

<i>SERFF Tracking Number:</i>	<i>AUWL-125931030</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Century Life Assurance Company</i>	<i>State Tracking Number:</i>	<i>41009</i>
<i>Company Tracking Number:</i>	<i>WL(09) (CLA)</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Whole Life (CLA)</i>		
<i>Project Name/Number:</i>	<i>WL(09) (CLA)/</i>		

## Filing at a Glance

Company: Century Life Assurance Company

Product Name: Whole Life (CLA)

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate  
Premium - Single Life

Filing Type: Form

SERFF Tr Num: AUWL-125931030 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 41009

Co Tr Num: WL(09) (CLA)

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Author: Linda DeStasio

Disposition Date: 12/09/2008

Date Submitted: 12/04/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: WL(09) (CLA)

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Domicile, Arizona,  
does not require submission of this policy form.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 12/09/2008

State Status Changed: 12/09/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This is a typical whole life policy with no unusual provisions. It is marketed by independent agents to the general public. Also attached are riders for waiver of premium and accidental death benefit.

## Company and Contact

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**Filing Contact Information**

Linda DeStasio, Administrative Asst. PO Box 9510 Wichita, KS 67277	ldestasio@iai-online.com (800) 333-2525 [Phone] (316) 794-8470[FAX]
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**Filing Company Information**

Century Life Assurance Company PO Box 9510 Wichita, KS 67277 (800) 333-2525 ext. 125[Phone]	CoCode: 94447 Group Code: Group Name: FEIN Number: 73-1091065 -----	State of Domicile: Oklahoma Company Type: Life & Health State ID Number:
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**Filing Fees**

Fee Required?	Yes
Fee Amount:	\$0.00
Retaliatory?	No
Fee Explanation:	One policy
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
2872	\$50.00	12/04/2008

SERFF Tracking Number: AUWL-125931030 State: Arkansas  
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TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Whole Life (CLA)  
Project Name/Number: WL(09) (CLA)/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	12/09/2008	12/09/2008

*SERFF Tracking Number:* AUWL-125931030      *State:* Arkansas  
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*Product Name:* Whole Life (CLA)  
*Project Name/Number:* WL(09) (CLA)/

## **Disposition**

Disposition Date: 12/09/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* AUWL-125931030      *State:* Arkansas  
*Filing Company:* Century Life Assurance Company      *State Tracking Number:* 41009  
*Company Tracking Number:* WL(09) (CLA)  
*TOI:* L071 Individual Life - Whole      *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life  
  
*Product Name:* Whole Life (CLA)  
*Project Name/Number:* WL(09) (CLA)

<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		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Form</b>	Whole Life Policy		Yes
<b>Form</b>	Accidental Death Rider		Yes
<b>Form</b>	Waiver of Premium		Yes

SERFF Tracking Number: AUWL-125931030 State: Arkansas  
 Filing Company: Century Life Assurance Company State Tracking Number: 41009  
 Company Tracking Number: WL(09) (CLA)  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Whole Life (CLA)  
 Project Name/Number: WL(09) (CLA)/

## Form Schedule

Lead Form Number: WL(09)

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	WL(09)	Policy/Cont Whole Life Policy ract/Fraternal Certificate	Initial		56	WL5 (CLA).pdf
	ADB	Policy/Cont Accidental Death ract/Fraternal Rider Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		41	ADB.pdf
	WP	Policy/Cont Waiver of Premium ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		41	WP.pdf

**WHOLE LIFE INSURANCE  
NON-PARTICIPATING**

**CENTURY LIFE ASSURANCE COMPANY**  
Oklahoma City, Oklahoma

Fold folded and on the back side of policy

Fold

**CENTURY LIFE ASSURANCE COMPANY**  
(A Stock Insurance Company)  
Oklahoma City, Oklahoma  
Administrative Offices: 1035 S. 183<sup>rd</sup> Street W, Goddard, Kansas  
Mailing Address: PO Box 9510, Wichita, Kansas

(Herein called the Company)

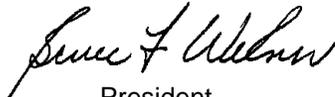
WILL PAY the Face Amount upon receipt of proof of the death of the Insured while this policy is in force. Payment is subject to all policy provisions.

THE CONSIDERATION for this policy is the attached application and the payment of the premium as required by the provisions of the policy.

THE POLICY DATE, from which policy years and policy anniversaries shall be computed, is set out in the Specifications.

YOU MAY RETURN this policy to the Company or to our agent within twenty days after receipt. The Company will then cancel this policy as of the policy date and refund any premiums you paid.

SIGNED for the Company.

  
President

  
Secretary

**WHOLE LIFE POLICY  
NONPARTICIPATING**

## TABLE OF CONTENTS

Page 1.	Face of Policy
Page 2.	Table of Contents
Page 3.	Policy Specifications
Page 4.	Payment of Benefit Provisions General Provisions
Page 5.	Cash and Loan Value
Page 6	Settlement Option Provisions Settlement Options
Page 8.	Nonforfeiture Values
Page 9.	Amendments, if any

A copy of the application and supplemental agreements, if any, follow page 8.



## **PAYMENT OF BENEFIT PROVISIONS**

### **BENEFIT**

The Company will pay the death benefit, less any loans, in effect on the date of death of the Insured while a policy is in full force prior to the termination date shown on page 3. The death benefit is stated on page 3 of this policy. Payment is subject to the provisions of this policy. Payment will be made to the named Beneficiary when the Home Office of the Company receives due proof of the Insured's death.

### **DEATH BENEFIT ADJUSTMENT**

Any premium paid for a period of time beyond the policy year in which the Insured dies will be refunded. If the Insured dies during the grace period, one year's premium will be deducted from the death benefits.

### **CLAIMS OF CREDITORS**

The benefits of this Policy shall be exempt from the claims of creditors of the Insured, Owner or Beneficiary.

## **GENERAL PROVISIONS**

### **CONTRACT**

This policy is issued in consideration of the application for it and the payment of the premium. This policy and the application make up the entire contract. The policy is all the pages shown in the Table of Contents and any attached endorsements. All statements made in the application will, in the absence of fraud, be deemed representations and not warranties. No statement made by the Insured or on his behalf shall be used in defense to a claim under this policy unless it is contained in the application. A copy of the application is attached to this policy when issued.

Only an Officer of the Company can change or waive any of the provisions of the policy. Any change must be made in writing.

### **INCONTESTABILITY**

The Company may not contest this policy after it has been in force during the lifetime of the Insured for two years from the issue date, except for failure to pay premiums. If allowed by the laws of the state in which this policy is delivered, this provision will not apply to benefits for total and permanent

disability or accidental death which may be contained in a rider which is a part of this policy.

### **SUICIDE EXCLUSION**

If the Insured commits suicide while sane or insane within two years after the issue date, the death benefit will not be paid. Instead the Company will pay a benefit equal to the amount of premiums paid. When the laws of the state in which this policy is delivered require less than this two year period, the period will be as stated in such laws.

### **MISSTATEMENT OF AGE OR SEX**

If the age or sex of the Insured as shown on the application is not correct, the benefit to be paid will be adjusted. This adjusted benefit will be an amount which the premium paid would have purchased for the correct age and sex.

### **ATTAINED AGE**

The Insured's attained age, as used in this policy, is the issue age plus the number of years and months from the issue date to the date on which the attained age is to be determined.

### **ASSIGNMENT**

The Company is not responsible for the validity of any assignment. The Company will not be bound by an assignment unless a duplicate of the written original is filed with the Company. The Company will not be liable for any payment made in good faith prior to the receipt and acknowledgement of the assignment at its Home Office.

### **NONPARTICIPATING**

This is a nonparticipating policy which does not share in the profits or surplus of the Company.

### **EFFECTIVE DATE**

The Policy will be effective when: 1) the Company approves the application; 2) the full premium has been paid while the Insured is alive; and 3) if not a standard risk class, the Owner accepts delivery.

### **LEGAL ACTIONS**

No action at law or in equity shall be brought to recover on the policy prior to the expiration of sixty days after written proof of loss has been furnished in accordance with the requirements of the policy. No such action shall be brought after the expiration of five (5) years after the time written proof of loss is required to be furnished.

## OWNER AND BENEFICIARY

The Owner and Beneficiary of this policy are named on page 3. While the Insured is alive, the Owner has all rights conferred in this policy. If the Owner and any named successor owner die before the Insured, the Insured will be the Owner. The named Beneficiary will receive the proceeds of this policy when the Insured dies. If all named beneficiaries die prior to the death of the Insured, the Company will pay the proceeds in one sum to the executor or administrator of the Insured's estate.

The Owner has the right to change any beneficiary, subject only to the consent of any living irrevocable Beneficiary. This change may be requested on forms provided by the Company. The Company must approve the change in writing. When approved, the change will take effect on the date of the request. This will be true whether or not the Insured is living on the date of such approval. But the Company shall not suffer loss because of payments made before the approval of such change.

## PREMIUMS

The Issue Date is when the first premium is due. It is also the date from which policy years, premium due dates and policy anniversaries are determined. Premiums are to be paid during the lifetime of the Insured as specified on page 3. The amount and mode of premium payment are also shown on page 3. All premiums after the first are payable in advance at either the Home Office of the Company or to an agent of the Company, upon the delivery of a receipt signed by the secretary or president of the company.

Premiums may be paid annually, semi annually, quarterly or monthly. The policy specifications list the number of years the premium must be paid. The mode of payment may be changed on any policy anniversary.

## GRACE PERIOD

A grace period of thirty one (31) days is allowed for the payment of any premium, except the first. If the Insured dies during the grace period, the annual premium will be deducted from any benefit payable.

**REINSTATEMENT PROVISIONS** - This policy may be reinstated at any time within five years after the

date of premium default. The policy must not have been surrendered for its cash value.

Reinstatement is subject to:

- a) current evidence of insurability of the Insured. This evidence must be satisfactory to the Company.
- b) payment of all overdue premiums plus interest on each. The interest is listed in the Specification.
- c) repayment of any loan plus interest. Interest is listed in the Specifications.

The reinstated policy will be contestable for two years during the lifetime of the Insured after the reinstatement date. This additional contestable period will apply only to material statements made in the reinstatement application.

## COMMON DISASTER

If a revocable Beneficiary dies at the same time or within 30 days after the Insured's death, the interest of the Beneficiary will end. Provided, that no benefits of the policy have been received by the Beneficiary.

## SETTLEMENT

All payments by the Company are payable at its Home Office.

## CASH AND LOAN VALUE

### CASH VALUE

The Owner may surrender this policy at any time and receive a nonforfeiture benefit, less any indebtedness.. The nonforfeiture benefit options at the end of certain Policy Years are shown on page 8. The Company reserves the right to defer payment of any cash value up to six months from the date requested.

The values are computed using the Standard Nonforfeiture Value Method, based on the effective annual nonforfeiture interest and the mortality table specified on page 3. The mortality table is adjusted to the Insured's age as of the Insured's last birthday. Deaths are assumed to occur at the end of the Policy Year.

### DEFERMENT

The Company may defer a loan or cash surrender for up to six months from the date of the request. This does not apply to loans used to pay premiums.

## POLICY LOANS

The Owner may borrow any part of the cash value. Interest on a loan is stated on page 3. Interest is payable on each policy anniversary and when the loan is settled. Interest not paid when due will be added to the loan and accrue interest at the same rate. Any part of the loan may be repaid at any time prior to death of the Insured. Any loan or repayment must be at least \$10. If the loan plus interest is greater than the cash value, the policy will end. Notice will be sent to the Owner at least 31 days prior to lapse.

**AUTOMATIC PREMIUM LOAN** - If selected by the Owner, the cash value of this policy will be used to pay any premium in default. This includes premiums for any riders attached. Any loan under this provision is subject to the same conditions as a cash loan.

The premium loan plus interest to the next policy anniversary cannot be:

- a) smaller than a quarterly premium, or
- b) larger than the cash value of the policy on the next policy anniversary.

If the cash value is not large enough to provide a premium loan, a non-forfeiture option will become effective.

## SETTLEMENT OPTION PROVISIONS

### ELECTION OF OPTION

All rights of the Owner provided in the Owner and Beneficiary provision apply to any election or change of election of a Settlement Option. If the Beneficiary is not an individual receiving payment in his or her own right, the Company must consent to any option other than a lump sum payment. A change of beneficiary revokes a prior election option. The beneficiary has no right to change or revoke an election unless this right was given by the Owner and agreed to by the Company in writing. If the Owner does not elect an option, the Beneficiary will have the right at the time of settlement.

If all named beneficiaries die prior to the death of the Insured, the Company will pay the proceeds in one sum to the executors or administrators of the Insured's estate.

### PROCEEDS

All or part of the policy proceeds may be paid to the payee in one sum or under one or more of the

Settlement Options. The amount which may be applied under the option must be at least \$2,500 and provide periodic payments of at least \$20. If not, the proceeds will be paid in a lump sum.

### SUPPLEMENTARY CONTRACT

A supplementary contract will be issued in exchange for this policy when a settlement is made by any of the options. If settlement is a result of the Insured's death, the effective date of that contract will be the date when proof of death is received by the Company. If applicable and if settlement is a result of policy maturity as an endowment or cash value surrender, the effective date of the contract will be the date of maturity or surrender.

Interest under Option 1 will be earned from the effective date of the contract. The first installment under Options 2, 3, 4 and 5 will be paid on the effective date of the contract unless a written election provides otherwise.

### INTEREST RATE

The interest rate for these options may vary, but will not be less than the rate shown on page 3 under "Interest Rates". The interest rate may be changed by the Board of Directors. If so, the Company will determine the amount and the method of payment of such earnings.

### DEATH OF THE PAYEE

If the payee dies after the option goes into effect, any payments remaining to be paid will be paid in accordance with the supplementary contract in effect.

## SETTLEMENT OPTIONS

All rates shown are the minimum guaranteed rates. Payments may be higher based on interest rates being paid by the Company at the time of payment.

### OPTION 1. INTEREST

The proceeds may be left with the Company to earn interest for a specified period. This period of time may not exceed 30 years or the lifetime of the payee. The interest earned may be paid as agreed upon or credited annually and added to the proceeds. At the end of the specified period, the proceeds will be paid to the payee. If the payee dies before the end of this period, the proceeds will be paid as previously agreed upon.

**OPTION 2 INSTALLMENTS FOR A GUARANTEED PERIOD**

The proceeds may be used to provide equal installments for a guaranteed period. This period may not exceed 30 years. The equal installment may be paid on an annual, semi annual, quarterly or monthly basis. The amount of each monthly installment for each \$1,000 of proceeds is shown in the table below.

The installment amounts on other than a monthly basis, or for years not shown, will be furnished upon request.

Number of Years Guaranteed	Monthly Installment Per \$1000
5	\$17.73
10	9.41
15	6.65
20	5.29
25	4.47
30	3.94

**OPTION 3. SPECIAL SETTLEMENT**

The proceeds may be paid in installments of equal or varied amounts. This option must be agreed to by the Company. Such installments will be paid until the proceeds plus interest credited on unpaid balances are paid in full.

**OPTION 4. LIFE INCOME WITH A GUARANTEED PERIOD**

The proceeds may be used to provide equal monthly installments for a guaranteed period and thereafter during the lifetime of the payee. This guaranteed period may be 5, 10 or 20 years.

The Company can require satisfactory evidence of the payee's age before making any payment under

this option. The amount of the monthly installments is determined by: (a) the guaranteed period chosen, and (b) the payee's sex and attained age on the date the first installment would be paid. The amount for each \$1,000 of proceeds is shown in the table below. Installments for any age not shown will be furnished upon request.

Age Last Birthday	Monthly Life Income with Payments Guaranteed For:	
	10 years	20 years
Male Payee		
50	\$3.81	\$3.71
55	4.19	4.01
60	4.68	4.35
65	5.31	4.68
70	6.08	4.96
75	6.96	5.15

Age Last Birthday	Monthly Life Income with Payments Guaranteed For:	
	10 years	20 years
Female Payee		
50	\$3.57	\$3.52
55	3.90	3.80
60	4.33	4.14
65	4.89	4.51
70	5.63	4.85
75	6.55	5.10

**ALTERNATE LIFE INCOME OPTION**

If Option 4 is elected the proceeds may be used to provide a monthly life income which is equal to 103% of the monthly annuity that would be purchased based on the rates of the Company then in use for new single premium annuities..

WHOLE LIFE

TABLE OF GUARANTEED NONFORFEITURE VALUES

AGE: 35

RISK CLASS: Male

FIGURES SHOWN ARE FOR \$1,000 OF FACE AMOUNT

End of Policy Year	Cash or Loan Value	Paid Up Life Insurance	Extended Insurance Years	Days
1	0	0	0	0
2	0	0	0	0
3	4	24	2	282
4	13	74	7	193
5	22	119	11	29
6	32	166	14	42
7	41	204	15	332
8	52	248	17	284
9	62	284	18	334
10	73	321	19	326
11	84	355	20	220
12	96	390	21	104
13	107	418	21	233
14	120	450	22	43
15	133	480	22	151
16	146	506	22	204
17	160	534	22	254
18	174	558	22	264
19	188	581	22	241
20	203	604	22	223
Age 55	218	625	22	176
Age 60	299	719	21	108
Age 65	386	791	19	180

Values shown apply at the end of the policy year provided all premiums are paid to the end of that year and there is no indebtedness. Values at any time other than at the end of the year will be determined giving allowance for the part of the year for which premiums are paid. Values for years not shown will be furnished on request.

If no non-forfeiture option or Automatic Premium Loan has been selected, the policy will be continued as Extended Term Insurance.

Cash Value Factors - Cash values and paid-up benefits are not less than the minimum values and benefits required by the state in which this policy is delivered. The method of computation is on file with the Insurance Department of the state in which this policy is delivered.

## AMENDMENTS

### **For policies issued in Arkansas**

We will pay a death claim within 30 days of:

1. receipt of due proof of loss of any person insured under this policy; and
2. proof of the identity of the beneficiary.

If the claim is not paid within 30 days of receipt of such proofs, we will pay interest of 8% annually until the claim is paid.

For information, service, or complaint:

Policyowner Services  
P.O. Box 9510  
Wichita, Kansas 67277  
1-800-333-2525

You may also contact your agent or any of our agents for additional help

If we fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department  
Consumer Services Division  
1200 W. Third Street  
Little Rock, AR 72201  
(501) 371-2640  
(800) 852-5494

### **For policies issued in Idaho:**

If you request surrender of this certificate, we will send you the cash surrender value within 30 days of our receipt of your request. If we defer your payment for more than 30 days, we will pay you interest. Interest will be from the day we receive your request until we make payment to you. The interest rate will be the rate declared by the Idaho State Treasurer in accordance with Idaho Code 28-22-104 on July 1<sup>st</sup> of every year.

### **For policies issued in Oklahoma**

The following provision is hereby added to the provision on the face of this policy with regard to the twenty day right to examine this policy:

The premium will be refunded within 30 days of the date of cancellation of this policy. If we do not refund the premium within 30 days, we will pay interest on the amount to be refunded at the rate of interest calculated as set forth in the Insurance Laws of the State of Oklahoma.

## ACCIDENTAL DEATH BENEFIT RIDER

The Company agrees to pay the amount of Accidental Death Benefit shown in the Specifications, subject to the provisions of the policy and this Rider. The amount of Accidental Death Benefit will be in addition to any amount otherwise payable. Payment will be made upon receipt by the Company of due proof that:

- (1) death of the Insured resulted from accidental bodily injury and independently of all other causes; and
- (2) death occurred within 90 days after such injury and while the policy and this Rider were in full force and before the policy anniversary nearest the Insured's 70th birthday.

### PROVISIONS APPLICABLE TO JOINT LIFE POLICY

As used in this Rider the words "the Insured" refer to the Insured listed for an Accidental Death Benefit in the Specifications. If two Insureds are listed, then the words "the Insured" as used in this Rider refer to both Insureds. The Accidental Death Benefit will be applicable to either Insured and will be payable on the death of the first to die by accident as provided in this Rider. If both Insureds are covered for the Accidental Death Benefit and die simultaneously as a result of the same accident, the Accidental Death Benefit will be payable in accordance with this Rider in respect to both Insureds.

**EXCEPTIONS AND EXCLUSIONS** - No Accidental Death Benefit will be payable if any of the following caused or contributed to the death of the Insured:

- (1) Suicide or any attempt at suicide, whether sane or insane.
- (2) War or service in the military, naval or air forces of any country at war. War as used in this Rider means declared or undeclared war or any conflict between the armed forces of countries or governments, or of a coalition of countries or governments through an international organization or otherwise.
- (3) Disease, bodily or mental infirmity, or medical or surgical treatment for such disease or infirmity.

- (4) Travel or flight in, or descent from any kind of aircraft.
- (5) Any drug, poison, gas or fumes voluntarily or involuntarily taken, administered, or inhaled unless administered in a medical situation by a medically qualified person.
- (6) Gunshot wounds inflicted by the Insured.
- (7) Participating in or attempting to commit an assault or felony.
- (8) An accident suffered by an Insured for which intoxication of the Insured is a contributing factor.
- (9) Voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, except as prescribed by a physician and used as directed.

### GENERAL PROVISIONS

The Accidental Death Benefit will be paid in one sum unless otherwise requested in writing by the Owner or by the Beneficiary (if no such request was made by the Owner prior to the death of the Insured).

This Rider is issued in consideration of the application(s) for the policy and this Rider, and the payment of premiums shown in the Specifications. This Rider is made a part of the policy to which it is attached.

**AUTOPSY** - The Company shall have the right and opportunity to examine the body of the Insured and to perform an autopsy unless forbidden by law.

**TERMINATION OF AGREEMENT** - This Rider shall cease to be in force under the earliest of any of the following conditions:

- (1) If any premium is not paid before the expiration of the grace period.
- (2) Upon the anniversary of the policy nearest the Insured's 70th birthday.

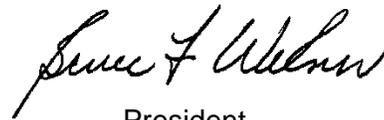
- (3) When the policy matures, or expires.
- (4) Upon written request of the Owner for its cancellation on any premium due date.
- (5) The termination, expiry or maturity date shown in the Specifications.

The acceptance of any premium for a period after termination of this Rider shall not make the Company liable nor be considered a waiver by the Company of such termination. Any premium so accepted will be refunded.

The benefits of this Rider are not subject to conversion.

Signed for the company.

  
Secretary

  
President

## TOTAL AND PERMANENT DISABILITY RIDER

The Company agrees to waive the payment of premiums under this policy, subject to the provisions of the policy and this Rider. The benefits provided by this Rider are effective when the Company receives due proof that the Insured is totally and permanently disabled.

If disability starts during the grace period, the premium due must be paid to the Company. Premiums must be paid before the end of the grace period before the Company approves a total disability claim. If the claim is approved, any premium paid which is eligible for waiver will be refunded.

The waiver of payment of premiums includes premiums for all riders and supplemental agreements included in the policy and will not reduce any amount payable under the policy.

This Rider is issued in consideration of the application(s) for the policy and this Rider, and the payment of the required premium. This Rider is made a part of the policy to which it is attached.

**BENEFIT** - Waiver of the payment of premium begins with the premium due on or after the beginning of total and permanent disability. All premiums becoming due under this policy while total disability continues shall be waived.

**LIMITATIONS** - Waiver of the payment of premiums shall not be allowed if total and permanent disability results from any of the following:

- (1) Intentionally self-inflicted injury, while sane or insane;
- (2) Service in the military, naval or air force of any country at war; or
- (3) War, insurrection or any act of war.
- (4) Participation in or attempting to commit an assault or felony.
- (5) Voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, except as prescribed by a physician.

**DEFINITIONS** - As used in this Rider:

"Sickness" means a sickness or disease which manifests itself while the policy and this Rider are in force.

"Injury" means accidental bodily injury sustained while the policy and this Rider are in force.

"Physician" means any licensed medical practitioner, other than the Insured, practicing within the scope of his license.

"Total Disability" must: 1) begin prior to the policy anniversary nearest the Insured's 60th birthday; 2) begin while the policy and this Rider are in force; 3) result from bodily injury or sickness; 4) prevent the Insured from engaging in any occupation for which he is qualified by reason of training, education or experience. During any period of disability, the Insured must be under the regular care of a physician.

"Total and Permanent Disability" is defined as follows:

Total Disability is permanent after it continues for six consecutive months. Disability must occur while the policy and this Rider are in force.

If a recurrence of a total disability follows within 30 days after the recovery from total and permanent disability, and it is due to the same or related causes, then such total disability shall be considered total and permanent disability.

The total and irrecoverable loss of sight of both eyes; or the entire and irrecoverable loss of use of both hands or both feet; or of one hand and one foot, shall be total and permanent disability. Loss must occur while this Rider is in force.

"Date of commencement" of total and permanent disability is the beginning of total disability which is later presumed permanent. In no event shall such disability be considered to have commenced more than six months prior to the date on which the Company receives notice of claim.

"War" as used in this rider means declared or undeclared war or any conflict between the armed forces of countries or governments or of any coalition of countries or governments through an international organization or otherwise.

**PROVISIONS APPLICABLE TO JOINT LIFE POLICY**

In this Rider, the words "the Insured" refer to the Insured listed for a Total and Permanent Disability Benefit in the Specifications. If both Insureds are listed, then the words "the Insured" refers to both Insureds.

WRITTEN NOTICE OF CLAIM - Written notice of claim and proof of disability must be received at the Home Office of the Company; (a) during the lifetime of the Insured and (b) during the continuance of total disability.

Failure to give notice within the time provided will not invalidate the claim if it is shown that notice was given as soon as reasonably possible.

As part of any proof, the Insured may be required to be examined by a medical examiner designated by the Company.

PROOF OF CONTINUANCE - The Company at any time may require due proof of the continuance of total disability. Such proof or examination shall not be required more often than once a year after disability has continued for two years. If the Insured fails to submit to examination or to furnish proof, no further premiums will be waived. If the Insured recovers from a total disability, the Owner must give immediate notice of recovery to the Company.

  
Secretary

TERMINATION OF RIDER - This Rider shall cease under the first of any of the following conditions:

- (a) If any premium is not paid before the expiration of the grace period.
- (b) On the anniversary of the policy nearest the Insured's 60th birthday; such termination shall not affect a claim for disability occurring before such anniversary.
- (c) On written request of the Owner for its cancellation on any premium due date. The request must include this Rider and the policy.

The acceptance of any premium for a period after termination of this Rider shall not make the Company liable nor be considered a waiver of termination. Any premium accepted will be refunded. Termination of this Rider will not affect a valid claim for benefits for disability which begins before the termination.

  
President

*SERFF Tracking Number:* AUWL-125931030      *State:* Arkansas  
*Filing Company:* Century Life Assurance Company      *State Tracking Number:* 41009  
*Company Tracking Number:* WL(09) (CLA)  
*TOI:* L071 Individual Life - Whole      *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life  
  
*Product Name:* Whole Life (CLA)  
*Project Name/Number:* WL(09) (CLA)/

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AUWL-125931030 State: Arkansas  
Filing Company: Century Life Assurance Company State Tracking Number: 41009  
Company Tracking Number: WL(09) (CLA)  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Whole Life (CLA)  
Project Name/Number: WL(09) (CLA)/

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 12/03/2008  
**Comments:**  
**Attachment:**  
AR Compliance.pdf

**Review Status:**  
**Satisfied -Name:** Application 12/03/2008  
**Comments:**  
The application used for this form is AORDLF, which was approved 10/14/08.

## CERTIFICATION

Arkansas Code 23-79

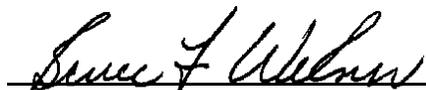
Rule and Regulation 49 - Life and Disability Insurance Guaranty Fund Notices

Rule and Regulation 19 – Unfair Sex Discrimination in the Sale of Insurance

Bulletin 11-88 - Arkansas Act 197 of 1987

THIS IS TO CERTIFY that the attached forms are in compliance with the relevant provisions of Arkansas Codes and Statutes listed above that specifically provide for group life insurance.

(Signed by an officer of the company)



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Bruce F. Welner

President

Century Life Assurance Company

December 4, 2008