

SERFF Tracking Number: CMPL-125707623 State: Arkansas
Filing Company: Indianapolis Life Insurance Company State Tracking Number: 39388
Company Tracking Number: ILICO CSO TLR
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: ILICO - 2001 CSO TLR
Project Name/Number: ILICO - 2001 CSO TLR/ILICO - 2001 CSO TLR

Filing at a Glance

Company: Indianapolis Life Insurance Company

Product Name: ILICO - 2001 CSO TLR SERFF Tr Num: CMPL-125707623 State: ArkansasLH
TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 39388
Adjustable Life
Sub-TOI: L09I.001 Single Life Co Tr Num: ILICO CSO TLR State Status: Filed-Closed
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Author: Nancy French Disposition Date: 06/25/2008
Date Submitted: 06/23/2008 Disposition Status: Filed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: ILICO - 2001 CSO TLR Status of Filing in Domicile:
Project Number: ILICO - 2001 CSO TLR 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: 06/25/2008
State Status Changed: 06/25/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Re: Indianapolis Life Insurance Company

NAIC #64645-1225

FEIN #35-0413330

2001 CSO Rate Basis Filing for Form 31052F02 – Term Life Insurance Rider

Dear Commissioner:

SERFF Tracking Number: CMPL-125707623 State: Arkansas
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This filing is being submitted by Compliance Research Services, LLC on behalf of Indianapolis Life Insurance Company. A letter of filing authorization is enclosed. This filing is being submitted for informational purposes.

Term Insurance Rider, Form 31052F02, was approved by your Department on May 1, 2002. The purpose of this filing is to revise the rates for the rider to comply with the 2001 Commissioner's Standard Ordinary Mortality Table regulations.

The rider, on the new rate basis, will be available with existing and future 2001 CSO products starting with Indianapolis Life's Flexible Premium Adjustable Life Insurance with Indexed Feature Policy, Form 3EDB08 approved by your Department on March 4, 2008.

A sample data page is enclosed to demonstrate how the rates will be shown.

We have included any transmittals or certifications required by your Department.

Company and Contact

Filing Contact Information

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

Nancy French, Product Manager nfrench@crssolutionsgroup.com
10921 Reed Hartman Highway (513) 984-6050 [Phone]
Cincinnati, OH 45242 (513) 984-7212[FAX]

Filing Company Information

Indianapolis Life Insurance Company	CoCode: 64645	State of Domicile: Indiana
9200 Keystone Crossing	Group Code: 1225	Company Type: LH
Suite 800		
Indianapolis, IN 46240	Group Name:	State ID Number:
(513) 984-6050 ext. [Phone]	FEIN Number: 35-0413330	

Filing Fees

SERFF Tracking Number: CMPL-125707623 State: Arkansas
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Fee Required? Yes
Fee Amount: \$0.00
Retaliatory? No
Fee Explanation: CSO Filing = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Indianapolis Life Insurance Company	\$50.00	06/23/2008	21051220

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Linda Bird	06/25/2008	06/25/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Informational Document - Term Insurance Rider, Form 21052F02	Supporting Document	Nancy French	06/24/2008	06/24/2008
SAMPLE POLICY DATA PAGE	Supporting Document	Nancy French	06/24/2008	06/24/2008

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Disposition

Disposition Date: 06/25/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Filing Authorization		Yes
Supporting Document (revised)	Informational Document - Term Insurance Rider, Form 21052F02		Yes
Supporting Document	Informational Document - Term Insurance Rider, Form 21052F02-A		Yes
Supporting Document (revised)	SAMPLE POLICY DATA PAGE		Yes
Supporting Document	SAMPLE POLICY DATA PAGE		Yes

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Amendment Letter

Amendment Date:

Submitted Date: 06/24/2008

Comments:

Please see PDF version of SAMPLE POLICY DATA PAGE attached. Thank you.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Informational Document - Term Insurance Rider, Form 21052F02

Comment: Term Insurance Rider, Form 31052F02, was approved by your Department. Please see General Information page for details.

form 31052f02.pdf

User Added -Name: SAMPLE POLICY DATA PAGE

Comment:

AIR Sample Data Page - ILICo.pdf

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Supporting Document Schedules

Review Status:
Satisfied -Name: Filing Authorization 06/23/2008
Comments:
Attachment:
Authorization Letter - ILICo.PDF

Review Status:
Satisfied -Name: Informational Document - Term 06/24/2008
Insurance Rider, Form 21052F02
Comments:
Term Insurance Rider, Form 31052F02, was approved by your Department. Please see General Information page for details.
Attachment:
form 31052f02.pdf

Review Status:
Satisfied -Name: SAMPLE POLICY DATA PAGE 06/24/2008
Comments:
Attachment:
AIR Sample Data Page - ILICo.pdf

Indianapolis Life
Insurance Company
9200 Keystone Crossing, Suite 800
Indianapolis, IN 46240-4603
317/927-6500
www.indianapolislife.com

INDIANAPOLIS LIFE

An **AMERUS** Company

April 24, 2008

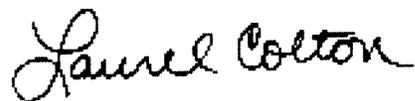
NAIC Company Code: 64645

Re: Individual Life – Term Insurance Rider

To: All State Insurance Departments

Indianapolis Life Insurance Company hereby authorizes Compliance Research Services, LLC to represent us in the submission of the above-referenced forms and to negotiate with insurance departments for their approval.

Sincerely,



Laurel Colton, FLMI, AIRC, ACS
Director – Product Compliance

INDIANAPOLIS LIFE

An **AMERUS** Company

INDIANAPOLIS LIFE INSURANCE COMPANY
Home Office: 9200 Keystone Crossing, Suite 800, Indianapolis, IN 46240
Administrative Office: 611 Fifth Avenue, Des Moines, IA 50309

TERM LIFE INSURANCE RIDER

Renewable and convertible
Attached to and made a part of this policy

We agree to pay the amount of this rider as shown on the Policy Data Page upon receipt of due proof of the death of any Covered Insured under this rider. The benefits of this rider are subject to the provisions, terms and conditions of this rider and the policy to which it is attached. This rider is issued in consideration of the application received and the payment of the cost for this benefit.

COVERED INSURED

Covered Insured means each person named in the application and shown for this rider on the Policy Data Page.

INSURED

Insured means the person insured under the policy and shown on the Policy Data Page.

BENEFICIARY PROVISION

The beneficiary of this rider shall be the Owner under the policy unless specified otherwise in the application or changed as provided in the policy and this rider. Written notice of any beneficiary change for any Covered Insured must be filed with us while the Covered Insured is living.

COST

The cost for each Covered Insured is determined on a monthly basis. This cost will be included in the monthly deduction from the policy Account Value and is not payable after this rider is terminated. We calculate the monthly cost for each Covered Insured as:

- a) the monthly term life insurance rider cost of insurance rate for the Covered Insured's sex, attained age and rate class, divided by 1,000; multiplied by
- b) the amount of term insurance on the Covered Insured as shown on the Policy Data Page.

The total monthly cost for this rider is the sum of the monthly costs for all Covered Insureds.

We can change the rates from time to time. We will determine the monthly cost of insurance rates charged according to our expectations of future mortality, interest, persistency and expenses. Any change in rates will apply uniformly to all members of the same sex, attained age and rate class. Monthly cost of insurance rates will never be greater than those shown on the Table of Monthly Guaranteed Maximum Cost of Insurance Rates for this rider shown on the Policy Data Page for each Covered Insured.

REINSTATEMENT

You may reinstate this rider at any time within five years after the end of the grace period, provided the policy to which it is attached is also reinstated.

The requirements for reinstatement are:

- a) submit an application for reinstatement;
- b) submit evidence of insurability satisfactory to us for each Covered Insured to be reinstated; and
- c) pay a minimum premium sufficient to keep the policy and this rider in force for two months.

For each Covered Insured meeting the above requirements, reinstatement of this rider will be effective on the date of reinstatement of the policy. The incontestability provision will apply from the date of reinstatement for each Covered Insured. If the rider has been in force for two years during the Covered Insured's lifetime, it will be contestable only as to statements made in the reinstatement application.

CONVERSION PRIVILEGE

Insurance provided by this rider on a Covered Insured may be converted to a new policy without evidence of insurability, at any time prior to the Covered Insured's expiry date shown on the Policy Data Page. The effective date of the new policy will be the date the term insurance is terminated under this rider for a Covered Insured.

THE NEW POLICY

The requirements for conversion are:

- a) this rider must be in force on the date of conversion, or conversion must occur within 60 days after the death of the Insured;
- b) the new policy is available at the attained age nearest birthday of the Covered Insured on the new contract's policy date;
- c) you submit an application for conversion and termination of insurance under this rider on the Covered Insured; and
- d) you submit payment of the first premium for the new policy.

The amount of insurance of the new policy may be equal to or less than the amount of insurance terminating on the Covered Insured's life under this rider. The amount of insurance may not be less than the minimum for the plan selected. The new policy may be any single life permanent plan of insurance which qualifies under our rules in effect on the policy date of the new policy.

Premiums and values for the new policy will be based on:

- a) a rate class most comparable to the Covered Insured's rate class under this rider;
- b) rates in effect on the date of exchange; and
- c) the Covered Insured's attained age nearest birthday on the date of conversion.

INCONTESTABILITY

All statements made in the application or supplemental applications are considered representations and not warranties. No statement with regard to any Covered Insured will be used to void this rider or to defend against a claim unless contained in the application, supplemental applications, or any amendments attached to the policy at issue or made part of the policy when a change becomes effective. The validity of this rider will not be contestable as to any Covered Insured after it has been in force for two years during such Covered Insured's lifetime except for non-payment of premiums sufficient to keep the rider in force.

SUICIDE

If a Covered Insured commits suicide, while sane or insane, during the first two years his or her coverage under this rider is in force, our liability will be limited to the monthly deductions made from the policy to cover the monthly cost for this rider for that Covered Insured.

MISSTATEMENT OF AGE OR SEX

If the age or sex of a Covered Insured has been misstated, we will adjust any amount payable under this rider based on what the monthly cost for this rider would have purchased at the correct age or sex.

TERMINATION

Insurance provided by this rider on a Covered Insured will terminate on the earliest of the following dates and events:

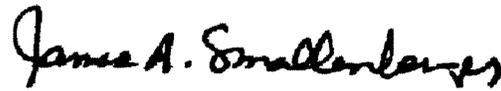
- a) if any premium due to cover the monthly deduction for this rider or policy remains unpaid at the end of its grace period;
- b) when the Insured dies or the policy terminates, matures, is exchanged for another policy or becomes paid-up in any manner;
- c) the expiry date shown on the Policy Data Page or endorsement for each Covered Insured under this rider;
- d) the date of conversion of coverage under this rider as provided in the conversion provisions of this rider; and
- e) our receipt of your written request for termination of insurance on the Covered Insured under this rider.

EFFECTIVE DATE

The effective date of this rider will be the Policy Date unless a later effective date is shown on the Policy Data Page or endorsement.



President and CEO



Secretary

POLICY DATA PAGE (continued)

POLICY NUMBER: [ILICo1 08]
INSURED: [JANE DOE]

TERM LIFE INSURANCE RIDER

**TABLE OF MONTHLY GUARANTEED MAXIMUM COST OF INSURANCE RATES
RATES PER THOUSAND**

POLICY YEAR	RATE	POLICY YEAR	RATE
[1	0.05335	34	0.78987
2	0.05669	35	0.85473
3	0.06002	36	0.92639
4	0.06336	37	1.00571
5	0.06836	38	1.09272
6	0.07420	39	1.18999
7	0.07921	40	1.29670
8	0.08588	41	1.41459
9	0.08922	42	1.55051
10	0.09422	43	1.70287
11	0.10007	44	1.86833
12	0.10591	45	2.05040
13	0.11258	46	2.25264
14	0.12093	47	2.47520
15	0.13095	48	2.72085
16	0.14263	49	2.99327
17	0.15599	50	3.28839
18	0.17269	51	3.61957
19	0.19107	52	4.07157
20	0.21112	53	4.58458
21	0.23452	54	5.09924
22	0.26044	55	5.67203
23	0.28971	56	6.32233
24	0.32150	57	6.91705
25	0.35498	58	7.82100
26	0.39099	59	8.77668
27	0.43288	60	9.80858
28	0.47647	61	10.77196
29	0.52344	62	11.26395
30	0.57044	63	12.24076
31	0.61915	64	13.71292
32	0.67209	65	15.61194
33	0.73012	66	18.02150]

The rates shown above are based upon the Covered Insured's Issue Age, Rate Class, and Sex as stated on the Policy Data Page. Any extra rating is reflected in the Table of Monthly Guaranteed Maximum Cost of Insurance Rates.

Guaranteed Mortality Table: Commissioner's 2001 Standard Ordinary Male or Female, Nonsmoker or Smoker Mortality Table, age nearest birthday.