

SERFF Tracking Number: MWSG-125624925 State: Arkansas  
 Filing Company: Transamerica Occidental Life Insurance Company State Tracking Number: 38973  
 Company Tracking Number: PFA 1-0408  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: Addendum to Application for Life Insurance Coverage  
 Project Name/Number: /

## Filing at a Glance

Company: Transamerica Occidental Life Insurance Company  
 Product Name: Addendum to Application for Life Insurance Coverage SERFF Tr Num: MWSG-125624925 State: ArkansasLH  
 TOI: L09I Individual Life - Flexible Premium Adjustable Life SERFF Status: Closed State Tr Num: 38973  
 Sub-TOI: L09I.001 Single Life Co Tr Num: PFA 1-0408 State Status: Approved-Closed  
 Filing Type: Form Co Status: Reviewer(s): Linda Bird  
 Authors: June Stracener, Dorothy Seals Disposition Date: 05/15/2008  
 Date Submitted: 05/09/2008 Disposition Status: Approved  
 Implementation Date Requested: On Approval Implementation Date:  
 State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Pending  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments: Filing submitted concurrently with this filing.  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Group Market Size:  
 Overall Rate Impact: Group Market Type:  
 Filing Status Changed: 05/15/2008 Deemer Date:  
 State Status Changed: 05/15/2008  
 Corresponding Filing Tracking Number:  
 Filing Description:

This form, which is identical except for the Company name, address, and form number, is concurrently being filed under the Company's sister companies of Western Reserve Life Assurance Co. of Ohio and Transamerica Life Insurance Company and is simultaneously being submitted to its domiciliary state of Iowa. It is a new form and does not replace

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any previously approved form.

Addendum to Application for Life Insurance Coverage (form PFA 1-0408) is intended to be a supplement to universal life application forms previously approved by your Department. The Addendum will be completed at the same time as the application form and must be submitted prior to a policy being issued. It is for use with universal life policy forms previously approved by your Department.

The Addendum will be used under the following conditions: (1) the actual age of the proposed insured(s) is 65 or older at the time the applied for policy is issued; (2) a policy with a face amount of \$ 1 million or greater is being applied for; and (3) the policy applied for will not be owned by a qualified retirement plan. The Addendum will be used to identify Stranger Originated Life Insurance (STOLI) situations. The questions posed on the Addendum are to identify impermissible STOLI transactions which the Company plans to decline to insure. If there are material misstatements of the facts on this issue, the Company will plan on contesting as permitted by law.

The approved base policy form(s) will be marketed through the Company's agent field force and is designed for clients who desire and will benefit from the purchase of a flexible premium adjustable life insurance policy.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - MWSGW01)

Doak Foster, Attorney dfoster@mws gw.com  
425 West Capitol Avenue (501) 688-8841 [Phone]  
Little Rock, AR 72201-3525 (501) 688-8807[FAX]

### Filing Company Information

Transamerica Occidental Life Insurance CoCode: 67121 State of Domicile: Iowa  
Company  
4333 Edgewood Road Group Code: 468 Company Type: Life insurer  
Cedar Rapids, IA 52499 Group Name: 67121 State ID Number:  
(319) 355-8511 ext. [Phone] FEIN Number: 95-1060502  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation: Arkansas charges \$ 20 per incidental form. Iowa's fees are retaliatory.  
Per Company: No

| COMPANY   | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|---|---------|----------------|---------------|
| Transamerica Occidental Life Insurance<br>Company | \$20.00 | 05/09/2008     | 20208110      |

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## Correspondence Summary

### Dispositions

| Status   | Created By | Created On | Date Submitted |
|----------|------------|------------|----------------|
| Approved | Linda Bird | 05/15/2008 | 05/15/2008     |

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## Disposition

Disposition Date: 05/15/2008

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            |
| Supporting Document | Authorization Letter for Transamerica Occidental       |             | Yes           |
| Supporting Document | Flesch Score Certification for Transamerica Occidental |             | Yes           |
| Supporting Document | 5-9-08 Cover Letter                                    |             | Yes           |
| Form                | Addendum to Application for Life Insurance Coverage    |             | Yes           |

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## Form Schedule

**Lead Form Number:** PFA 1-0408

| Review Status | Form Number | Form Type                    | Form Name   | Action  | Action Specific Data | Readability | Attachment                             |
|---------------|-------------|------------------------------|---|---------|----------------------|-------------|--|
|               | PFA 1-0408  | Application/ Enrollment Form | Addendum to Application for Life Insurance Coverage | Initial |                      | 50          | Transamerica Occidental PFA 1-0408.pdf |



Transamerica Occidental Life Insurance Company
4333 Edgewood Road NE
Cedar Rapids, IA 52499

Addendum to
Application for Life
Insurance Coverage

This document serves as an addendum to the life insurance application, and must be submitted prior to a policy being issued. All responses to the questions below will be considered part of the application.

This addendum to the applied for policy is to be completed, signed and submitted prior to the issuance of any universal life insurance policy(ies) (including conversions from term policies within the first five years of policy issue) if:

- the Proposed Insured(s) actual age(s) is 65 or older at the time the applied for policy is issued,
a policy with a face amount of \$1 million or greater is being applied for, and
the policy applied for will not be owned by a qualified retirement plan.

Please answer the following questions either yes or no, and provide details for any yes answers in the space below.

1. [ ] Yes [X] No Has anyone offered or provided to anyone any inducement - such as cash or other compensation in relation to the applied-for life insurance policy? If yes, please explain:

\_\_\_\_\_

2. [ ] Yes [X] No Is there any plan to sell or transfer any interest in the applied-for life insurance policy? If yes, please explain:

\_\_\_\_\_

3. [ ] Yes [X] No If an entity will own the applied-for policy, is there any plan to sell or transfer any beneficial interest in the entity? If yes, please explain:

\_\_\_\_\_

4. [ ] Yes [X] No Will premiums for the applied-for life insurance policy be borrowed? If yes, please explain (including details of loan guarantee, if any):

\_\_\_\_\_

5. [ ] Yes [ ] No If you answered yes to question 4, can the loan be repaid by the transfer of the applied-for policy to the lender or any other person affiliated with the lender? If yes, please explain:

\_\_\_\_\_

6. [ ] Yes [ ] No If you answered yes to question 4, will the amount of any loan or loans, or the borrower's payment obligation, on termination of the financing exceed the amount needed to pay life insurance policy premiums, loan interest, and loan fees? If yes, please explain:

\_\_\_\_\_

I understand that any arrangement for borrowing funds for the payment of policy premiums is a matter between the lender and the borrower. Transamerica Occidental Life Insurance Company is not a party to any such arrangement and will not become a party to any such arrangement.

I also understand that neither Transamerica Occidental Life Insurance Company nor any person acting on its behalf has furnished legal or tax advice upon which I/We may rely. The financing of life insurance premiums involves important tax and other considerations. Transamerica Occidental Life Insurance Company strongly recommends that you seek advice from your own qualified advisors.

It is represented that the statements and answers given in this supplement to the application are true, complete and correctly recorded. It is agreed that this supplement shall be a part of the application to Transamerica Occidental Life Insurance Company for insurance on the life of the Proposed Insured, and shall be the basis for any policy issued on this application. I understand that the statements and answers given in this Addendum are material to Transamerica Occidental Life Insurance Company's decision to issue any policy applied for, and that Transamerica Occidental Life Insurance Company would not issue the policy being applied for if the statements and answers given on the subject matters covered in this Addendum are not true, complete and correctly reported.

Signed at Any City, Any State this 15<sup>th</sup> day of April, 2008

John A. Doe  
Signature of Proposed Insured(s)

4-15-08  
Date

\_\_\_\_\_  
Proposed Owner(s) Signature  
(If different from Insured(s))

\_\_\_\_\_  
Date

Wilbur Doe  
Witness

4-15-08  
Date

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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:** 04/26/2008  
**Satisfied -Name:** Certification/Notice  
**Comments:**  
**Attachment:**  
AR Transamerica Occidental Certificate of Compliance.pdf

**Review Status:** 04/26/2008  
**Satisfied -Name:** Application  
**Comments:**  
Please refer to the cover letter for the application information.

**Review Status:** 04/26/2008  
**Bypassed -Name:** Health - Actuarial Justification  
**Bypass Reason:** Not applicable. The form being submitted is an addendum (supplement) to a previously approved application.  
**Comments:**

**Review Status:** 04/26/2008  
**Bypassed -Name:** Outline of Coverage  
**Bypass Reason:** Not applicable. The form being submitted is an addendum (supplement) to a previously approved application.  
**Comments:**

**Review Status:** 04/28/2008  
**Satisfied -Name:** Authorization Letter for Transamerica Occidental  
**Comments:**  
**Attachment:**  
Transamerica Occidental Authorization Letter.pdf

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**Review Status:**

**Satisfied -Name:** Flesch Score Certification for Transamerica Occidental 04/28/2008

**Comments:**

**Attachment:**

Transamerica Occidental Flesch Score Cert.pdf

**Review Status:**

**Satisfied -Name:** 5-9-08 Cover Letter 05/09/2008

**Comments:**

**Attachment:**

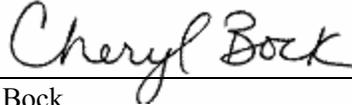
AR Transamerica Occidental Cover Letter dated 5-9-08.pdf

CERTIFICATION

I, Cheryl Bock, Assistant Vice President of Contract Development of Transamerica Occidental Life Insurance Company, do hereby certify that the Form identified below complies with:

- Arkansas Rule and Regulation 19, Unfair Sex Discrimination in the Sale of Insurance.
- Arkansas Rule and Regulation 49, Life and Health Insurance Guaranty Association Notices.
- Arkansas Rule and Regulation 34.
- Arkansas Code Annotated § 23-79-138 as provided for in Bulletin 11-88, Consumer Information Notice.

TRANSAMERICA OCCIDENTAL LIFE  
INSURANCE COMPANY



Cheryl Bock  
Assistant Vice President of Contract Development

Date: 4/25/08

**Name of Form**

**Form Number**

Addendum to Application for Life Insurance Coverage

PFA 1-0408



Transamerica Occidental Life Insurance Company  
Home Office: Cedar Rapids, IA 52499  
Marketing Office: Los Angeles, CA 90015  
Administrative Office: 4333 Edgewood Road NE  
Cedar Rapids, IA 52499

April 24, 2008

INSURANCE COMMISSIONER

This letter, or a copy thereof, will authorize Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C. to represent Transamerica Occidental Life Insurance Company in any matters related to the submission of policy forms to your state.

Very truly yours,

A handwritten signature in black ink that reads "Cheryl Bock". The signature is written in a cursive style with a large, prominent "C" at the beginning.

Cheryl Bock  
Assistant Vice President of Contract Development

## FLESCH READABILITY CERTIFICATION

**Form Number (may vary by state)**

**Flesch Score**

PFA 1-0408

50.0

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.

*Cheryl Bock*

---

Cheryl Bock, Assistant Vice President of Contract Development

# MITCHELL | WILLIAMS

DOAK FOSTER  
DIRECT DIAL: 501-688-8841  
E-MAIL: DFOSTER@MWSGW.COM

425 WEST CAPITOL AVENUE, SUITE 1800  
LITTLE ROCK, ARKANSAS 72201-3525  
TELEPHONE 501-688-8800  
FAX 501-688-8807

May 9, 2008

The Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

Attn: Mr. Dan Honey  
Director, Life and Health

RE: **TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY**  
(NAIC No. 67121; FEIN No. 95-1060502)  
**Addendum to Application for Life Insurance Coverage (Form PFA 1-0408)**  
SERFF Filing No. MWSG-125624925

Dear Commissioner Bowman:

On behalf of our client, Transamerica Occidental Life Insurance Company (the "Company"), we are enclosing the above referenced form for your review and approval. This form is new and does not replace any previously approved form. Also enclosed are the following:

1. The Company's letter authorizing Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C. to make this filing on the Company's behalf;
2. A Flesch score certification; and
3. An executed Certification of Compliance.

The filing fee of \$20 is being sent to you via EFT.

This form is being submitted in final printed form in which it will be distributed to the Insured. It is subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address and phone number, adaptation to computer printing, and Officers' signatures. This form, which is identical except for the Company name, address, and form number, is concurrently being filed under the Company's sister companies of Western Reserve Life Assurance Co. of Ohio and Transamerica Life Insurance Company and is simultaneously being submitted to its domiciliary state of Iowa.

**Addendum to Application for Life Insurance Coverage (form PFA 1-0408)** is intended to be a supplement to universal life application forms APA 53-106 AR previously approved by your Department on December 8, 2006 and APA 71-4102 approved by your Department on February 14, 2002. The Addendum will be completed at the same time as the application form and must be submitted prior to a policy being issued. It is for use with universal life policy forms previously approved by your Department as identified below.

| <b>Policy Form Number</b> | <b>Date Approved</b> |
|---------------------------|----------------------|
| 1-11205106                | 1-6-06               |
| 1-11305105                | 8-31-05              |
| 1-11305106                | 1-13-06              |
| 1-11405106                | 1-5-06               |

|            |         |
|------------|---------|
| 1-11505106 | 1-5-06  |
| 1-12105108 | 2-19-08 |
| 1-12605107 | 2-15-07 |
| 1-15005106 | 7-28-06 |

The Addendum will be used under the following conditions: (1) the actual age of the proposed insured(s) is 65 or older at the time the applied for policy is issued; (2) a policy with a face amount of \$ 1 million or greater is being applied for; and (3) the policy applied for will not be owned by a qualified retirement plan. The Addendum will be used to identify Stranger Originated Life Insurance (STOLI) situations. The questions posed on the Addendum are to identify impermissible STOLI transactions which the Company plans to decline to insure. If there are material misstatements of the facts on this issue, the Company will plan on contesting as permitted by law.

The approved base policy form(s) will be marketed through the Company's agent field force and is designed for clients who desire and will benefit from the purchase of a flexible premium adjustable life insurance policy.

To the best of the Company's knowledge, information and belief, the form submitted herewith is in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state, and such form contains no provisions previously disapproved by your Department.

If you have any questions or need anything further to expedite the review and approval of this filing, please contact me at (501) 688-8841 or my paralegal, June Stracener at (501) 370-4225. Thank you for your assistance in this matter.

Sincerely,

MITCHELL, WILLIAMS, SELIG,  
GATES & WOODYARD, P.L.L.C.

By

  
Doak Foster

DF:ka

Enclosures

cc: Mr. Fred Alvarado  
Ms. Stephanie Mara  
Mr. Kevin Lyons