

SERFF Tracking Number: GBAC-125915761 State: Arkansas
Filing Company: Degree of Honor Protective Association State Tracking Number: 40947
Company Tracking Number:
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: DOH ULIVZ Amended
Project Name/Number: DOH ULIVZ Amended/

Filing at a Glance

Company: Degree of Honor Protective Association

Product Name: DOH ULIVZ Amended SERFF Tr Num: GBAC-125915761 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 40947

Adjustable Life

Sub-TOI: L09I.001 Single Life

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Mary Gardner

Disposition Date: 12/04/2008

Date Submitted: 11/25/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: DOH ULIVZ Amended

Status of Filing in Domicile: Pending

Project Number:

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: 12/04/2008

Deemer Date:

State Status Changed: 12/04/2008

Corresponding Filing Tracking Number:

Filing Description:

This filing is an amendment to the previous form ULIVZF(AR) filing which was approved on 10-14-08 under SERFF Tr Num GBAC-125825805. No policies have yet been issued on form ULIVZF(AR) or will be until this revision is approved.

In Provision 7.5, Guaranteed Coverage Monthly Premium, the guaranteed coverage period is being revised to 5 years, instead of 1 year. Enclosed is policy page 12 with revised Provision 7.5 language.

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This change resulted in a revision in the guaranteed coverage monthly premium rates. As such, revised policy page 3.0, Section 1 is included which illustrates the new premium.

It was further discovered that the Society's administrative system cannot handle monthly expenses per \$1,000 expressed in more than two decimal places. The charges originally filed have been truncated to two decimal places. This resulted in a slight impact on the surrender charges. Included is a revised policy page 4.0, Section 2, which illustrates the new expense and surrender charges.

Due to the above, a new actuarial description is also included. This description reflects:

1. Narrative changes on pages 1 and 2 with respect to the guaranteed coverage monthly premium test.
2. Revised monthly expenses per \$1,000 in Appendix A.
3. Revised minimum premium rates in Appendix C.
4. Revised surrender charges in Appendix D.
5. Revised minimum premium rates for riders in Appendix E.
6. Revised Standard Nonforfeiture Law Demonstration of Compliance in Appendix F.
7. Revisions to the sample specification pages noted above, in Appendix G.

Mary Gardner
Compliance Coordinator

Company and Contact

Filing Contact Information

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

Mary Gardner, mgardner@lifebase.com
100 First Avenue N.E. (319) 896-5970 [Phone]
Cedar Rapids, IA 52401 (319) 896-5979[FAX]

Filing Company Information

Degree of Honor Protective Association CoCode: 57088 State of Domicile: Minnesota
400 Robert Street N Group Code: Company Type: Fraternal

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Suite 1600

St. Paul, MN 55101-2029
(651) 228-7600 ext. [Phone]

Group Name:
FEIN Number: 41-0216310

State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$75.00
Retaliatory? Yes
Fee Explanation: 1 form @ \$75.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Degree of Honor Protective Association	\$75.00	11/25/2008	24147967

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	12/04/2008	12/04/2008

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Disposition

Disposition Date: 12/04/2008

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		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Authorization Letter		Yes
Supporting Document	Actuarial Memorandum		No
Form	Flexible Premium Adjustable Death Benefit Life Insurance		Yes
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Form Schedule

Lead Form Number: ULIVZF(AR)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ULIVZF(AR)	Policy/Cont	Flexible Premium ract/Fratern al Benefit Life Certificate: Insurance Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: ULIVZF(AR) Previous Filing #: ULIVZF(AR)		ULIVZF(AR) pg 12.pdf
	ULIVZF(AR)	Data/Declar	Flexible Premium ation Pages Adjustable Death Benefit Life Insurance	Revised	Replaced Form #: ULIVZF(AR) Previous Filing #: ULIVZF(AR)		ULIVZF(AR) sec pgs.pdf

7.5 GUARANTEED COVERAGE MONTHLY PREMIUM

The guaranteed coverage monthly premium shown in Section 1 is the monthly amount needed to assure this Policy stays In Force during the first 5 Policy Years.

This Policy shall stay In Force during the first 5 Policy Years, even if the Surrender Value is not sufficient to cover the next monthly deduction and monthly cost of insurance, provided:

- a. the sum of the premiums paid to date, less any withdrawals and partial Surrender Charges, and less any indebtedness;
equals or exceeds
- b. the guaranteed coverage monthly premium times the number of monthly dates since the Policy Date.

7.6 REINSTATEMENT

The Policy may be reinstated within five years after termination if it had not been surrendered for cash. To reinstate this Policy We require:

- a. evidence of the Insured's insurability acceptable to Us;
- b. payment of any monthly deduction and monthly cost of insurance amounts for the grace period; and
- c. payment of enough premium to keep the Policy In Force for 2 months beyond the date of reinstatement.

A reinstatement shall be effective on the monthly date following the date the application for reinstatement is approved at Our Home Office. Any Account Value and any indebtedness existing at the beginning of the grace period shall be restored.

SECTION 8

POLICY VALUES

8.1 ACCOUNT VALUE

The Account Value on the Policy Date is equal to the net premium paid on the Policy Date less the monthly deduction and the monthly cost of insurance for the month that follows the Policy Date. The Policy Date is the first monthly date.

The Account Value on any subsequent monthly date is:

- a. the Account Value on the preceding monthly date; plus
- b. one month's interest on the Account Value in a. above; plus
- c. net premiums received since the preceding monthly date, including interest compounded daily from the date received; less
- d. any withdrawals, withdrawal fees and partial Surrender Charges since the preceding monthly date, including interest compounded daily from the date withdrawn; less
- e. the monthly deduction for the next following Policy Month; less
- f. the monthly cost of insurance for the next following Policy Month.

Net premiums are premiums received less the premium expense charge shown in Section 2.

On any day other than a monthly date, the Account Value shall be calculated in a like manner. This includes interest, compounded daily to the day of calculation, on the Account Value as of the immediately preceding monthly date, and on net premiums received or withdrawals made since the immediately preceding monthly date.

SECTION 1
POLICY DATA

OWNER: John Doe

BENEFICIARY: As stated in the application, unless subsequently changed.

BENEFITS

PLAN: Flexible Premium Adjustable Life

FACE AMOUNT: \$50,000

DEATH BENEFIT OPTION: A

PREMIUMS

FIRST PREMIUM: \$682.20

PLANNED PREMIUM: \$682.20

FREQUENCY: Annually

IMPORTANT NOTICE

IT IS POSSIBLE THAT COVERAGE WILL TERMINATE IF PREMIUMS ARE NOT PAID OR PREMIUMS ARE NOT SUFFICIENT TO CONTINUE COVERAGE.

POLICY NUMBER: 123456

INSURED	AGE	SEX	RISK CLASS	POLICY GUARANTEED COVERAGE MONTHLY PREMIUM
John Doe	35	Male	Non-Tobacco	\$24.68

POLICY DATE: July 1, 2008

SECTION 2
POLICY GUARANTEES

GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES PER \$1,000

AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE
35	.093	50	.288	65	1.353	80	5.977	95	22.851	110	49.888
36	.098	51	.314	66	1.482	81	6.653	96	24.265	111	52.486
37	.103	52	.347	67	1.617	82	7.368	97	25.772	112	55.236
38	.111	53	.384	68	1.759	83	8.150	98	27.378	113	58.146
39	.118	54	.432	69	1.919	84	9.019	99	29.093	114	61.221
40	.127	55	.485	70	2.106	85	9.986	100	30.730	115	64.469
41	.138	56	.540	71	2.333	86	11.049	101	32.183	116	67.897
42	.151	57	.593	72	2.598	87	12.198	102	33.728	117	71.511
43	.167	58	.647	73	2.877	88	13.420	103	35.370	118	75.317
44	.184	59	.709	74	3.177	89	14.702	104	37.106	119	79.306
45	.203	60	.785	75	3.503	90	15.978	105	38.934	120	83.333
46	.223	61	.878	76	3.872	91	17.235	106	40.875	121+	0.00
47	.238	62	.985	77	4.300	92	18.552	107	42.934		
48	.251	63	1.103	78	4.798	93	19.940	108	45.119		
49	.267	64	1.225	79	5.355	94	21.403	109	47.435		

THE BASIS OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES IS THE 2001 COMMISSIONERS STANDARD ORDINARY ULTIMATE TABLE, AGE LAST BIRTHDAY, MALE OR FEMALE. AGGREGATE SMOKER MORTALITY IS USED FOR AGES UNDER 21 AND SMOKER-DISTINCT MORTALITY FOR AGES GREATER THAN OR EQUAL TO 21. INSUREDS UNDER AGE 21 ON THE POLICY DATE WILL BE CONSIDERED TOBACCO USERS AT AGE 21 UNLESS REQUALIFICATION TO NON TOBACCO USER STATUS OCCURS. RATES REFLECT THE APPROPRIATE INCREASE FOR RATED RISKS.

THE POLICY GUARANTEED INTEREST RATE IS 4% PER ANNUM.

THE MONTHLY ADMINISTRATIVE FEE IS \$.41 PER MONTH PER \$1,000 OF DEATH BENEFIT AMOUNT FOR THE FIRST POLICY YEAR AND \$.09 PER MONTH PER \$1,000 OF DEATH BENEFIT AMOUNT FOR THE SECOND AND SUBSEQUENT POLICY YEARS UNTIL THE POLICY ANNIVERSARY WHEN THE INSURED ATTAINS AGE 121; 0 THEREAFTER. THE PREMIUM EXPENSE CHARGE IS 3% OF EACH PREMIUM UNTIL THE POLICY ANNIVERSARY WHEN THE INSURED ATTAINS AGE 121; 0 THEREAFTER.

THE POLICY LOAN INTEREST RATE IS 8% PER ANNUM, PAYABLE IN ARREARS.

POLICY SURRENDER CHARGES FOR THE FACE AMOUNT IN EFFECT ON THE POLICY DATE:

POLICY YEAR		POLICY YEAR		POLICY YEAR	
1	897.50	6	690.50	11	345.00
2	897.50	7	621.50	12	276.00
3	897.50	8	552.50	13	207.00
4	828.50	9	483.50	14	138.00
5	759.50	10	414.00	15	69.00
				16 AND LATER	0.00

AN ADDITIONAL SURRENDER CHARGE TABLE WILL APPLY FOR EACH INCREASE IN THE DEATH BENEFIT AMOUNT. THE 15 YEAR PERIOD FOR ANY ADDITIONAL TABLE WILL BEGIN ON THE EFFECTIVE DATE OF THE INCREASE.

THE MINIMUM DEATH BENEFIT AMOUNT IS \$25,000 FOR ISSUE AGES LESS THAN 55; \$15,000 FOR ISSUE AGES 55 AND ABOVE. THE MINIMUM INCREASE IN THE FACE AMOUNT IS \$5,000.

THE MINIMUM WITHDRAWAL AMOUNT IS \$500. THERE IS A \$25.00 WITHDRAWAL FEE FOR EACH PARTIAL WITHDRAWAL.

THE MINIMUM PREMIUM PAYMENT AMOUNT IS \$10.00

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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

11/21/2008

Comments:

Attachments:

AR Cert Comp 19.pdf

AR Cert Comp 34.pdf

Review Status:

Satisfied -Name: Authorization Letter

11/21/2008

Comments:

Attachment:

Authorization Letter-Amended ULIVZF.pdf

STATE OF ARKANSAS

1200 West Third Street
Little Rock, AR 72201

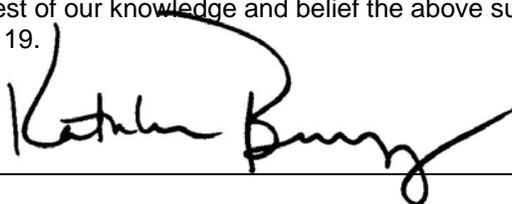
***Certification of Compliance
Rule and Regulation 19***

Carrier: **DEGREE OF HONOR PROTECTIVE ASSOCIATION**

Form Number and Title: **ULIVZF(AR) Flexible Premium Adjustable Death Benefit Life Insurance**

We hereby certify that to the best of our knowledge and belief the above submission complies with the Arkansas Rule and Regulation 19.

Signature of Officer: _____

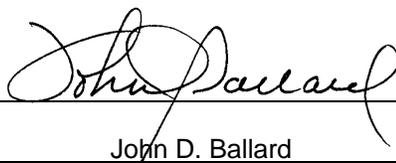


Name (typed or printed): Kathleen Brownrigg

Title or business affiliation: Chief Executive Secretary

Date: November 24, 2008

Signature of Actuary : _____



Name (typed or printed): John D. Ballard

Title or business affiliation: Consulting Actuary, Griffith, Ballard and Company

Date: November 25, 2008

STATE OF ARKANSAS

1200 West Third Street
Little Rock, AR 72201

*Certification of Compliance
Rule and Regulation 34*

Carrier: **Degree of Honor Protective Association**

Form Number and Title: ULIVZF (AR) Flexible Premium Adjustable Death Benefit Life Insurance

We hereby certify that to the best of our knowledge and belief the above submission complies with the Arkansas Rule and Regulation 34.

Signature of Officer: _____



Name (typed or printed): _____

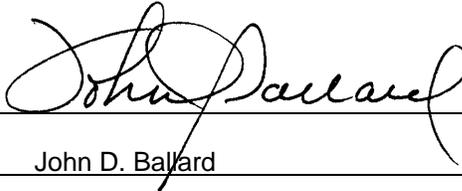
Kathleen Brownrigg

Title or business affiliation: _____

Chief Executive Secretary

Date: November 24, 2008

Signature of Actuary : _____



Name (typed or printed): _____

John D. Ballard

Title or business affiliation: _____

Consulting Actuary, Griffith, Ballard and Company

Date: November 25, 2008



Degree of Honor Protective Association

400 Robert Street N., Suite 1600
Saint Paul, Minnesota 55101-2029
1-800-947-5812 • (651) 228-7600 • FAX: (651) 224-7446
degreeofhonor.com

November 24, 2008

Re: DEGREE OF HONOR PROTECTIVE ASSOCIATION – NAIC #57088

**ULIVZF Flexible Premium Adjustable Death Benefit Life Insurance
Amended Filing**

To Whom it May Concern:

I HEREBY CERTIFY that Griffith, Ballard and Company has supervised the development of the amended form included in this submission, and that they are authorized to submit this form on behalf of DEGREE OF HONOR PROTECTIVE ASSOCIATION.

Any questions regarding this submission should be directed to John D. Ballard of Griffith, Ballard and Company, as the individual responsible for this filing.

A handwritten signature in black ink, appearing to read 'Kathleen Brownrigg', written over a horizontal line.

Kathleen Brownrigg
Chief Executive Secretary