

SERFF Tracking Number: BBLB-125827556 State: Arkansas
Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 40328
Company Tracking Number: FCCLA/SPIA2005
TOI: A05I Individual Annuities- Immediate Non- Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable
Product Name: SPIA-2005
Project Name/Number: FCCLA/SPIA-2005/FCCLA/SPIA-2005

Filing at a Glance

Company: First Catholic Slovak Ladies Association of the United States of America
Product Name: SPIA-2005 SERFF Tr Num: BBLB-125827556 State: ArkansasLH
TOI: A05I Individual Annuities- Immediate Non- Variable SERFF Status: Closed State Tr Num: 40328
Sub-TOI: A05I.000 Annuities - Immediate Non- variable Co Tr Num: FCCLA/SPIA2005 State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Authors: Virginia Kiddle, Beth Pestka Disposition Date: 10/07/2008
Date Submitted: 09/22/2008 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: FCCLA/SPIA-2005 Status of Filing in Domicile:
Project Number: FCCLA/SPIA-2005 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: 10/07/2008 Deemer Date:
State Status Changed: 10/07/2008
Corresponding Filing Tracking Number:
Filing Description:
First Catholic Slovak Ladies Association of the United States of America,
NAIC #56332, FEIN #34-0220540
Forms: SPIA-2005, Single Premium Immediate Annuity Contract

SERFF Tracking Number: BBLB-125827556 State: Arkansas
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 Company Tracking Number: FCSLA/SPIA2005
 TOI: A05I Individual Annuities- Immediate Non-Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable
 Product Name: SPIA-2005
 Project Name/Number: FCSLA/SPIA-2005/FCSLA/SPIA-2005

The filing of the referenced forms is being made as a result of the recent approval of admission to the state of Arkansas. In addition to the referenced form, other Insurance Forms are being submitted in separate submissions.

The Form is in final print as will be used for issue.

The Form has been approved by the State of Domicile (Ohio).

Form SPIA-2005 is an immediate annuity contract with guaranteed periodic payments to the annuitant.

Form AA-0105-AR is the annuity application that will be used with all annuity policy forms. It has been submitted for review with a flexible premium deferred annuity contract.

All of the above forms will be sold on an individual basis to members of the Society by agents for the Society. The agents will be licensed as required. There will be no restriction placed on sale of the contract forms by any agent. Commissions will be paid on premiums received in accordance with the Society's agreements with its agents.

Company and Contact

Filing Contact Information

(This filing was made by a third party - bab01)

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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Variable
Product Name: SPIA-2005
Project Name/Number: FCSLA/SPIA-2005/FCSLA/SPIA-2005

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	09/22/2008	22644541

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/07/2008	10/07/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Linda Bird	10/07/2008	10/07/2008	Beth Pestka	10/07/2008	10/07/2008
Industry Response						

SERFF Tracking Number: BBLB-125827556 State: Arkansas
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 Project Name/Number: FCSLA/SPIA-2005/FCSLA/SPIA-2005

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

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Project Name/Number: FCSLA/SPIA-2005/FCSLA/SPIA-2005

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/07/2008
Submitted Date 10/07/2008
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 10/07/2008
Submitted Date 10/07/2008

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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 Variable
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Form Schedule

Lead Form Number: SPIA-2005

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	SPIA-2005	Policy/Contract/Fraternal Contract Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		61	FCSLA SPIA 2005.pdf

First **Catholic** Slovak Ladies **Association**



of the United States of America

24950 Chagrin Blvd., Beachwood, Ohio 44122 1-800-464-4642 www.fcsla.com

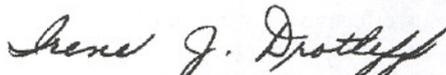
A Fraternal Benefit Society- Since 1892

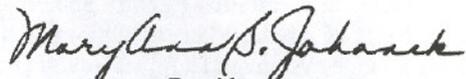
Cleveland, Ohio 44122

The Association will pay a life annuity in accordance with the terms and provisions of this contract. The first payment will be made on the Date of Issue. The amount and frequency of payment is shown in the Schedule. Payments will be made for the longer of: (1) the lifetime of the Annuitant or Annuitants named in the Schedule; or (2) the Period Certain, if any, shown in the Schedule.

This contract is a legal contract between its Owner and the Association; the rights and obligations of each are set forth in this contract. The Association has issued this contract in consideration of: (1) the Application, a copy of which is made a part of this contract; and (2) payment of the single premium shown in the Schedule.

The Association has signed this contract at its Home Office on the Date of Issue.


National Secretary


President

Read The Contract Carefully. The Association has issued this contract based on the belief that the information shown on the application is correct and complete. Please review the included copy of the Application carefully and write to the Association immediately if any of the information shown, or the answer to a question, is not correct or complete. An index to the contents of this contract is included on page 2. The Association will answer any questions the Owner may have regarding this contract on request.

Right to Cancel. The Owner has the right to cancel this contract by delivering or mailing a written notice, or by sending a telegram, to: (1) the Association at 24950 Chagrin Boulevard, Cleveland, Ohio 44122; or (2) the representative through whom the contract was purchased. The contract must be returned before midnight of the 20th day after the date of its receipt by the Owner. Notice and return of the contract are effective on being postmarked properly addressed with postage prepaid. The Association will return all amounts received within 10 days after its receipt of the notice and contract.

SINGLE PREMIUM IMMEDIATE ANNUITY CONTRACT
Single Life or Joint and Survivor Annuity as shown in the Schedule.
Annual Dividends may be paid

INDEX

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DEFINITIONS

Age. The age, nearest birthday, of the Annuitant and any Co-Annuitant: (1) on the Date of Issue; and (2) on any anniversary date. During any contract year, Age will be the Age on the anniversary at the start of that year.

Annuitant. The person named as such in the Application and Schedule and insured by this contract.

Application. The forms the Association received requesting the issue of this contract. A copy of the Application is included in this contract.

Association. The First Catholic Slovak Ladies Association of the United States of America; a Fraternal Benefit Society. It: (1) is organized under the laws of the State of Ohio; (2) has no capital stock; (3) has a lodge system and a representative form of government; (4) is not for profit; and (5) functions for the benefit of its members and their beneficiaries. The Home Office address is: 24950 Chagrin Boulevard, Cleveland, Ohio 44122.

Beneficiary. The person, persons or entity named in the application to receive any death benefit payable during any Period Certain shown in the Schedule, in the event of the death of the Annuitant and, if any, the Co-Annuitant. The Owner may change the Beneficiary, during a Period Certain, as provided in this contract.

Co-Annuitant. When this contract is issued as a joint and survivor annuity, the person named as such in the Application and Schedule.

Date of Issue. The date, shown in the Schedule, this contract is effective. Any Period Certain and all contract years and anniversaries are measured from this date.

Written, in Writing. A written document that is acceptable to us.

BENEFITS

Single Life Annuity. The Association will pay the Annuity Amount, shown in the Schedule, to the Annuitant during his or her lifetime. In the event of the Annuitant's death, prior to the end of any Period Certain shown in the Schedule, the Association will pay, in one sum to the Beneficiary, the present value of the payments remaining to complete the Period Certain. Present value will be determined using annual compound interest at the Interest Rate shown in the Schedule.

Joint and Survivor Annuity. The Association will pay the Joint Annuity Amount, shown in the Schedule, to the Owner during the lifetime of both the Annuitant and the Co-Annuitant. Payments will be made at the Payment Frequency shown in the Schedule. Payments will be made in the Survivor Annuity Amount, shown in the Schedule, effective with the payment that first follows the date of the first death of the Annuitant or the Co-Annuitant. In the event of the death of both the Annuitant and the Co-Annuitant, prior to the end of any Period Certain shown in the Schedule, the Association will pay, in one sum to the Beneficiary, the present value of the payments re-

maining to complete the Period Certain. Present value will be determined: (1) using annual compound interest at the Interest Rate shown in the Schedule; and (2) using the Survivor Annuity Amount as the payment amount.

Proof of Survival. The Association may require proof that the Annuitant or any Co-Annuitant are living, at any time. Such proof must be provided within 30 days after the date of its request or the annuity payments will stop. If proof is not received within 60 days after the date of the request, the Association will assume that the Annuitant or the Co-Annuitant are not living and pay any remaining benefit on such basis.

Action at Law. No action at law or equity can commence or be maintained on this contract until 90 days after the Association receives: (1) completed proof of the Annuitant's death or that of any Co-Annuitant; and (2) claim by the Beneficiary. No action at law or equity can commence more than 6 years after the cause of such action shall accrue.

DIVIDENDS

This contract will share in the Association's divisible surplus; its share, if any, shall be as determined by the Association. At the end of any contract year for which surplus has been apportioned to this contract as a dividend, the Owner may elect to apply the dividend under one of the following options.

- 1. Cash.** The dividend will be paid to the Owner in cash.
- 2. Increase Annuity Payments.** The dividend will be applied to increase the annuity payments in the contract year that first follows the dividend credit.

The Association will apply any dividend under the option elected in the Application or by later Written notice. Once elected, an option will remain in effect until a different option is elected. Any change in option will apply to dividends credited on or after the effective date of the change. When the Owner has not elected an option, or does not so elect within 60 days after the Association sends notice of dividend, the Association will apply the dividend, automatically, under option 2.

SCHEDULE

Contract Number: **Specimen**
Date of Issue: **January 1 2007**
Single Premium: **\$100,000.00**
Annuitant: **John Doe**
Age and Sex: **65; Male**
Co-Annuitant:
Age and Sex::

Single Life Annuity
Annuity Amount: **\$607.00**
Joint and Survivor Annuity
Joint Annuity Amount:
Survivor Annuity Amount:
Period Certain: **120 Months**
Payment Frequency: **Monthly**
Interest Rate: **4.0%**

THE CONTRACT

Entire Contract. The entire contract, between the Association and the Owner, shall consist of: (1) this contract including the attached copy of the Application; (2) any Amendment or Endorsement included in this contract on its Date of Issue; and (3) the Constitution and Bylaws of the Association.

The Association's Constitution and Bylaws shall govern and control this contract at all times. Any duly enacted change in such documents, which takes effect after the Date of Issue of this contract, will be binding and will thereafter govern and control this contract in all respects; no such change shall reduce any benefit provided by this contract on its Date of Issue.

Representations. The Association considers all statements made in the Application to be representations and not warranties. No statement, other than those in the Application, will be used: (1) to void this contract; or (2) to defend against a claim.

Incontestable. This contract shall be incontestable from its Date of Issue.

Modification or Change. This contract may be modified or changed only with the written consent of the Association. No representative or other person has authority to: (1) change this contract; or (2) waive any of the contract terms or provisions.

Incorrect Age or Sex. The life annuity amount may be adjusted if the Annuitant's sex, age or date of birth or that for any Co-Annuitant was misstated on the Application. The life

annuity payments will be those the single premium paid would have purchased based on the correct sex or age. Any underpayment will be paid, with compound interest credits on the amount of each such underpayment at a rate of 6.0% per year, with the next payment; any overpayment will be deducted, with compound interest on the amount of each such overpayment at a rate of 6.0% per year, from the next payment or payments.

Suspension or Expulsion. In the event the Association should suspend or expel the Annuitant or the Co-Annuitant, if any, the Owner has the right to continue this contract in force.

Maintenance of Solvency. The single premium and benefits provided by this contract are not subject to change. In the event an emergency should arise which would impair the Association's solvency, the Association will determine this contract's equitable apportionment, if any, of the deficiency. The Owner will not be personally responsible for the apportionment; the apportionment shall be against this contract. The Owner may pay the apportionment in cash; if not paid, the apportionment will bear interest, at a compound rate of 5.0% per year, and will be deducted from any benefit payable. In lieu of, or in combination with such accumulation, the Owner may request a reduction in benefits proportionate to the amount of the apportionment.

Reserves. The reserve value of this contract will be determined on a basis of: (1) the A2000 Individual Annuity Mortality Tables; and (2) interest at the Interest Rate shown in the Schedule.

CONTROL OF THE CONTRACT

Owner. The Annuitant shall be the Owner of this contract. When this contract is issued as a Joint and Survivor annuity, the Co-Annuitant shall become Owner in the event of the death of the Annuitant.

Change of Beneficiary. The Owner may change the Beneficiary. A change may be made by Written notice during the continuance of a Period Certain. Any change must: (1) be made during the Annuitant's lifetime; and (2) be made by Written notice acceptable to the Association. A change will be effective: (1) upon the Association's acceptance of the notice; and (2) as of the date the Owner signed the notice even though the Annuitant may not be living on the date of such acceptance. Any benefit paid or action taken prior to the Association's receipt of the notice will not be affected by the change.

Death of Beneficiary. Unless the Owner provides otherwise,

when a Beneficiary dies: (1) prior to the Annuitant, the interest of that Beneficiary ends at death; or (2) at the same time as, or within 15 days after, the Annuitant, but prior to the payment of any death benefit, the interest of that Beneficiary ends as though such death occurred prior to that of the Annuitant. Only those Beneficiaries who survive the Annuitant, as stated above, will be eligible to share in any death benefit. If no Beneficiary survives the Annuitant, any death benefit will be paid to the Annuitant's estate.

Governing Laws. This contract is subject to the laws of the State in which it was delivered. If part of it does not follow those laws, the contract will be treated as if it did. Such laws shall, at all times, govern the rights and obligations of the Owner, the Association and those of all others who may make a claim against this contract.

COPY OF APPLICATION



First **Catholic** Slovak
Ladies **Association**

of the United States of America

A Fraternal Benefit Society – Since 1892

Cleveland, Ohio 44122

SINGLE PREMIUM IMMEDIATE ANNUITY CONTRACT

Single Life or Joint and Survivor Annuity as shown in the Schedule.
Annual dividends may be paid.

IMPORTANT NOTICE

Please read carefully the copy of the application attached to this certificate. This document is a legal contract between You and the Association. It has been issued in the belief that all the answers in the application are correct and complete. If any answer is incorrect or incomplete, or if any medical history has been left out, please write to the Association at once.

A WORD TO THE INSURED MEMBER

Please include your contract number in all correspondence to the Association. We should be informed of any change in Your address.

The First Catholic Slovak Ladies Association
24950 Chagrin Boulevard, Beachwood Ohio 44122
Telephone: (800)464-4642

SERFF Tracking Number: BBLB-125827556 State: Arkansas
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Product Name: SPIA-2005
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Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 09/22/2008
Comments:
Attachment:
SPIA-2005 Readability Cert.pdf

Review Status:
Satisfied -Name: Application 09/22/2008
Comments:
Attachment:
FCSLA AA 0105-AR.pdf

Review Status:
Satisfied -Name: Authorization 09/22/2008
Comments:
Attachment:
FCSLA Authorization.pdf

Review Status:
Satisfied -Name: Statement of Variability 09/22/2008
Comments:
Attachment:
Statement of Variability.pdf

Review Status:
Satisfied -Name: Required Certifications 10/07/2008
Comments:
Attachments:
Code and Bulletin Compliance.pdf
Rule Certification.pdf

READABILITY CERTIFICATION

A. Form

Form No.

Single Premium Immediate Annuity Contract

SPIA-2005

[] 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 61.358

Number of:

Ratio of:

Sentences: 131

Words to Sentences: 14.802

Words: 1,939

Syllables to Words: 1.542

Syllables: 2,990

Bruce and Bruce Company
Consulting Actuaries for

First Catholic Slovak Ladies Association of the United States of America

By *Karen J. Drotloff*

Date August 9, 2007

APPLICATION FOR ANNUITY
The First Catholic Slovak Ladies Association
Of the United States of America
24950 Chagrin Boulevard, Beachwood Ohio 44122

Annuity # _____

Branch # _____

Please Print - Use Ink Only

1. Proposed Annuitant:

Name: _____ Social Security # _____
Address: _____ Telephone # (_____) _____
_____ Date of Birth: _____ Sex: _____
Maiden Name if Female: _____ Place of Birth: _____

2. Type of Annuity (Indicate A or B)

a) _____ **Flexible Premium Deferred** Initial Premium Amount \$ _____
Benefits to Commence at Age _____
Premium Notice: _____ Annual _____ Semi-Annual _____ Quarterly _____ Monthly _____ None

b) _____ **Single Premium Immediate** Single Premium Amount \$ _____
Settlement Option Elected: _____
Settlement Effective Date: _____

3. Beneficiary: (Indicate full name, Social Security #, and relationship to Annuitant - If more space is needed add sheet)

Primary: _____

Contingent: _____

4. Replacement: (If replacement is involved, indicate name of current company and policy/ contract # below)

Will the plan now applied for replace or change any existing insurance or Annuity? _____ Yes _____ No
Company _____
Policy # _____

5. Will this Annuity be a tax qualified plan? _____ Yes _____ No **Is it a Rollover or Transfer?** _____ Yes _____ No
If Qualified, show basis: _____ Traditional IRA _____ ROTH IRA _____ SEP _____ Simple _____ KEOGH _____ Other

6. Other Remarks / Instructions _____

The undersigned: (1) **REPRESENT** that the information shown in this application is, to the best of their knowledge and belief, complete and true; (2) **AGREE** that this application shall be the basis for and a part of any contract issued; and (3) **UNDERSTAND** that: (A) **the contract will be effective on the date the Association approves issue of the contract or the date of its receipt of the first premium for the contract;** and (B) only an officer of the Association may, in writing: (a) make or modify contracts; or (b) waive any of the Association's rights or requirements.

FRAUD WARNING

Any person who knowingly or with intent to defraud presents a false or fraudulent claim for payment of a loss or benefit, or knowingly or with intent to defraud presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

Owner: The proposed Annuitant shall be the Owner of any contract issued, except when the Applicant is an entity other than a person, the applicant shall be the owner. The contract shall be effective on its date of issue.

Signed at: _____ this _____ day of _____, 20 _____

Proposed Annuitant (Parent or Guardian if Applicant is under age 16)

Field Worker/ Recommender/ Agent Statement: Do you have knowledge or reason to believe that the replacement of existing life insurance or annuities may be involved? ____ Yes. ____ No.

Field Worker/ Recommender/ Agent Signature

Date

AA 0105-AR

REQUIREMENTS REGARDING EVIDENCE OF DATE OF BIRTH

Satisfactory evidence of the date of birth is required in all cases before annuity payments may be made. It is preferable to have such evidence on installment premium retirement annuities before issue. A certified copy of any record furnished is required. The best and most acceptable evidence is:

- Copy of birth certificate filed at or near time of birth.
- Record from the bureau of Vital Statistics or equivalent office.
- Copy of Baptismal Certificate (certified by the appropriate authority).
- Record of birth from family Bible or genealogical history presented on Proof of Age Affidavit.

Efforts to obtain one of the above should be made in all cases but if none can be obtained, the Association will consider the following sources. However, if one of these is used, a letter of explanation should accompany such evidence stating why it is being presented.

- School record.
- Confirmation record.
- Certificate of marriage.
- Life insurance record under a contract issued at least five years ago.
- Naturalization record.
- Passport, at least five years old.
- Army or Navy discharge paper.

If none of the above is available, a detailed statement as to the effort made to secure such evidence should be submitted with the application and further instructions as to the evidence for consideration will be given.

The First Catholic Slovak Ladies Association of the USA
A Fraternal Benefit Society

RECEIPT

Received from _____ the sum of \$ _____ in connection with an annuity application, bearing the same date as this receipt, for _____, Proposed Annuitant. This receipt is not valid unless: (1) the check, draft, or money order tendered as payment is good and collectible; and (2) it is signed by the person receiving the payment.

Date: _____ Field Worker/ Recommender/ Agent: _____

Please notify the Association within 30 days after the date of this Receipt, if you have not received: (1) the contract applied for; or (2) refund of the payment. Please be certain to include: (1) the amount paid; (2) the date of the payment; and (3) the name of the person to whom payment was made. Make all remittances payable to: First Catholic Slovak Ladies Association, 24950 Chagrin Boulevard, Beachwood, OH 44122.

AR 0105

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 SPIA-0105

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 Annuitant information is based on the information in the application.

The Contract Number is assigned by the Society Home Office.

The Interest Rate is guaranteed for an issued contract but will vary in the future for newly issued contracts.

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

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.

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

October 6, 2008

Date

Authorized Consultant