

<i>SERFF Tracking Number:</i>	<i>UNFG-125892173</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40838</i>
<i>Company Tracking Number:</i>	<i>LIU-722 (10-08)</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>LIU-722 (10-08)</i>		
<i>Project Name/Number:</i>	<i>LIU-722 (10-08)</i>		

Filing at a Glance

Company: United Life Insurance Company

Product Name: LIU-722 (10-08)

TOI: L09I Individual Life - Flexible Premium

Adjustable Life

Sub-TOI: L09I.001 Single Life

Filing Type: Form

SERFF Tr Num: UNFG-125892173 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40838

Co Tr Num: LIU-722 (10-08)

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Author: Joanne Young

Disposition Date: 11/18/2008

Date Submitted: 11/11/2008

Disposition Status: Approved

Implementation Date Requested: 01/01/2009

Implementation Date:

State Filing Description:

General Information

Project Name: LIU-722 (10-08)

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/18/2008

State Status Changed: 11/18/2008

Corresponding Filing Tracking Number:

Filing Description:

LIU-722 (10-08) Other Insured Renewable 20 Year Term Rider

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 11/07/2008

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

This is a new rider that we are filing for review and approval. This is an optional rider that can be added to our new issue or inforce universal life policies of the current version. We want to offer a rider with a rate guaranteed for 20 years. After the 20 years the rider will automatically renew annually at ART rates.

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To the best of our knowledge this filing contains no unusual or possibly controversial items from normal company or industry standards.

Thank you for your consideration.

Company and Contact

Filing Contact Information

Joanne Young, Analyst jyoung@unitedfiregroup.com
 118 2nd Ave SE (319) 286-2620 [Phone]
 Cedar Rapids, IA 52407-3909 (319) 286-2570[FAX]

Filing Company Information

United Life Insurance Company CoCode: 69973 State of Domicile: Iowa
 118 2nd Ave SE Group Code: 248 Company Type: Life
 PO Box 73909
 Cedar Rapids, IA 52407-3909 Group Name: United Fire Group State ID Number:
 (319) 399-5700 ext. [Phone] FEIN Number: 42-6061188

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: 1 rider = \$20
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Life Insurance Company	\$20.00	11/11/2008	23838991

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	11/18/2008	11/18/2008

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Disposition

Disposition Date: 11/18/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Form	Other Insured Renewable 20 Year Term Rider		Yes

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Form Schedule

Lead Form Number: LIU-722 (10-08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LIU-722 (10-08)	Policy/Cont	Other Insured ract/Fratern al Term Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51	LIU-722 (10-08).pdf

UNITED LIFE INSURANCE COMPANY
Cedar Rapids, Iowa

OTHER INSURED RENEWABLE 20 YEAR TERM RIDER

1. BENEFIT

We will pay the amount of Other Insured Renewable 20 Year Term insurance benefit shown on the Policy Schedule of Benefits as soon as We receive due proof of the Other Insured's death while this rider is in force.

2. OTHER INSURED

The Other Insured is the person named in the Policy Schedule of Benefits.

3. BENEFICIARY

The benefit amount shown will be paid to the Insured on whose life the policy is issued (the Primary Insured) unless specifically designated otherwise.

4. SUICIDE EXCLUSION

If the Other Insured dies as a result of suicide within one year from the effective date of this rider, the amount We will pay will be the sum of the premiums which have been paid for this rider.

5. INCONTESTABILITY

Except for nonpayment of premiums, We cannot contest this rider after it has been in force during the life of the Other Insured for two years from the effective date of this rider.

6. COST

The monthly cost for this rider is determined as **a.** times **b.**, where:

- a.** is the Other Insured insurance specified amount; and
- b.** is the Other Insured mortality risk charge rate on the monthly policy date.

The Other Insured mortality risk charge rate is based upon the sex, attained age and rate classification of the Other Insured. We can charge less than, but not more than, the maximum guaranteed Other Insured Renewable 20 Year Term Rider Cost of Insurance Rates Per \$1000 rates shown in the Policy Schedule. (In Montana, the rates are unisex and are not based on the Insured's sex.)

7. WAIVER OF CHARGES

If, the Monthly Cost of Insurance or Monthly Deduction is being waived under a Disability Waiver of Charges rider included with this policy, any monthly cost for this rider will also be waived.

8. RENEWAL

After the initial term, this rider will continue to renew annually until the policy or rider terminates.

9. TERMINATION PROVISIONS

This rider terminates the earliest of:

- a)** When we are requested by the Owner in writing to do so; or
- b)** The due date of any unpaid premium for the policy or this rider when said premium is in default beyond its grace period; or
- c)** On the anniversary date on or next following the Other Insured's 121st birthday; or
- d)** The termination or expiry of the policy.

10. CONVERSION PROVISION

On written request of the Owner, this rider may be converted to a permanent policy, without evidence of insurability, subject to the following terms and conditions:

- a)** The conversion may take place on a premium due date of any unpaid premium prior to the termination of this rider and prior to the annual date on or next following the Other Insured's 80th birthday.
- b)** The plan of insurance under the new policy may be any permanent insurance plan which we are issuing on the date of the new policy.
- c)** The policy date of the new policy will be the date of the conversion.

- d) The new policy will be based upon the attained age of the Other Insured at the time of conversion and the risk class of the Other Insured at the time this rider is issued.
- e) The amount converted may be no larger than the Other Insured Insurance specified amount. No proof of insurability shall be required for the conversion policy except for any benefits added by rider.
- f) The premium on the new policy will be determined according to our premium rates in effect at the date of conversion for the Other Insured's age last birthday.

While the policy and rider are in full force, the Owner must submit a written application requesting the conversion and return the policy to us at our Home Office for deletion of this rider.

11. ASSIGNMENT

The benefits of this rider cannot be assigned.

12. GENERAL PROVISION

All provisions of the policy to which this is attached apply also to this rider. This rider is effective on the same date as the policy unless a different date is shown below.

Alternative Effective Date: _____


SECRETARY

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

11/07/2008

Comments:

Attachments:

AR.pdf
AR Cert.pdf

Review Status:

Satisfied -Name: Application

11/07/2008

Comments:

We will be using application LIU-113 (1-09) which was approved by your office on 11/6/08. The SERFF tracking number was UNFG-125888577.

CERTIFICATION OF READABILITY

State of
Arkansas

Form Number
LIU-722 (10-08)

Flesch Readability Score
51.3

I certify that to the best of my knowledge and belief, the above referenced form meets or exceeds the readability, legibility, and format requirements of any applicable laws and regulations of the state of Arkansas.



Jean Newlin Schnake, Secretary
United Life Insurance Company

11/11/2008
Date

CERTIFICATE OF COMPLIANCE

UNITED LIFE INSURANCE COMPANY

Form number: LIU-722 (1-09) Other Insured Renewable 20 year Term Rider

I hereby certify to the best of my knowledge and belief that this filing is in compliance with Arkansas Regulations 19 and 49 and Bulletin 11-88.

Certified by:



Jean Newlin Schnake, Secretary
United Life Insurance Company

November 11, 2008
Date