Jerry Alexander,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Certification/Notice (Supporting Document)

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 6-87 and Bulletin 11-88 further address this issue. Please review your issue procedures and assure us that you are in compliance with Ark. Code Ann. 23-79-138 as provided by these bulletins.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 10/06/2008  
Submitted Date 10/06/2008

Dear Linda Bird,

### Comments:

#### Response 1

Comments: Enclosed is the requested assurance regarding Arkansas Code 23-79-138 and Certification that the submission meets the requirements of Rule 19 s 10B and all applicable requirements of the Department.

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### Related Objection 1

Applies To:

- Certification/Notice (Supporting Document)

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 6-87 and Bulletin 11-88 further address this issue. Please review your issue procedures and assure us that you are in compliance with Ark. Code Ann. 23-79-138 as provided by these bulletins.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Required Certifications

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Beth Pestka, Virginia Kiddle

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**Amendment Letter**

Amendment Date:  
 Submitted Date: 09/18/2008

**Comments:**

The wrong form was submitted under the Application. The correct form is now attached.

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
APP-2005-AR	Application/ELife nrollment Form	Insurance Application	Initial				52	FCSLA App-2005-AR.pdf

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 Project Name/Number: FCSLA/01SPWL05/FCSLA/01SPWL05

## Form Schedule

Lead Form Number: 01-SPWL-05

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	01-SPWL-05	Policy/Cont	Whole Life Insurance Initial ract/Fratern Contract Single al Premium Certificate	Initial		64	FCSLA 01-SPWL-05.pdf
	APP-2005-AR	Application/Enrollment Form	Life Insurance Application	Initial		52	FCSLA App-2005-AR.pdf

First **Catholic** Slovak  
Ladies **Association**  
of the United States of America



A Fraternal Benefit Society – Since 1892  
24950 Chagrin Boulevard, Beachwood Ohio 44122  
Telephone: (216)464-8015

We, The First Catholic Slovak Ladies Association, will pay a Death Benefit to the Beneficiary upon Our receipt of due proof that the death of the Insured occurred while this contract was in force. Payment of death benefit will be as provided in this contract.

Signed for The First Catholic Slovak Ladies Association of the United States of America at its Home Office on the contract Date of Issue by:

*Irene J. Drotleff*

Secretary

*Mary Ann Johaneč*

President

**LEGAL CONTRACT.** This contract is a legal contract between You and Us. The rights and obligations of each are set forth in it. We have issued this contract in consideration of: (a) the Application; and (b) payment of the single premium shown on page 3.

**READ YOUR CONTRACT CAREFULLY.** A Table of Contents to the contents of this contract is included on page 2. We have issued this contract in the belief that the information shown in the Application is correct and complete. The above telephone number may be used to obtain:

1. information about this contract; or
2. assistance in resolving any complaint.

**RIGHT TO CANCEL.** We want You to be satisfied with Your contract. If not, You may return it for cancellation before midnight of the 20<sup>th</sup> day from the date of its receipt. You may return this contract to:

1. Us, at the address shown above; or
2. Our authorized agent.

Return by mail is effective on being postmarked, properly addressed, with prepaid postage. We will return all amounts paid for this contract in not more than 10 days from the date of its receipt by us. Cancellation will void this contract as if it had not been issued.

**WHOLE LIFE INSURANCE CONTRACT**  
**SINGLE PREMIUM**

Death Benefit in the event of the death of the Insured while this contract is in force.  
Schedule of Benefits and Premiums and Maturity Date on page 3.  
Participating.

## TABLE OF CONTENTS

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A copy of the Application and any Amendment or Endorsement are attached to page 9.

## DEFINITIONS

**AGE.** The Insured's Age on the Date of Issue is shown on page 3. Age, during any contract year, is the Insured's age nearest birthday on the Anniversary of the date of issue of the contract.

**ANNIVERSARY.** The same month and day, in each year after the first, as that for the Date of Issue.

**APPLICATION.** The forms We received that resulted in the issue of this contract.

**BENEFICIARY.** On the Date of Issue, the Beneficiary will be as stated in the Application. You may change the Beneficiary as provided in this contract. If no Beneficiary is named or surviving, the Insured's estate will be the Beneficiary.

**DATE OF ISSUE.** The Date of Issue is the effective date for this contract. Contract years and Anniversaries are measured from the Date of Issue.

**DEBT, LOAN.** Any unpaid or outstanding contract Loan including interest.

**INSURED.** The person named as such in the Application and on page 3.

**NOTICE.** A written form which: (a) You have dated and signed; and (b) We have received. Please include the name of the Insured and the contract number in all correspondence to Us.

**WE, US, OUR.** The First Catholic Slovak Ladies Association of the United States of America, a Fraternal Benefit Society, which: (a) is organized under the laws of the State of Ohio; (b) has no capital stock and is not for profit; (c) has a representative form of government; and, (d) functions for the benefit of its members and their beneficiaries.

**YOU, YOUR.** The owner of this contract. The owner may exercise the rights and options in this contract; unless, such rights or options have been reserved by assignment. On the Date of Issue, the owner will be as shown in the Application; if an owner is not shown, the Insured will be the owner. You may change the owner as provided in this contract.

## SCHEDULE

### ADDITIONAL BENEFITS

Form No.	Description of Benefit	Single Premium Payable
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Beneficiary: Jane Doe

<b>INSURED:</b>	John Doe	<b>CONTRACT NUMBER:</b>	Specimen
<b>AGE/SEX:</b>	35/Male	<b>FACE AMOUNT:</b>	\$10,000.00
<b>PREMIUM CLASS:</b>	Non Tobacco	<b>DATE OF ISSUE:</b>	January 1, 2007
<b>SINGLE PREMIUM:</b>	\$1,690.00	<b>MATURITY DATE:</b>	January 1, 2093
<b>BRANCH NO.:</b>	XXXXXX	<b>BRANCH LOCATION:</b>	XXXXX, XX

This contract will mature on the Maturity Date shown above. The Insured must be then living and this contract must be then in force. We will pay the maturity value to You. The maturity value will be: (a) the then Face Amount of insurance; plus (b) any then dividend additions or accumulation; less (c) any Debt.

## TABLE OF CASH VALUES

The Cash Values for this contract are based on the Insured's Age and the Insured's sex and Premium Class shown on page 3. At any time during a contract year, the Cash Value is determined with due allowance for the time elapsed in the year.

The Cash Values shown in the following table: 1. are for each \$1,000 of Face Amount of insurance; 2. are on the Anniversary nearest the birthday on which the Insured attains the ages shown; 3. are exclusive of any dividends; and 4. assume that there is no Debt.

### Cash Values Per \$1,000 Face Amount Issue Ages 0-15

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Age</u>	<u>Male</u>	<u>Female</u>
0	\$48	\$40	61	\$453	\$397
1	50	41	62	467	410
2	51	42	63	481	423
3	53	44	64	496	436
4	55	46	65	510	449
5	58	48	66	525	462
6	60	50	67	540	476
7	62	52	68	554	490
8	65	54	69	569	504
9	68	56	70	585	519
10	70	58	71	600	534
11	73	61	72	616	548
12	76	63	73	631	563
13	79	66	74	646	578
14	83	68	75	662	593
15	86	71	76	677	608
16	89	74	77	692	623
17	92	77	78	707	639
18	96	80	79	722	654
19	99	83	80	736	669
20	103	86	81	750	684
21	106	90	82	764	699
22	110	93	83	777	714
23	114	97	84	790	728
24	118	101	85	802	741
25	123	105	86	814	755
26	127	109	87	825	768
27	132	113	88	835	781
28	137	118	89	845	793
29	142	123	90	854	804
30	147	128	91	862	814
31	153	133	92	869	826
32	159	138	93	877	838
33	165	144	94	884	849
34	172	149	95	890	860
35	178	155	96	896	868
36	185	161	97	901	876
37	193	168	98	907	881
38	200	174	99	912	888
39	208	181	100	916	896
40	216	188	101	920	903
41	224	196	102	924	910
42	233	203	103	928	917
43	242	211	104	932	923
44	251	219	105	935	929
45	261	228	106	939	934
46	270	237	107	942	939
47	280	246	108	946	944
48	291	255	109	949	948
49	301	265	110	952	952
50	312	274	111	955	955
51	324	284	112	958	958
52	335	295	113	961	961
53	347	305	114	964	964
54	360	316	115	967	967
55	372	327	116	969	969
56	385	338	117	972	972
57	398	350	118	974	974
58	411	361	119	977	976
59	425	373	120	979	979
60	439	385	121	1,000	1,000

**ACTUARIAL BASIS.** The above Cash Values are based on: (a) the 2001 CSO Mortality Tables and compound annual interest at 4.5% per year; (b) age at nearest birthday; and (c) continuous functions. On any Anniversary the Cash Value is equal to the present value of future benefits. The Cash Values are not less than as may be required by law. A statement, including the basis for calculations, has been filed in the State where this contract was delivered.

## TABLE OF CASH VALUES

The Cash Values for this contract are based on the Insured's Age and the Insured's sex and Premium Class shown on page 3. At any time during a contract year, the Cash Value is determined with due allowance for the time elapsed in the year.

The Cash Values shown in the following table: 1. are for each \$1,000 of Face Amount of insurance; 2. are on the Anniversary nearest the birthday on which the Insured attains the ages shown; 3. are exclusive of any dividends; and 4. assume that there is no Debt.

### Cash Values Per \$1,000 Face Amount Issue Ages 16 and Over

Age	Male		Female		Age	Male		Female	
	No Tobacco	Tobacco	No Tobacco	Tobacco		No Tobacco	Tobacco	No Tobacco	Tobacco
16	\$86	\$109	\$72	\$92	71	\$594	\$643	\$529	\$599
17	89	113	75	96	72	610	657	543	613
18	92	118	78	100	73	626	671	558	627
19	95	122	81	104	74	641	685	574	640
20	99	126	84	108	75	657	698	589	653
21	102	131	87	113	76	673	712	604	667
22	106	135	91	117	77	688	726	620	680
23	110	140	94	122	78	703	739	635	693
24	114	145	98	127	79	718	752	650	706
25	118	150	102	132	80	733	765	666	719
26	123	156	106	137	81	747	777	681	732
27	127	161	110	142	82	761	788	696	744
28	132	167	115	148	83	774	800	711	756
29	137	173	119	154	84	787	811	726	767
30	142	179	124	160	85	800	822	740	777
31	148	186	129	166	86	812	832	753	787
32	153	193	134	173	87	823	841	767	798
33	159	200	140	179	88	833	850	780	807
34	166	207	145	186	89	843	858	792	815
35	172	215	151	193	90	852	866	803	823
36	179	223	157	201	91	861	873	814	831
37	186	231	163	209	92	869	879	825	840
38	194	240	170	216	93	876	885	837	850
39	201	249	177	225	94	883	891	849	859
40	209	258	184	233	95	889	896	859	868
41	217	268	191	242	96	895	901	868	876
42	226	277	198	251	97	901	906	875	882
43	235	287	206	261	98	906	910	881	886
44	244	298	214	270	99	911	915	888	892
45	253	308	223	280	100	916	919	896	899
46	262	319	231	291	101	920	922	903	905
47	272	329	240	301	102	924	925	910	911
48	283	341	249	312	103	928	929	917	917
49	293	352	259	323	104	932	932	923	923
50	304	364	268	334	105	935	936	929	929
51	315	376	278	346	106	939	939	934	934
52	327	388	289	357	107	942	943	939	939
53	339	401	299	369	108	946	946	944	944
54	351	414	310	381	109	949	949	948	948
55	364	427	321	392	110	952	952	952	952
56	377	440	332	404	111	955	956	955	955
57	390	453	343	417	112	958	959	958	958
58	403	466	355	429	113	961	961	961	961
59	417	480	367	441	114	964	964	964	964
60	431	493	379	454	115	967	967	967	967
61	445	507	391	466	116	969	969	969	969
62	459	521	404	479	117	972	972	972	972
63	474	535	417	492	118	974	974	974	974
64	488	548	430	505	119	977	977	976	976
65	503	562	443	518	120	979	979	979	979
66	518	575	457	531	121	1,000	1,000	1,000	1,000
67	533	588	471	545					
68	548	602	485	558					
69	563	615	499	572					
70	579	629	514	586					

**ACTUARIAL BASIS.** The above Cash Values are based on: (a) the 2001 CSO Mortality Tables and compound annual interest at 4.5% per year; (b) age at nearest birthday; and (c) continuous functions. On any Anniversary the Cash Value is equal to the present value of future benefits. The Cash Values are not less than as may be required by law. A statement, including the basis for calculations, has been filed in the State where this contract was delivered.

## DEATH BENEFIT

**PAYMENT.** We will pay the Death Benefit in one lump sum payment, from Our Home Office, in not more than 30 days from the date We receive:

1. due proof the death of the Insured occurred while this contract was in force;
2. a statement of claim from the Beneficiary; and
3. this contract.

The amount paid will be:

1. the Face Amount of insurance then in force; plus
2. any dividend additions or accumulation; less
3. any Debt.

Payment will be in equal shares when the designation of Beneficiary does not state the share of two or more Beneficiaries. To the extent permitted by law, payment will not be subject to the claims of creditors.

**INTEREST.** We will add interest, at the rate We then pay, to the Death Benefit from the date of the Insured's death to the date of payment. The interest rate will not be less than 3.5% per year or such higher rate required by state law.

**SUICIDE.** Within a period of two years from the Date of Issue, should the death of the Insured result from suicide, the Death Benefit will be:

1. the single premium paid; less
2. any dividend paid in cash; less
3. any Debt.

**OPTION.** In lieu of a single lump sum payment at death of the Insured, the Beneficiary may select from other payment options offered by Us.

## DIVIDENDS

We will, each year, review Our divisible surplus to determine the share, if any, to credit to this contract as a dividend. Any dividend will be credited on the Anniversary at the end of the contract year of determination.

You may, by Notice, choose or change one of the following options. Any change will apply only to dividends credited after the Notice date. If You do not choose an option within 60 days from the date We send notice of dividend, the dividend will be credited under option 2.

**Option 1 – Cash.** The dividend will be paid to You in cash.

**Option 2 – Additions.** The dividend will be applied as a net single premium to buy participating, paid-up, whole life insurance for the Insured. The amount of paid-up insurance will be determined: (a) at the sex and then Age of the Insured; (b) at the Premium Class shown on page 3; and (c) using Our then table of net single premium rates. The cash value of the additions, at any time, will not be less than the greater of: (a) the then net single premium for the additions; or (b) the sum of the dividends used to purchase the additions.

**Option 3 – Accumulate.** We will hold the dividend on deposit at annual, compound, interest. The interest rate will not be less than 3.0% per year. Interest will be credited each year on the Anniversary date.

You may withdraw all or part of the cash value of any additions or accumulation at any time. Any portion of the cash value used as security for Debt may not be withdrawn; however, if You so request, it may be applied to reduce the Debt. Interest, from the immediately prior Anniversary to the withdrawal date, will be added to amounts withdrawn at a rate of not less than 3.0% per year.

## CASH VALUE

We will pay the contract Cash Value to You upon Our receipt of:

1. Your written request for payment; and
2. this contract.

The Cash Value will be:

1. the Cash Value of this contract determined from the table on page 4; plus
2. the cash value of any dividend additions or accumulation; less
3. any Debt.

In the 31 days after an Anniversary, the Cash Value, after adjustment for any Loan or dividend withdrawals after that Anniversary, will not be less than it was on that anniversary day.

**DEFERRAL.** We may defer payment of the Cash Value for a period not to exceed six months from the date We receive Your request. If payment is deferred for more than ten days, We will add interest to the deferred amount at a rate of not less than 3.5% per year or such higher rate required by state law.

## LOANS

This contract will be the sole security for a Loan. You may make a Loan at any time by assignment of this contract to Us. A Loan may not exceed the Loan Value. Any prior Debt will be included in and made a part of a new Loan.

**LOAN VALUE.** The Loan Value will be:

1. the cash value of this contract determined from the table on page 4 as of, but not beyond, the next following Anniversary; plus
2. the cash value of any dividend additions or accumulation; less
3. an amount equal to the Loan Interest that will be due on the first following Anniversary.

**DEFERRAL.** We may defer granting a Loan for a period not to exceed six months from the date We receive Your Loan request. Loan Interest will not be charged during a deferral period. We will not defer a Loan made solely for payment of a premium due Us.

**LOAN INTEREST.** A Loan will bear annual, accrual, interest at a compound rate of 8.0% per year. Interest will be due, each year, on the contract Anniversary. Interest due on the Anniversary first following the Loan date will be determined from the Loan date. If not paid when due, the Interest will be added to the Debt and become a part thereof.

**REPAYMENT.** Debt may be repaid at any time: (a) during the lifetime of the Insured; and (b) while this contract is in full force and effect. Payment may be in whole or in part. Debt will be automatically repaid as a part of: (a) the payment of the Death Benefit; or (b) any settlement of this contract.

**TERMINATION.** We may terminate this contract when Debt equals or exceeds:

1. the contract cash value determined from the table on page 4; plus
2. the cash value of any dividend additions or accumulation.

We will send notice of any such termination: (a) to You and any assignee of record at Our last address of record; and (b) not less than 30 days prior to the termination date. The notice will include the minimum payment amount required to continue this contract in force.

## THE CONTRACT

**ENTIRE CONTRACT.** The entire contract, between You and Us, will consist of:

1. this contract including the attached copy of the Application;
2. any Amendment or Endorsement attached to this contract;
3. any later attached copy of an application for contract change;
4. Our Charter, Constitution and Bylaws. These documents will govern and control this contract at all times. Any duly enacted change, addition or amendment of the documents, which is effective after the Date of Issue, will: (a) be binding and will, thereafter, govern and control this contract; and (b) not reduce or destroy any benefit provided by this contract on its Date of Issue.

**REPRESENTATIONS.** We consider all statements made in the Application representations and not warranties.

**INCONTESTABLE.** Except as set forth below, we will not contest this contract after it has been in force, during the lifetime of the Insured, for a period of two years from its Date of Issue. No statement other than a material misstatement in the Application will be used to contest this contract. We may contest this contract for non-payment of premium at any time.

We may contest any material misstatement in any later application for contract change for a period of two years from the change date.

**MODIFICATION OR CHANGE.** You may modify or change this contract with the written consent of Our President or Secretary. No agent or other person has authority to: (a) modify or change this contract; or (b) waive any of the contract terms or provisions.

**INCORRECT AGE OR SEX.** We may, at any time, adjust the benefits provided by this contract if the Insured's date of birth or sex is not correctly stated in the Application. The adjusted benefits will be:

1. as provided by the single premium paid at the correct date of birth or sex; and
2. determined from the rate table used for this contract on its Date of Issue.

**MAINTENANCE OF SOLVENCY.** We may not change the benefits or single premium for this contract. Should an emergency arise which will impair Our solvency, We will, in accordance with applicable law, determine a fair share of the deficiency, if any, for this contract. You will not be personally responsible for the share; the share will be against the equity of this contract.

You may pay the share of the deficiency in cash. If not paid, the share will:

1. stand as a lien against this contract;
2. bear compound interest at an annual rate of not more than 5.0% per year; and
3. be deducted from any benefit payable.

In lieu of or in combination with the lien, You may request a reduction in benefits proportionate to the amount of the lien.

**SUSPENSION OR EXPULSION.** Should We suspend or expel the Insured from membership, You may continue this contract in force; except, when suspension or expulsion results from: Our termination of this contract, during its contestable period, for a material misrepresentation in the Application.

## **RIGHTS, PRIVILEGES AND RESPONSIBILITIES**

**MEMBERSHIP.** The rights, privileges and responsibilities of Our members are stated in Our Charter, Constitution and Bylaws. Such are:

1. personal to Our members;
2. not subject to transfer or assignment; and
3. separate from contract ownership.

**CHANGE OF BENEFICIARY.** You may change the Beneficiary by Notice. An irrevocable Beneficiary must consent to any later change. A change may be made:

1. during the lifetime of the Insured; and
2. while this contract is in full force and effect.

Any benefit We paid or action taken prior to Our receipt of Notice will not be affected. Upon Our receipt, the Notice will be effective on the later of:

1. the Notice signing date; or
2. the date, if any, requested in the Notice.

**DEATH OF BENEFICIARY.** Unless You provide otherwise, the interest of a Beneficiary in this contract ends at death when death occurs prior to the death of the Insured.

**CHANGE OF OWNER.** You may, at any time during the lifetime of the Insured, by Notice:

1. name a new contract owner; or
2. when You are other than the Insured, name or change a designee to become owner in the event of Your death prior to that of the Insured. In the absence of a designee, the Insured will be the owner in the event of Your prior death.

Any benefit paid or action taken prior to Our receipt of Notice will not be affected. Upon Our receipt of Notice, the Notice will be effective on the later of:

1. the Notice signing date; or
2. the date, if any, that You request in the Notice.

**ASSIGNMENT.** You may, in writing, assign all or specific rights or benefits in this contract. An assignment will not take effect until it is filed with Us. When so filed, it will be effective as of its signing date. We assume no responsibility for the validity or effect of any assignment.

**GOVERNING LAW.** This contract is subject to the laws of the State in which it was delivered. If part of it does not follow the law, it will be treated as if it did. Such law will, at all times, govern Our and Your rights and responsibilities and those of all others who may make a claim against this contract.

\* \* \* \* \*

**ATTACH**  
Copy of the Application  
Any Amendment or Endorsement

First **Catholic** Slovak  
Ladies **Association**  
of the United States of America

A Fraternal Benefit Society – Since 1892  
24950 Chagrin Boulevard, Beachwood Ohio 44122  
Telephone: (216)464-8015

**WHOLE LIFE INSURANCE CONTRACT**  
**SINGLE PREMIUM**

Death Benefit in the event of the death of the Insured while this contract is in force.  
Schedule of Benefits and Premiums and Maturity Date on page 3.  
Participating.

A Fraternal Benefit Society 24950 Chagrin Boulevard, Beachwood, OH 44122 1-800-464-4642

Is the applicant a member of the First Catholic Slovak Ladies Association? Yes \_\_\_ No \_\_\_ If not, apply for membership.

Branch # \_\_\_\_\_ Location \_\_\_\_\_ Certificate # \_\_\_\_\_

**1. Proposed Insured**

Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
First Middle Last Suffix  
 Address: \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_  
 Maiden Name if Female: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

**2. Plan of Insurance, Benefits, and Riders**

Plan Name/Type: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
 Additional Benefits/Riders: \_\_\_\_\_ Amount Paid with Application: \$ \_\_\_\_\_  
 Mode: \_\_\_ Annual \_\_\_ Semi-Annual \_\_\_ Quarterly \_\_\_ Monthly \_\_\_ Single Modal Premium: \$ \_\_\_\_\_  
**CERTIFICATE TO BE DATED:** \_\_\_\_/\_\_\_\_/\_\_\_\_ Automatic Premium Loan? \_\_\_ Yes \_\_\_ No  
 Dividend option, if participating: (check one)  
 \_\_\_ Purchase Dividend Additions \_\_\_ Accumulate \_\_\_ Cash \_\_\_ Reduce Premium

**3. Owner Information (If other than Proposed Insured)**

Name: \_\_\_\_\_ Relationship to Proposed Insured: \_\_\_\_\_  
First Middle Last  
 Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

**4. Beneficiary Designation (If more space is needed use an additional sheet. Date, sign and attach to this application.)**

Name	Relationship to Proposed Insured	Date of Birth	Social Security #	Share
Primary:				
Contingent:				

**5. Existing Life Insurance Information**

Other Life Insurance in force? \_\_\_ Yes \_\_\_ No If Yes, total amount: \$ \_\_\_\_\_  
 Are other applications pending with any insurer? \_\_\_ Yes \_\_\_ No  
 Will this application change or replace any existing life insurance or annuity? \_\_\_ Yes \_\_\_ No  
 If Yes, List the insurer and the policy number. \_\_\_\_\_

**6. Health History, Current Health, Personal Physician Information**

a) Has the Proposed Insured used tobacco in any form during the past 12 months? \_\_\_ Yes \_\_\_ No

b) In the last five years, has the Proposed Insured received, or is the Proposed Insured now receiving, medical or surgical care or treatment for: cancer, tumor or malignancy; diabetes, heart or circulatory disease or disorder; high blood pressure; alcohol or drug abuse; enlarged lymph nodes; stroke; epilepsy, mental or nervous disease or disorder; or, disease of the blood, kidneys, liver, lung, stomach or intestines? \_\_\_ Yes \_\_\_ No

c) Has the Proposed Insured ever been treated or diagnosed by a physician for Acquired Immune Deficiency Syndrome (AIDS); Aids Related Complex (ARC); or positive HIV test? \_\_\_ Yes \_\_\_ No

If 'Yes' to any item(s) above, circle condition(s) and give details, including dates and name, address & phone number of each doctor. If additional space is needed, use a separate sheet. Date, sign and attach to this application.

d) To the best of your knowledge and belief, is the Proposed Insured now in good health and free from any defect or impairment? \_\_\_ Yes \_\_\_ No

If 'No', list details. If additional space is needed, use a separate sheet. Date, sign and attach to this application.



**AUTHORIZATION**

**I AUTHORIZE** any of the following that have any records or information regarding the Proposed Insured, including driving records or controlled substance or alcohol abuse, to provide such records or information to The First Catholic Slovak Ladies Association of the USA, its legal representative(s), or its reinsurer(s): (1) any licensed physician or medical practitioner; (2) any hospital or clinic, medical or medically related facility; or (3) the Medical Information Bureau, consumer reporting agency or other such organization, insurer or reinsurer, employer, institution, government agency or person.

**I UNDERSTAND THAT:** (1) on request, I may receive a copy of this authorization; and (2) the information obtained by use of this authorization will be used: (a) to determine the eligibility of the Proposed Insured for insurance, or (b) to determine eligibility for benefits in the event of a claim.

**I AGREE** that this authorization, or a copy, shall be valid for a period of 24 months from the date shown below.

\_\_\_\_\_  
*Printed Name of Proposed Insured*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Proposed Insured (Parent or Guardian if Applicant is under age 16)*

\_\_\_\_\_  
*Agent/Witness*

**Fieldworker/Recommender's Interrogatory**

To the best of your knowledge and belief, will the insurance now applied for replace or change any insurance or annuity?    \_\_\_Yes    \_\_\_No

\_\_\_\_\_  
*Signature of Fieldworker/Recommender/Agent      License ID#*

\_\_\_\_\_  
*Fieldworker/Recommender/Agent Printed Name      License ID#*

**Office of the Medical Examiner**

Instructions:

I hereby approve this application.

\_\_\_\_\_  
FCSLA Medical Examiner

\_\_\_\_\_  
Date

Certificate Mailed to: \_\_\_\_ Branch \_\_\_\_ Owner \_\_\_\_ Insured \_\_\_\_ Other: \_\_\_\_\_

Date Mailed: \_\_\_\_\_ By: \_\_\_\_\_

SERFF Tracking Number: BBLB-125821138 State: Arkansas  
Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 40298  
Company Tracking Number: FCSLA/01SPWL-05  
TOI: L07I Individual Life - Whole Sub-TOI: L07I.111 Single Premium - Single Life  
Product Name: 01-SWL-05  
Project Name/Number: FCSLA/01SPWL05/FCSLA/01SPWL05

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: BBLB-125821138 State: Arkansas  
Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 40298  
Company Tracking Number: FCSLA/01SPWL-05  
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life  
Product Name: 01-SWL-05  
Project Name/Number: FCSLA/01SPWL05/FCSLA/01SPWL05

## Supporting Document Schedules

<b>Satisfied -Name:</b> Certification/Notice	<b>Review Status:</b>	09/17/2008
<b>Comments:</b>		
<b>Attachments:</b>		
01-SPWL-05 Readability Cert.pdf		
APP-2005-AR readability Cert.pdf		
<b>Satisfied -Name:</b> Authorization	<b>Review Status:</b>	09/18/2008
<b>Comments:</b>		
<b>Attachment:</b>		
FCSLA Authoriztion.pdf		
<b>Satisfied -Name:</b> Statement of Variability	<b>Review Status:</b>	09/18/2008
<b>Comments:</b>		
<b>Attachment:</b>		
Statement of Variability.pdf		
<b>Satisfied -Name:</b> Required Certifications	<b>Review Status:</b>	10/06/2008
<b>Comments:</b>		
<b>Attachments:</b>		
Code and Bulletin Compliance.pdf		
Rule Certification.pdf		

READABILITY CERTIFICATION

A. Form

Form No.

Whole Life Insurance Contract, Single Premium

01-SPWL-05

[ ] Forms listed, policy and its related forms, have been scored as one unit, score shown in D, below, is a combined score.

[x] Score shown in D, below, is for the form listed.

B. [x] Test applied to entire form.

[ ] Test was applied on a sample basis. Copy of form enclosed indicating text samples scored.

C. Standard for certification. A checked block indicates the standard has been achieved.

All Forms

[x] the form achieves the required minimum Flesch reading ease score in accordance with the option chosen in A above.

[x] the form, except for specification pages, schedules and tables, is printed in not less than 10 point type, one point leaded.

[x] the layout and spacing of the form separates the paragraphs from each other and from the border of the paper.

[x] the section titles are captioned in bold face or otherwise stand out significantly from the text.

[x] unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the form.

Policy Forms Only

[x] the style arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

[x] a table of contents or an index of the principal sections is included in the policy.

D. Flesch Scale Readability Score 63.862

Number of:

Ratio of:

Sentences: 137

Words to Sentences: 23.920

Words: 3,277

Syllables to Words: 1.403

Syllables: 4,598

Bruce and Bruce Company

Consulting Actuaries for First Catholic Slovak Ladies Association of the United States of America

By *Gene J. Drotleff*

Date August 9, 2007

READABILITY CERTIFICATION

A. Form

Form No.

Life Insurance Application

APP-2005-AR

[x] Forms listed, policy and its related forms, have been scored as one unit, score shown in D, below, is a combined score.

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[x] a table of contents or an index of the principal sections is included in the policy.

D. Flesch Scale Readability Score 52.26

Number of:

Ratio of:

Sentences: 100

Words to Sentences: 9.430

Words: 943

Syllables to Words: 1.714

Syllables: 1,616

Bruce and Bruce Company

Consulting Actuaries for First Catholic Slovak Ladies Association of the United States of America

By \_\_\_\_\_

Date October 5, 2007

**FIRST CATHOLIC SLOVAK LADIES ASSOCIATION**  
**of the United States of America**  
A Fraternal Benefit Society  
Cleveland, Ohio 44122

**AUTHORIZATION**

Bruce and Bruce Company, Consulting Actuaries, 916 Sherwood Drive, Lake Bluff, Illinois 60044-2284, is hereby authorized to file insurance and insurance related forms on behalf of the First Catholic Slovak Ladies Association of the United States of America. Bruce and Bruce Company is also authorized to represent the First Catholic Slovak Ladies Association of the United States of America, by telephone, FAX or letter or email, in matters relating to such filings.

Date: June 16, 2008

Mary Ann Johaneċ  
National President

**First Catholic Slovak Ladies Association  
of the United States of America**

**Statement of Variability**

**Form 01-SPWL-05**

Page 1 (Cover Page):

The address and phone number may change if the Society moves its Home Office.

The names of the Officers may change if the Society elects new officers.

Page 3:

The additional benefit information will change, based on the Riders, if any, the applicant elects.

The Beneficiary is designated by the applicant in the application.

The Insured information is based on the information in the application.

The Branch No. and Branch location are based on the location of the insured.

The Contract Number is assigned by the Society Home Office.

The Maturity Date is the contract anniversary for the Insured age 121.

Last Page:

The address and phone number may change if the Society moves its Home Office.

First Catholic Slovak Ladies Association of the United States of America

Compliance with Arkansas Code 23-79-138 and Bulletin 6-87 and  
Bulletin 11-88

As a newly licensed Society in Arkansas, the First Catholic Slovak Ladies Association of the United States of America will comply with Arkansas Code 23-79-138 and Bulletin 6-87 and Bulletin 11-88 when it begins issuing policies in Arkansas.

A handwritten signature in blue ink that reads "James R. Alexander". The signature is written in a cursive style.

October 6, 2008  
Date

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Authorized Consultant

First Catholic Slovak Ladies Association of the United States of America

Certification Regarding Rule 19 section 10B

On behalf of the First Catholic Slovak Ladies Association of the United States of America, I certify that the Forms submission meets the requirements of Rule 19 section 10B, as well as all applicable requirements of the Department.



October 6, 2008

Date

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Authorized Consultant

SERFF Tracking Number: *BBLB-125821138* State: *Arkansas*  
 Filing Company: *First Catholic Slovak Ladies Association of the United States of America* State Tracking Number: *40298*  
 Company Tracking Number: *FCSLA/01SPWL-05*  
 TOI: *L071 Individual Life - Whole* Sub-TOI: *L071.111 Single Premium - Single Life*  
 Product Name: *01-SWL-05*  
 Project Name/Number: *FCSLA/01SPWL05/FCSLA/01SPWL05*

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Form	Life Insurance Application	09/18/2008	APP-2005-AR.pdf

READABILITY CERTIFICATION

A. Form

Form No.

Life Insurance Application

APP-2005-AR

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Consulting Actuaries for First Catholic Slovak Ladies Association of the United States of America

By \_\_\_\_\_

Date October 5, 2007