

SERFF Tracking Number: JACK-125536951 State: Arkansas
Filing Company: Jackson National Life Insurance Company State Tracking Number: 38448
Company Tracking Number: 9453
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Other Insured Term Insurance Rider
Project Name/Number: Other Insured Term Insurance Rider/9453

Filing at a Glance

Company: Jackson National Life Insurance Company

Product Name: Other Insured Term Insurance Rider SERFF Tr Num: JACK-125536951 State: ArkansasLH

Rider

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 38448

Adjustable Life

Sub-TOI: L09I.001 Single Life

Co Tr Num: 9453

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Lynda Neese, Lynne

Disposition Date: 04/01/2008

Gerding

Date Submitted: 03/18/2008

Disposition Status: Approved

Implementation Date Requested: 05/05/2008

Implementation Date:

State Filing Description:

General Information

Project Name: Other Insured Term Insurance Rider

Status of Filing in Domicile: Not Filed

Project Number: 9453

Date Approved in Domicile: 03/17/2008

Requested Filing Mode: Review & Approval

Domicile Status Comments: The form is exempt from filing with Michigan, our State of domicile, by Order No. 97-010-M, which was issued and entered January 29, 1997, effective February 1, 1997.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/01/2008

State Status Changed: 04/01/2008

Deemer Date:

Corresponding Filing Tracking Number: 9453

Filing Description:

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Variables within the form have been bracketed and generally consist of names, dates and numbers. The form, when issued, may vary in format, paper size, border and Company logo. We will correct any minor typographical error that may be identified after filing. The form may also be used as a single-sided form. Additionally, a one-inch square bar code may be placed in the far bottom left-hand corner.

If produced electronically, the form may vary somewhat in format; such as the two-sided page format being printed as one-sided pages. However, the content of the form will remain exactly as submitted.

I look forward to your favorable review. If I can be of any assistance to you, or if additional information is required, please contact me by telephone at 800-317-7989, by facsimile at (517) 706-5522, or by email at pd&sf@jnli.com.

Company and Contact

Filing Contact Information

Lynda Neese, Analyst PD&SF@jnli.com
 1 Corporate Way (800) 317-7989 [Phone]
 Lansing, MI 48909 (517) 706-5522[FAX]

Filing Company Information

Jackson National Life Insurance Company CoCode: 65056 State of Domicile: Michigan
 1 Corporate Way Group Code: 918 Company Type:
 Lansing, MI 48915 Group Name: State ID Number:
 (800) 317-7989 ext. [Phone] FEIN Number: 38-1659835

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Jackson National Life Insurance Company	\$20.00	03/18/2008	18763577

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/01/2008	04/01/2008

SERFF Tracking Number: JACK-125536951 *State:* Arkansas
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Disposition

Disposition Date: 04/01/2008

Implementation Date:

Status: Approved

Comment:

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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	AR - Flesch Cert		Yes
Supporting Document	Actuarial Statement of Basis		Yes
Supporting Document	Statement of Variability		Yes
Form	Other Insured Term Insurance Rider		Yes

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Form Schedule

Lead Form Number: 9453

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	9453	Policy/Cont ract/Fratern al	Other Insured Term Insurance Rider	Initial		51	9453 rider 03-12-08.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					

OTHER INSURED TERM INSURANCE RIDER

This Rider is made a part of the Policy to which it is attached. The terms of the Policy also apply to this Rider except as they are changed by the terms of this Rider. No separate Policy values are generated under this Rider, but the addition of this Rider to the Policy may affect the Policy values.

The Rider Insured, Rider Benefit, and the Expiry Date of this Rider are indicated in the Policy Data Pages.

RIDER BENEFIT. Upon receipt of Due Proof of Death of the Rider Insured while this Rider is in force and prior to the Expiry Date of this Rider, we will pay to the Rider Beneficiary an amount equal to the Rider Benefit.

RIDER BENEFICIARY. The Rider Beneficiary is the person or persons named in the Policy application or changed by signing a written request. The Rider Beneficiary will receive the Rider Benefit when the Rider Insured dies. If more than one person is named as Rider Beneficiary, the interests of each will be equal unless otherwise specified by the Policy Owner. The share of any Rider Beneficiary who does not survive the Rider Insured will pass equally to any surviving Beneficiaries, unless otherwise specified. If no named Rider Beneficiary survives the Rider Insured, the Rider Benefit will be paid to the Policy Owner's estate. All other terms and conditions of the Policy's Beneficiary provision apply to this Rider.

RIDER CHARGE. The charge for this Rider has two components which will be deducted monthly from the accumulated value of the Policy as part of the Policy's monthly deduction, as described in the Policy.

The monthly cost of insurance charge for this Rider is equal to the Rider Benefit multiplied by the monthly cost of insurance rate per \$1000, divided by 1000. The monthly cost of insurance rates for this Rider will not exceed the maximum cost of insurance rates shown in the attached Table of Monthly Guaranteed Cost of Insurance Rates Per \$1000 of Rider Benefit. Any change in the cost of insurance rates will be on a uniform basis by class and based upon changes in future expectations of investment earnings, mortality, persistency and expenses. No change in the cost of insurance rates will occur because of deterioration of the Rider Insured's health or change in occupation. A review of pricing assumptions will not be undertaken more than once every year.

The monthly administrative charge for this Rider is deducted during the first year following the Issue Date of the Rider and is equal to the Rider Benefit multiplied by \$[0.07], divided by 1000.

REINSTATEMENT. If the Policy is reinstated, the reinstatement of this Rider is subject to satisfactory evidence of the Rider Insured's insurability at the same risk classification as at the time the Rider was issued.

CONVERSION. You may convert this Rider to any individual permanent policy we make available for this purpose at any time prior to the Policy Anniversary coinciding with or immediately following the Rider Insured's [65th] birthday. Evidence of insurability is not required. The risk classification for the new policy will be based on the risk classification factors of the Rider Insured at the time this Rider is issued, as applied to the underwriting rules then in effect at the time of conversion for the amount of insurance being applied for. In no event will a change in the health of the Rider Insured or other risk factors affect the risk classification at the time of conversion, nor will the Rider Insured be treated in an unfairly discriminatory manner from any other insureds in the same risk classification. If the request is for benefits greater than those contained in this Rider, the Company may require evidence of insurability. Conversion will require a written request from the Policy Owner and payment of any required premium. At least one plan of insurance, equal to the amount of insurance provided by this Rider, will always be available for conversion.

The policy date of the new policy will be the date of conversion. The premium for the new policy will be based on the premium rate for the age and risk classification of the Rider Insured in accordance with current premium rates and policy forms in use on the date of conversion. The amount of insurance cannot be less than that which is issued by the Company on the plan desired. The contestability and suicide period of the new Policy will be measured from the Issue Date of this Rider. However, if the amount of insurance on the new policy is greater than that which was issued on this Rider, the contestability and suicide period for the amount of the increase will be measured from the new policy's issue date.

TERMINATION. This Rider will terminate upon the earliest to occur of the following dates:

1. the expiry date of this Rider as shown in the Policy Data Page;
2. the date the Policy is terminated for any reason;
3. the date of death of the Rider Insured;
4. the effective date of a new policy to which this Rider has been converted; or
5. the date of receipt of a request from the Owner to terminate this Rider.

ISSUE DATE. The Issue Date for this Rider is the same as the Issue Date of the Policy, unless otherwise specified.

Signed for the
Jackson National Life Insurance Company



President and Chief Executive Officer

**TABLE OF MONTHLY GUARANTEED COST OF INSURANCE RATES
PER \$1000 OF RIDER BENEFIT**

Rider Insured:

ATTAINED AGE	RATES PER \$1000	ATTAINED AGE	RATES PER \$1000
[35	\$0.0909	78	\$4.6548
36	\$0.0959	79	\$5.2198
37	\$0.1001	80	\$5.8398
38	\$0.1076	81	\$6.5510
39	\$0.1142	82	\$7.2976
40	\$0.1217	83	\$8.1096
41	\$0.1318	84	\$9.0174
42	\$0.1443	85	\$10.0423
43	\$0.1585	86	\$11.1922
44	\$0.1752	87	\$12.4650
45	\$0.1944	88	\$13.8494
46	\$0.2127	89	\$15.3334
47	\$0.2328	90	\$16.9088
48	\$0.2445	91	\$18.4163
49	\$0.2579	92	\$20.0153
50	\$0.2771	93	\$21.7336
51	\$0.2997	94	\$23.5854
52	\$0.3306	95	\$25.5731
53	\$0.3641	96	\$27.4319
54	\$0.4067	97	\$29.4579
55	\$0.4595	98	\$31.6727
56	\$0.5131	99	\$34.0995
57	\$0.5710	100	\$36.7714
58	\$0.6204	101	\$38.9513
59	\$0.6775	102	\$41.3354
60	\$0.7464	103	\$43.9462
61	\$0.8304	104	\$46.8129
62	\$0.9331	105	\$49.9253
63	\$1.0485	106	\$53.3626
64	\$1.1700	107	\$57.1735
65	\$1.2984	108	\$61.4190
66	\$1.4287	109	\$66.1732
67	\$1.5608	110	\$71.5294
68	\$1.7034	111	\$77.6167
69	\$1.8512	112	\$83.3333
70	\$2.0309	113	\$83.3333
71	\$2.2322	114	\$83.3333
72	\$2.4974	115	\$83.3333
73	\$2.7779	116	\$83.3333
74	\$3.0739	117	\$83.3333
75	\$3.3986	118	\$83.3333
76	\$3.7540	119	\$83.3333
77	\$4.1684	120	\$83.3333]

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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 03/11/2008
Comments:
Attachment:
 AR - Cert Notice.pdf

Review Status:

Bypassed -Name: Application 03/11/2008
Bypass Reason: Not applicable
Comments:

Review Status:

Bypassed -Name: Health - Actuarial Justification 03/11/2008
Bypass Reason: Not applicable
Comments:

Review Status:

Bypassed -Name: Outline of Coverage 03/11/2008
Bypass Reason: Not applicable
Comments:

Review Status:

Satisfied -Name: AR - Flesch Cert 03/13/2008
Comments:
Attachment:
 AR Flesch Cert.pdf

Review Status:

Satisfied -Name: Actuarial Statement of Basis 03/13/2008
Comments:
Attachment:

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9453 Statement of Actuarial Basis.pdf

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Project Name/Number: Other Insured Term Insurance Rider/9453

Review Status:

Satisfied -Name: Statement of Variability

03/13/2008

Comments:

Attachment:

9453 Statement of Variability.pdf

CONSENT TO SUBMIT RATES
AND/OR COST BASIS FOR APPROVAL

The Jackson National Life Insurance Company of Lansing, Michigan does hereby consent and agree:

A) that all premium rates and/or cost basis both “maximum” and “current or projected,” used in relation to form number 9453 must be filed with the Insurance Commissioner for the State of Arkansas (“Commissioner”) at least sixty (60) days prior to their proposed effective date. Such rates and/or cost basis shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost basis prior to the expiration of sixty (60) days.

or

B) that where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

Jackson National Life Insurance Company



By :

Julie Hughes
Assistant Vice-President
Product Drafting and State Filing Department

Date: March 18, 2008

CERTIFICATION

This is to certify that the attached Application for 9453 has achieved a Flesch Reading Ease Score of 51.2 and complies with the requirements of Arkansas State Ann. §66-3251 through §66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Jackson National Life Insurance Company



By: _____

Julie Hughes
Assistant Vice-President
Product Drafting and State Filing Department

Date: March 18, 2008

Arkansas

JACKSON NATIONAL LIFE INSURANCE COMPANY

Statement of Actuarial Basis
Other Insured Term Insurance Rider
Form: 9453

Description of Plan

Form 9453 is a renewable and convertible level benefit term life insurance Rider. This Rider is available on any person in whom the Policy Owner has an insurable interest other than the Base Insured of the Policy. This Rider expires on the earlier of the Base Insured's Attained Age 121 or the Rider Insured's Attained Age 121.

Rider Charges

Cost of Insurance

The guaranteed maximum monthly cost of insurance rates are based on the 2001 CSO Age Nearest Birthday (ANB) Mortality Tables (Male/Female), smoker distinct for issue ages 18 and older, adjusted to a monthly rate. The maximum Cost of Insurance Charge is equal to the guaranteed monthly cost of insurance rate multiplied by the Rider Benefit. The actual cost of insurance charged by the company may be different from the guaranteed maximum but will never be greater. The Cost of Insurance Charge is deducted from the Policy Value on the Issue Date of the Rider and on each Monthly Anniversary of the Policy thereafter.

The Company may declare lower cost of insurance rates for Riders with a Rider Benefit above a certain level. The criteria for declaring such charges will be applied in a nondiscriminatory manner to all Riders of the same class.

Monthly Administrative Charge

The monthly administrative charge may be increased or decreased (within the range of variability shown in brackets) for future issues based on changes in regulations and/or future expectations in the pricing assumptions. Such adjustments will be applicable to new issues only and no adjustments in charges will be made to distribute past gains or to recoup past losses.

A Monthly Administrative Charge of \$.07 [\$0.00 - \$0.50] per \$1,000 of the Rider Benefit is deducted from the Policy Value on the Issue Date of the Rider and on each Monthly Anniversary of the Policy in the first year from the Issue Date of the Rider.

Rider Benefit

While it is in force, this Rider pays the Rider Beneficiary the Rider Benefit, as specified in the Rider, upon death of the Rider Insured.

Compliance with the Standard Nonforfeiture Law

This Rider does not generate a Cash Surrender Value and no Surrender Charges are associated with it.

Reserves

Reserve Methodology

The reserves for this policy will be calculated in accordance with the Standard Valuation Law, and the Valuation of Life Insurance Policies Model Regulation (Regulation XXX). This rider will be valued separately from the base policy as a stand alone yearly renewable term policy with fixed premium equal to the guaranteed COI charges plus the first year administration charge and a fixed death benefit.

Reserve Basis

Basic Reserve Mortality: 2001 CSO M/F, ANB, with 25 year select mortality factors in the first segment.

Deficiency Reserve Mortality: 2001 CSO, M/F, ANB, with 25 year select mortality factors and X factors as determined by the Company in accordance with Section 5B(3) of Regulation XXX in the first segment.

Interest: As prescribed by the Standard Valuation Law.

Actuarial Certification

I am a Member of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein. I certify that the information contained in this Statement of Actuarial Basis is true and accurate to the best of my knowledge.



Angela M. Matthews, FSA, MAAA
February 29, 2008

**JACKSON NATIONAL LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
9453
Other Insured Term Insurance Rider**

Rev. 03/17/2008

Page	Bracketed (Variable)	Range of Variables
Page 1	Monthly Administrative Charge per \$1000: \$[0.07]	\$0.00 - \$0.50
Page 2	You may convert this Rider to any individual permanent policy we make available for this purpose at any time prior to the Policy Anniversary coinciding with or immediately following the Rider Insured's [65th] birthday.	55-80 years of age
Page 2	[Signature of Jackson National Life's President]	As the identity of this individual could change over time, it is appropriate to bracket it as variable. The identity of this Jackson officer has no material effect on the risk assumed by Jackson or the owner of the policy.
Page 3	Table of Monthly Guaranteed Cost of Insurance Rates	Not to exceed rates provided by the 2001 CSO Age Nearest Birthday (ANB) Mortality Tables, Male/Female, Smoker/Nonsmoker (Composite if issued to a Juvenile), adjusted for substandard ratings and converted to a monthly rate.