

SERFF Tracking Number: CMPL-125830670 State: Arkansas  
Filing Company: Transamerica Life Insurance Company State Tracking Number: 40382  
Company Tracking Number: TRANS APE 1-1008 APPL AMEND  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: TransAPE 1-1008 APPL Amend  
Project Name/Number: TransAPE 1-1008 APPL Amend/TransAPE 1-1008 APPL Amend

## Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: TransAPE 1-1008 APPL Amend SERFF Tr Num: CMPL-125830670 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 40382

Adjustable Life

Sub-TOI: L09I.001 Single Life

Co Tr Num: TRANS APE 1-1008 State Status: Approved-Closed  
APPL AMEND

Filing Type: Form

Co Status: Reviewer(s): Linda Bird  
Author: Nancy French Disposition Date: 10/02/2008  
Date Submitted: 09/24/2008 Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: TransAPE 1-1008 APPL Amend

Project Number: TransAPE 1-1008 APPL Amend

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/02/2008

State Status Changed: 10/02/2008

Corresponding Filing Tracking Number:

Filing Description:

Re: Transamerica Life Insurance Company

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

NAIC #: 468-86231; FEIN #: 39-0989781

Forms Filing - Application Amendments

*SERFF Tracking Number:* CMPL-125830670                      *State:* Arkansas  
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APE 1-1008 – Application Amendment

APE 2-1008 – Application Amendment – with statement of current health

Dear Commissioner:

This filing is being submitted by Compliance Research Services, LLC on behalf of Transamerica Life Insurance Company (Transamerica). A letter of filing authorization is enclosed.

Enclosed please find the above application amendments for your review and approval. These are new forms that do not replace any form(s) currently on file with your Department. These application amendments are intended for use with life insurance application forms approved (or currently pending approval) for use by your Department for Transamerica Life Insurance Company.

Amendment form APE 1-1008 and APE 2-1008 will be used to amend our applications in situations where we either need to correct answers to questions on the applications or to explain situations where the new policy is being issued other than as applied for (substandard or with temporary extra charges)

The forms submitted do not contain any unusual or controversial items, or provisions that deviate from normal company or industry standards.

You may direct any questions or comments regarding this submission to me at 513-984-6050 or e-mail me at dsimon@crssolutionsgroup.com. Thank you in advance for your time and attention.

Sincerely,

J. David Simon, CLU

## **Company and Contact**



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/02/2008	10/02/2008

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## Disposition

Disposition Date: 10/02/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *CMPL-125830670* State: *Arkansas*  
 Filing Company: *Transamerica Life Insurance Company* State Tracking Number: *40382*  
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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>Supporting Document</b>	Health - Actuarial Justification		No
<b>Supporting Document</b>	Outline of Coverage		No
<b>Supporting Document</b>	Authorization		Yes
<b>Supporting Document</b>	Readability		Yes
<b>Form</b>	Application Amendment		Yes
<b>Form</b>	Application Amendment		Yes

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## Form Schedule

Lead Form Number: APE 1-1008

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	APE 1-1008	Application/ Enrollment Form	Application/ Enrollment Amendment	Initial		51	APE 1-1008.pdf
	APE 2-1008	Application/ Enrollment Form	Application/ Enrollment Amendment	Initial		50	APE 2-1008.pdf



Transamerica Life Insurance Company  
Home Office: Cedar Rapids, IA

**APPLICATION AMENDMENT**

Life Insured:

The Application for Policy No.

is amended as follows:

I/We declare that I/we have, in an identical manner, completed and signed the copy of this amendment that is attached to and made part of the Policy/Certificate issued by the Company.

It is agreed that this amendment shall be part of the application for the policy.

Signed at \_\_\_\_\_ on \_\_\_\_\_ Date

Witness to all signatures (Licensed Resident Agent, as required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Transamerica Life Insurance Company  
Home Office: Cedar Rapids, IA

**APPLICATION AMENDMENT**

Life Insured:

The Application for Policy No. \_\_\_\_\_ is amended as follows:

\_\_\_\_\_  
I represent to the best of my knowledge and belief, that since the date of the Application for the policy no person to be covered by the policy has, except as stated below,

1. Had a change in health due to injury or sickness; or
2. Consulted, been examined or been treated by any physician or practitioner; or
3. Changed occupation, aviation or military status; or
4. Had any life or accident and sickness, or medical service benefits declined, modified, canceled, or been refused issue, renewal or reinstatement of such insurance or benefits; or
5. Applied for issuance or reinstatement of any insurance providing income during disability or providing hospital or medical expense benefits.

The only exceptions are: (State "none" if there are no exceptions) \_\_\_\_\_

I/We declare that I/we have, in an identical manner, completed and signed the copy of this amendment that is attached to and made part of the Policy/Certificate issued by the Company.

\_\_\_\_\_  
It is agreed that this amendment shall be part of the application for the policy.

Signed at \_\_\_\_\_ on \_\_\_\_\_  
(City, State) Date (mm/dd/yyyy)

\_\_\_\_\_  
Witness to all signatures

\_\_\_\_\_

\_\_\_\_\_

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 09/24/2008  
**Comments:**  
**Attachment:**  
AR\_AR Certif of Compliance with Rule 19.pdf

**Review Status:**  
**Satisfied -Name:** Authorization 09/24/2008  
**Comments:**  
**Attachment:**  
TLIC - Multi-Form All DOIs 7-18-08.pdf

**Review Status:**  
**Satisfied -Name:** Readability 09/24/2008  
**Comments:**  
**Attachment:**  
Readability Transamerica Life Insurance Company.pdf

**Certificate of Compliance with  
Arkansas Rule and Regulation 19**

Insurer: **Transamerica Life Insurance Company**

Form Number(s): APE 1-1008 - Application Amendment, APE 2-1008 - Application Amendment ☐☐

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

*Cheryl Bock*

\_\_\_\_\_  
Signature of Company Officer

Cheryl Bock  
\_\_\_\_\_  
Name

Assistant Vice President, Director  
Product Implementation  
\_\_\_\_\_  
Title

9-24-2008  
\_\_\_\_\_  
Date



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Transamerica Life Insurance Company  
4333 Edgewood Road NE  
Cedar Rapids, Iowa 52499

July 18, 2008

NAIC Company Code: 468-86231

RE: Individual Life Insurance Forms

To: All Departments of Insurance

Transamerica Life Insurance Company hereby authorizes Compliance Research Services, LLC, to represent us in the submission of individual life insurance forms including policies, applications, riders, endorsements, and related forms, and to negotiate with insurance departments for their approval of said forms.

Sincerely,

A handwritten signature in black ink that reads "Cheryl Book". The signature is fluid and cursive.

Cheryl Book  
Assistant Vice President, Contract Development  
Transamerica Life Insurance Company

**Transamerica Life Insurance Company**

**New – Application form filing**

**READABILITY CERTIFICATION**

This is to certify that the form(s) listed below have achieved at least the minimum required score on the Flesch Reading Ease Test.

	<b><u>Score</u></b>
APE 1-1008 - Application Amendment	51.0
APE 2-1008 - Application Amendment - with statement of current health	50.1

*Cheryl Bock*

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Assistant Vice President, Director,  
Product Implementation  
319-355-4240