

SERFF Tracking Number: UUIIN-125699534 State: Arkansas
Filing Company: Reliable Life Insurance Company State Tracking Number: 39369
Company Tracking Number: FD08AR
TOI: H07I Individual Health - Specified Disease - Sub-TOI: H07I.001 Critical Illness
Limited Benefit
Product Name: Supplementary First Diagnosis of Acute Heart Attack and First Major Heart Surgery Indemnity Policy
Project Name/Number: Heart Attack Policy/FD08

Filing at a Glance

Company: Reliable Life Insurance Company

Product Name: Supplementary First Diagnosis of Acute Heart Attack and First Major Heart Surgery Indemnity Policy
SERFF Tr Num: UUIIN-125699534 State: ArkansasLH

TOI: H07I Individual Health - Specified Disease - Limited Benefit
SERFF Status: Closed State Tr Num: 39369

Sub-TOI: H07I.001 Critical Illness

Co Tr Num: FD08AR

State Status: Approved-Closed

Filing Type: Form/Rate

Co Status:

Reviewer(s): Rosalind Minor

Author: Jill Harvey

Disposition Date: 06/24/2008

Date Submitted: 06/20/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Heart Attack Policy

Status of Filing in Domicile: Authorized

Project Number: FD08

Date Approved in Domicile: 06/17/2008

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: 06/24/2008

State Status Changed: 06/24/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to seek approval of a Supplemental First Diagnosis of Acute Heart Attack and First Major Heart Surgery Policy and the Application to be used to apply for such insurance. This policy provides benefits only for First Diagnosis of Acute Heart Attack and First Major Heart Surgery. This is a new product and does not replace any previously filed forms.

SERFF Tracking Number: UUIIN-125699534 *State:* Arkansas
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TOI: H071 Individual Health - Specified Disease - *Sub-TOI:* H071.001 Critical Illness
Limited Benefit
Product Name: Supplementary First Diagnosis of Acute Heart Attack and First Major Heart Surgery Indemnity Policy
Project Name/Number: Heart Attack Policy/FD08

This product will be sold by our captive agents using our home service marketing system. The policy will be offered on an individual basis only, to applicants age 20 to 59. Premiums will vary by issue age, sex and tobacco use status and will be paid monthly. The lump sum Acute Heart Attack benefit will be offered in increments of \$5,000, with a minimum of \$10,000 and a maximum of \$25,000. The lump sum First Major Heart Surgery benefit will be 20% of the First Diagnosis Acute Heart Attack benefit.

This policy will provide a fixed amount lump sum benefit paid on the insured's first diagnosis of an acute heart attack. The policy has a 30 day waiting period that begins on the issue date. The benefit payable during the waiting period is a return of the premium paid.

There is only one First Major Heart Surgery Benefit. If the heart surgery is performed during the waiting period, payment will be a return of premium and the policy will terminate. If the heart surgery is performed after the waiting period, payment will be made and this benefit will end but the policy will stay in force. When a first diagnosis of heart attack benefit is paid, any previously paid surgery benefit will be deducted and the policy will terminate.

The policy is renewable at the option of the Company. Nonrenewal by the Company shall be for all policies with this form number, for all insureds in this state. The Company reserves the right to change premium rates in accordance with applicable laws.

The Application for Heart Attack/Heart Surgery Insurance which we are also submitting for approval will be used for this policy. Question 4, 5 and 6 on the application will cause rejection of the application if any of the questions are answered "yes."

An Outline of Coverage will be provided to the proposed insured at the time of application. A copy is enclosed for your review.

Company and Contact

Filing Contact Information

Jill Harvey, Compliance Specialist

jharvey@unitrin.com

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12115 Lackland Rd. (314) 819-4629 [Phone]
St. Louis, MO 63146 (314) 819-4768[FAX]

Filing Company Information

Reliable Life Insurance Company CoCode: 68357 State of Domicile: Missouri
12115 Lackland Rd. Group Code: 215 Company Type: Life & Accident
St. Louis, MO 63146 Group Name: Unitrin, Inc. State ID Number:
(314) 819-4627 ext. [Phone] FEIN Number: 43-0476110

SERFF Tracking Number: UUIIN-125699534 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? Yes
Fee Explanation: 1 application, 1 policy, 1 rates at \$50 each = \$150
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
14116	\$150.00	06/19/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/24/2008	06/24/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	06/24/2008	06/24/2008	Jill Harvey	06/24/2008	06/24/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Actuarial memo	Note To Filer	Rosalind Minor	06/24/2008	06/24/2008

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	No
Supporting Document	Stmt of Variability	Approved-Closed	Yes
Supporting Document	Actuarial Memo	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Supplemental First Diagnosis of Acute Heart Attack and First Major Heart Surgery Indemnity Policy	Approved-Closed	Yes
Form	Application for Heart Attack/Heart Surgery Insurance	Approved-Closed	Yes
Rate	Rates	Approved-Closed	No

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Product Name: Supplementary First Diagnosis of Acute Heart Attack and First Major Heart Surgery Indemnity Policy
Project Name/Number: Heart Attack Policy/FD08

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/24/2008
Submitted Date 06/24/2008

Respond By Date

Dear Jill Harvey,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)
- Outline of Coverage (Supporting Document)

Comment: Please refer to the Renewability provision under the actuarial memorandum and the outline of coverage. The language states that the policy is renewable at the option of the Company. The renewability for this product should be Guaranteed Renewable as outlined under Rule 18, Appendix A(4).

Please change the language to comply with the Rule.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/24/2008
Submitted Date 06/24/2008

Dear Rosalind Minor,

Comments:

Response 1

Comments: Ms. Minor,

I have attached a new Actuarial Memo and Outline of Coverage showing the changes to guaranteed renewability.

SERFF Tracking Number: UUIIN-125699534 State: Arkansas
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Please note, the form number for the Outline of Coverage has been changed to FDOC-AR.

Thank you for bringing this to my attention.

Jill Harvey

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)
- Outline of Coverage (Supporting Document)

Comment:

Please refer to the Renewability provision under the actuarial memorandum and the outline of coverage. The language states that the policy is renewable at the option of the Company. The renewability for this product should be Guaranteed Renewable as outlined under Rule 18, Appendix A(4).

Please change the language to comply with the Rule.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Actuarial Memo

Comment: see attached

Satisfied -Name: Outline of Coverage

Comment: see attached

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Jill Harvey

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Form Schedule

Lead Form Number: FD08-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	FD08-AR	Policy/Contract/Certificate	Supplemental First Diagnosis of Acute Heart Attack and First Major Heart Surgery Indemnity Policy	Initial		46	FD08-AR.pdf
Approved-Closed	7043-RL	Application/Enrollment Form	Application for Heart Attack/Heart Surgery Insurance	Initial		51	7043-RL.pdf

District	Agency
Family Group Number:	
Family Group Name:	

Application for Heart Attack/Heart Surgery Insurance To



The Reliable Life Insurance Company

A UNITRIN Company

HOME OFFICE: ST LOUIS, MISSOURI 63146

(800) 630-8645

PLEASE PRINT ALL INFORMATION IN BLACK INK



H. O. Use Only

1. Proposed Insured/Owner (First, Middle Initial, Last)	Age	Birth Date	Sex	Birth State	Height ft in	Weight
---------------------------------------------------------	-----	------------	-----	-------------	-------------------	--------

Residence Number and Street	Town or City	State	Zip Code	Telephone Number (include area code)
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Social Security Number:	Occupation/Source of Income:	Years Employed:
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2. Policy Plan: FDHA	First Diagnosis Heart Attack Benefit Amount: \$ _____	Premium: \$ _____	Payable: MDO
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3. Beneficiary: (Name)	Percent	Birth Date	Relationship	Social Security Number
Primary:				
Contingent:				

4. Do you have a First Diagnosis Acute Heart Attack and First Heart Surgery Policy in force or pending with United Insurance Company of America, Reliable Life Insurance Company, Union National Life Insurance Company or Mutual Savings Life Insurance Company? No _____ Yes _____
5. Has a licensed member of the medical profession ever diagnosed you with or treated you for heart attack, angina, myocardial infarction, abnormal EKG, blood clot, stroke or transient ischemic attack? No _____ Yes _____
6. Have you ever had or has a licensed member of the medical profession ever advised you to have, any form of heart surgery, coronary artery surgery, arteriogram, angioplasty, or pace maker? No _____ Yes _____

If "Yes" to any question above, STOP APPLICATION PROCESS HERE. You are not eligible for this policy.

RESPONSES TO EACH OF THE FOLLOWING QUESTIONS MUST BE INITIALED BY THE PROPOSED INSURED. For any "yes" response, please circle applicable condition(s) and provide details in question 12.

	Yes	No
7. Have you ever had or has a licensed member of the medical profession ever diagnosed you with or treated you for any of the following:		
a. Any disease or abnormality of the heart or coronary arteries or any related heart condition?.....		
b. Hypertension?.....		
c. Any type of diabetes or high blood sugar?.....		
8. Have you ever used marijuana, barbiturates, amphetamines, hallucinatory drugs, heroin, cocaine, opiates or other narcotics, except as prescribed by a licensed member of the medical profession?.....		
9. Have you smoked cigarettes, or used tobacco or nicotine in any form within the last 3 years?.....		

10. Is this insurance intended in whole or in part to replace any other insurance now in force? _____ Yes _____ No
If yes, complete question 11.

11. If it has been indicated that any person proposed for insurance is intending to replace any other insurance inforce, provide the following

INSURED	COMPANY	POLICY NO.	TYPE & AMOUNT	ISSUE OR APP. DATE

Cash Received with Application \$ _____ Dated and Received _____
Mo/Day/Yr City State

X _____ X _____
Agent Printed Name Employee Number Agent Signature



Proposed Insured _____

AGENT'S REPORT

MUST BE COMPLETED BY AGENTS:

- a. Did you see the Proposed Insured when this application was completed? Yes No
- b. Did you personally observe the Proposed Insured initial each and every response to the health questions? Yes No
- c. Do you have reason to believe replacement is involved in this transaction? Yes No

Signature of Writing Agent

Date

CONDITIONAL RECEIPT - DO NOT DETACH UNLESS FIRST PREMIUM IS PAID WITH APPLICATION

**ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY
DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

05212008

The Reliable Life Insurance Company has received of _____ an application for a Heart Attack/Heart Surgery policy and a payment of \$_____. This receipt is given and the payment accepted by the Company with the express understanding that the insurance applied for will not become effective until this application has been approved by the Company and the policy actually delivered and the first premium paid, as provided in the policy. Insurance, if any, will be effective on the Date of Issue shown in the Policy Schedule at 12:01 A.M. Standard Time at the place the applicant resides. Should this application be declined, the Company will return to the applicant the above payment in full.

DATE

SIGNATURE OF AGENT

EMPLOYEE NUMBER

DISCLOSURE NOTICE TO PROPOSED INSURED

Consumer Disclosure Notification

As part of our procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews made by a consumer reporting agency with you, your family, neighbors, friends and others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. In addition, physicians, hospitals, clinics and other medically-related facilities may be contacted, using your signed authorization to obtain details of your past medical treatment.

You have the right to be interviewed as a part of any investigative consumer report that may be prepared. If you desire to be interviewed, you should indicate this on the space provided in the Authorization. You also have the right of access, correction and amendment with respect to any personal information collected. Upon your request, you are entitled to receive a description of procedures which allow access to, and correction of personal information which may be obtained, and a description of the circumstances under which personal information may be disclosed without prior authorization. Your written request should be addressed to Career Agency Insurance Services, Reliable Life Insurance Company, 12115 Lackland Rd., St. Louis, Missouri 63146.

REFERRALS:

Name	Address	Phone No.

DISCLOSURE NOTICE TO PROPOSED INSURED

M.I.B. DISCLOSURE NOTIFICATION

Information regarding your insurability will be treated as confidential. Reliable Life Insurance Company or its reinsurers may, however, make a brief report thereon to the M.I.B. (Medical Information Bureau), a not-for-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its files.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is Post Office Box 105, Essex Station, Boston, MA 02112.

Reliable Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

SERFF Tracking Number: *UUIN-125699534* State: *Arkansas*
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 TOI: *H071 Individual Health - Specified Disease - Limited Benefit* Sub-TOI: *H071.001 Critical Illness*
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 Project Name/Number: *Heart Attack Policy/FD08*

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed	Rates	FD08-AR	New		FD08 Rates.pdf

**FIRST DIAGNOSIS HEART ATTACK POLICY (M-XXX) (F-XXX)
MONTHLY (MDO) PREMIUMS
NON TOBACCO**

SEX	AGE	\$10,000	\$15,000	\$20,000	\$25,000
F	20	5.23	6.80	8.39	9.99
	21	5.30	6.89	8.51	10.12
	22	5.37	6.98	8.62	10.26
	23	5.44	7.07	8.73	10.39
	24	5.52	7.16	8.85	10.53
M	20	5.46	7.09	8.75	10.42
	21	5.61	7.28	8.99	10.71
	22	5.76	7.48	9.24	10.99
	23	5.91	7.67	9.48	11.28
	24	6.06	7.87	9.72	11.57
F	25	5.59	7.25	8.96	10.66
	26	5.66	7.35	9.07	10.80
	27	5.73	7.44	9.19	10.93
	28	5.75	7.47	9.22	10.98
	29	5.77	7.50	9.26	11.02
M	25	6.21	8.07	9.96	11.86
	26	6.36	8.26	10.20	12.15
	27	6.51	8.46	10.45	12.43
	28	6.73	8.74	10.79	12.84
	29	6.94	9.02	11.14	13.25
F	30	5.79	7.53	9.29	11.06
	31	5.82	7.55	9.33	11.10
	32	5.84	7.58	9.37	11.15
	33	5.92	7.68	9.49	11.29
	34	5.99	7.78	9.61	11.44
M	30	7.16	9.30	11.48	13.67
	31	7.37	9.57	11.83	14.08
	32	7.59	9.85	12.17	14.49
	33	7.95	10.33	12.76	15.18
	34	8.32	10.80	13.34	15.88

**FIRST DIAGNOSIS HEART ATTACK POLICY (M-XXX) (F-XXX)
MONTHLY (MDO) PREMIUMS
NON TOBACCO**

SEX	AGE	\$10,000	\$15,000	\$20,000	\$25,000
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F	35	6.07	7.88	9.74	11.59
	36	6.15	7.98	9.86	11.74
	37	6.22	8.08	9.98	11.88
	38	6.54	8.49	10.49	12.48
	39	6.85	8.90	10.99	13.08
M	35	8.69	11.28	13.93	16.58
	36	9.05	11.75	14.52	17.28
	37	9.42	12.23	15.10	17.98
	38	10.13	13.15	16.25	19.34
	39	10.84	14.08	17.39	20.70

F	40	7.17	9.31	11.50	13.68
	41	7.48	9.72	12.00	14.28
	42	7.80	10.13	12.50	14.88
	43	8.18	10.63	13.13	15.63
	44	8.57	11.13	13.75	16.37
M	40	11.55	15.00	18.53	22.06
	41	12.27	15.93	19.67	23.42
	42	12.98	16.85	20.82	24.78
	43	13.80	17.93	22.14	26.35
	44	14.63	19.00	23.46	27.92

F	45	8.96	11.64	14.37	17.11
	46	9.35	12.14	14.99	17.85
	47	9.74	12.65	15.62	18.59
	48	10.26	13.32	16.45	19.58
	49	10.78	14.00	17.28	20.57
M	45	15.45	20.07	24.78	29.50
	46	16.28	21.14	26.11	31.07
	47	17.10	22.21	27.43	32.65
	48	18.01	23.38	28.88	34.37
	49	18.91	24.56	30.33	36.10

**FIRST DIAGNOSIS HEART ATTACK POLICY (M-XXX) (F-XXX)
MONTHLY (MDO) PREMIUMS
NON TOBACCO**

SEX	AGE	\$10,000	\$15,000	\$20,000	\$25,000
F	50	11.30	14.67	18.12	21.57
	51	11.82	15.35	18.95	22.56
	52	12.34	16.02	19.79	23.55
	53	13.22	17.16	21.20	25.23
	54	14.06	18.30	22.61	26.91
M	50	19.81	25.73	31.78	37.83
	51	20.72	26.91	33.23	39.56
	52	21.62	28.08	34.68	41.28
	53	22.93	29.78	36.78	43.78
	54	24.24	31.48	38.87	46.27
F	55	14.97	19.45	24.02	28.59
	56	15.85	20.59	25.43	30.26
	57	16.73	21.73	26.84	31.94
	58	17.61	22.87	28.25	33.62
	59	18.49	24.01	29.66	35.30
M	55	25.54	33.17	40.97	48.76
	56	26.85	34.87	43.06	51.25
	57	28.15	36.56	45.15	53.75
	58	29.46	38.26	47.25	56.24
	59	30.76	39.95	49.34	58.73

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MONTHLY (MDO) PREMIUMS
TOBACCO

SEX	AGE	\$10,000	\$15,000	\$20,000	\$25,000
F	20	5.36	6.96	8.59	1.23
	21	5.45	7.08	8.75	10.41
	22	5.55	7.21	8.90	10.60
	23	5.65	7.33	9.06	10.78
	24	5.74	7.46	9.21	10.96
M	20	5.70	7.40	9.14	10.88
	21	5.94	7.71	9.53	11.34
	22	6.18	8.02	9.91	11.79
	23	6.41	8.33	10.29	12.24
	24	6.65	8.64	10.67	12.70
F	25	5.84	7.58	9.37	11.15
	26	5.94	7.71	9.52	11.33
	27	6.03	7.83	9.67	11.51
	28	6.11	7.94	9.80	11.67
	29	6.19	8.04	9.93	11.82
M	25	6.89	8.95	11.05	13.15
	26	7.13	9.25	11.43	13.60
	27	7.36	9.56	11.81	14.06
	28	7.77	10.09	12.46	14.83
	29	8.18	10.62	13.12	15.61
F	30	6.27	8.15	10.06	11.97
	31	6.35	8.25	10.19	12.13
	32	6.43	8.35	1.32	12.28
	33	6.62	8.60	10.62	12.64
	34	6.80	8.84	10.91	12.99
M	30	8.59	11.15	13.77	16.39
	31	8.99	11.68	14.42	17.17
	32	9.40	12.21	15.08	17.95
	33	10.06	13.07	16.14	19.21
	34	10.73	13.93	17.21	20.48

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TOBACCO

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	38	7.87	1.22	12.62	15.02
	39	8.38	10.88	13.44	15.99
M	35	11.39	14.80	18.27	21.75
	36	12.06	15.66	19.34	23.02
	37	12.72	16.52	20.40	24.29
	38	13.91	18.06	22.31	26.55
	39	15.10	19.60	24.21	28.82
F	40	8.88	11.54	14.25	16.96
	41	9.39	12.20	15.06	17.93
	42	9.90	12.85	15.88	18.90
	43	10.56	13.72	16.94	20.16
	44	11.23	14.58	18.01	21.43
M	40	16.28	21.15	26.12	31.08
	41	17.47	22.69	28.02	33.35
	42	18.66	24.23	29.92	35.62
	43	20.06	26.05	32.18	38.30
	44	21.47	27.88	34.43	40.98
F	45	11.89	15.44	19.07	22.70
	46	12.55	16.30	20.14	23.97
	47	13.22	17.17	21.20	25.24
	48	14.13	18.35	22.66	26.97
	49	15.04	19.53	24.12	28.71
M	45	22.87	29.70	36.68	43.67
	46	24.28	31.53	38.94	46.35
	47	25.68	33.35	41.19	49.03
	48	27.25	35.40	43.71	52.03
	49	28.83	37.44	46.24	55.03

FIRST DIAGNOSIS HEART ATTACK POLICY (M-XXX) (F-XXX)
MONTHLY (MDO) PREMIUMS
TOBACCO

SEX	AGE	\$10,000	\$15,000	\$20,000	\$25,000
F	50	15.95	20.72	25.59	30.45
	51	16.86	21.90	27.05	32.19
	52	17.77	23.08	28.51	33.93
	53	19.25	25.00	30.88	36.76
	54	20.73	26.93	33.25	39.58
M	50	30.40	39.48	48.76	58.03
	51	31.97	41.52	51.28	61.04
	52	33.54	43.56	53.80	64.04
	53	35.77	46.45	57.37	67.04
	54	38.00	49.35	60.94	70.04
F	55	22.21	28.85	35.62	42.40
	56	23.69	30.77	38.00	45.23
	57	25.17	32.69	40.37	48.05
	58	26.65	34.61	42.74	50.87
	59	28.13	36.53	45.11	53.70
M	55	40.22	52.24	64.51	73.04
	56	42.45	55.13	68.08	76.04
	57	44.68	58.02	71.66	79.04
	58	46.90	60.91	75.23	82.04
	59	49.13	63.80	78.80	85.04

SERFF Tracking Number: UUIIN-125699534 State: Arkansas
 Filing Company: Reliable Life Insurance Company State Tracking Number: 39369
 Company Tracking Number: FD08AR
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: Supplementary First Diagnosis of Acute Heart Attack and First Major Heart Surgery Indemnity Policy
 Project Name/Number: Heart Attack Policy/FD08

Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 06/24/2008
Comments:
 see attached

The Consumer Information Notice and Guaranty Association Notice are included with the policy when issued.

Attachments:
 Flesch Cert.pdf
 SD Cert.pdf
 CNAR.pdf
 GA Notice.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 06/24/2008
Bypass Reason: Application is attached under Form Schedule
Comments:

Satisfied -Name: Outline of Coverage **Review Status:** Approved-Closed 06/24/2008
Comments:
 please see attached
Attachment:
 FDOC-RL.pdf

Satisfied -Name: Stmt of Variability **Review Status:** Approved-Closed 06/24/2008
Comments:
 see attached.
Attachment:
 Stmt. of Variability.pdf

SERFF Tracking Number: *UUIN-125699534* State: *Arkansas*
Filing Company: *Reliable Life Insurance Company* State Tracking Number: *39369*
Company Tracking Number: *FD08AR*
TOI: *H071 Individual Health - Specified Disease - Limited Benefit* Sub-TOI: *H071.001 Critical Illness*
Product Name: *Supplementary First Diagnosis of Acute Heart Attack and First Major Heart Surgery Indemnity Policy*
Project Name/Number: *Heart Attack Policy/FD08*

Satisfied -Name: Outline of Coverage **Review Status:** Approved-Closed 06/24/2008
Comments: see attached
Attachment: FDOC-AR.pdf

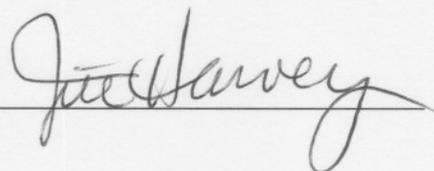
CERTIFICATION

This is to certify that the attached:

FD08-AR
7043-RL
FDOC-RL

have achieved Flesch reading ease scores of 46.3, 50.6, and 43.6, respectively and comply with the requirements of Ark. Stat. Ann. §§ 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Signature



Compliance Specialist
Title

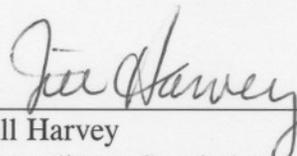
June 18, 2008

The Reliable Life Insurance Company

12115 Lackland Rd.
St. Louis, MO 63146

Certificate Pursuant To
Arkansas Rule & Regulation 19 § 10B.

The undersigned hereby certifies that this filing meets the provision of the above rule pertaining to Unfair Sex Discrimination in the Sale of Insurance. I further certify that the filing meets all applicable requirements of the Department.



Jill Harvey
Compliance Specialist

Date: June 18, 2008

CONSUMER INFORMATION

If you have any questions regarding your policy with the Reliable Life Insurance Company please contact us at:

The Reliable Life Insurance Company
Career Agency Insurance Services
12115 Lackland Road
St. Louis, MO 63146
(800) 630-8645

If we at Reliable Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Divisions
1200 West Third St.
Little Rock, AR 72201-1904
(501) 371-2600
IN ARKANSAS: 1-800-852-5494

THE RELIABLE LIFE INSURANCE COMPANY

St. Louis, Missouri

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
C/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or disability insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

(please turn to back of page)

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are **NOT** protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does **NOT** provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals).
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution;
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$100,000 in health insurance benefits, \$100,000 in present value of annuity benefits, or \$100,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

**THE RELIABLE LIFE INSURANCE COMPANY
SUPPLEMENTAL FIRST DIAGNOSIS OF ACUTE HEART ATTACK
AND FIRST MAJOR HEART SURGERY INDEMNITY POLICY
OUTLINE OF COVERAGE**

Name of Insured: _____ Policy Form: _____

Read Your Policy Carefully – This outline of coverage provides a very brief description of some important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail, the rights and obligations of both you and the insurance company. It is therefore, important that you READ YOUR POLICY CAREFULLY!

First Diagnosis of Acute Heart Attack and First Major Heart Surgery Indemnity Policy Coverage – Policies of this category are designed to provide, to persons insured, a Benefit Amount for a First Diagnosis of an Acute Heart Attack and the First Major Heart Surgery. Such policies do not provide any benefits other than these.

BENEFITS

FIRST DIAGNOSIS OF ACUTE HEART ATTACK BENEFIT

This policy pays a lump sum Benefit Amount if the Insured receives a First Diagnosis of Acute Heart Attack after the 30-Day Waiting Period and while this benefit is in force. However, if a First Diagnosis of Acute Heart Attack occurs within the waiting period your premiums will be returned to you. Once this benefit has been paid by us, coverage under this policy will terminate.

FIRST MAJOR HEART SURGERY BENEFIT

If First Major Heart Surgery is performed on you after the 30-Day Waiting Period we will pay the Insured a lump sum Benefit Amount. If the First Major Heart Surgery is performed during the 30-Day Waiting Period, this benefit will be paid and all coverage will be terminated. You are limited to only one First Major Heart Surgery Benefit.

BENEFIT AMOUNTS

FIRST DIAGNOSIS OF ACUTE HEART ATTACK BENEFIT

Your First Diagnosis of Acute Heart Attack Benefit Amount during the 30-Day Waiting Period will be \$ return of premiums paid.

Your First Diagnosis of Acute Heart Attack Benefit Amount after the 30-Day Waiting Period will be \$ _____.

Your First Major Heart Surgery Benefit Amount during the 30-Day Waiting Period will be \$ return of premiums paid.

Your First Major Heart Surgery Benefit Amount after the 30-Day Waiting Period will be \$ _____.

POLICY EXCEPTIONS AND LIMITATIONS

This policy does not cover any other disease, sickness, incapacity or treatment; even though such other disease, sickness, incapacity or treatment may have been caused by a Heart Attack or First Major Heart Surgery.

First Major Heart Surgery does not include cardiac catheterization or any type of surgery on the pericardium.

The Waiting Period for this policy is 30 days. This means that no benefit is payable under this policy, other than the return of premiums, for acute heart attack diagnosed or major heart surgery performed during the first 30 days of coverage.

CANCELLATION

You may cancel this policy at any time by written notice to Us. Cancellation will be effective upon receipt of written notice or on such later date as may be specified in the notice. In the event of cancellation, We will return promptly the pro-rata unearned portion of any premium paid.

RENEWABILITY

This policy is renewable at the option of the company, subject to the Renewal Provision stated in the policy.

PREMIUMS

Your monthly premium is _____.

Your policy has a 31 day Grace Period. If a premium is not paid on or before the date it is due, it may be paid during the 31 days following the due date. The policy will remain in force during the Grace Period. If the premium remains unpaid after the Grace Period has ended, your policy will lapse as of the end of the Grace Period.

The Company has the right to increase premiums on a class basis by state.

THIS OUTLINE OF COVERAGE IS ONLY A SUMMARY OF THE COVERAGE PROVIDED. PLEASE CONSULT YOUR POLICY FOR A COMPLETE EXPLANATION OF BENEFITS AND LIMITATIONS.

PLEASE RETAIN THIS OUTLINE FOR YOUR RECORDS.

Date

Agent's Name (please print)

Agent's Signature

ARKANSAS STATEMENT OF VARIABILITY

FOR FORM #FD08-AR

The only variable items for Form #FD08-AR, which is the Supplemental First Diagnosis of Acute Heart Attack and First Major Heart Surgery Indemnity Policy, are the items bracketed.

This includes policy number, name of insured, premium class, date of issue, sex, age, district, agency, monthly renewal premium and benefit amounts.

Jill Harvey

Jill Harvey

Compliance Specialist

June 20, 2008

**THE RELIABLE LIFE INSURANCE COMPANY
SUPPLEMENTAL FIRST DIAGNOSIS OF ACUTE HEART ATTACK
AND FIRST MAJOR HEART SURGERY INDEMNITY POLICY
OUTLINE OF COVERAGE**

Name of Insured: _____ **Policy Form:** _____

Read Your Policy Carefully – This outline of coverage provides a very brief description of some important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail, the rights and obligations of both you and the insurance company. It is therefore, important that you **READ YOUR POLICY CAREFULLY!**

First Diagnosis of Acute Heart Attack and First Major Heart Surgery Indemnity Policy Coverage – Policies of this category are designed to provide, to persons insured, a Benefit Amount for a First Diagnosis of an Acute Heart Attack and the First Major Heart Surgery. Such policies do not provide any benefits other than these.

BENEFITS

FIRST DIAGNOSIS OF ACUTE HEART ATTACK BENEFIT

This policy pays a lump sum Benefit Amount if the Insured receives a First Diagnosis of Acute Heart Attack after the 30-Day Waiting Period and while this benefit is in force. However, if a First Diagnosis of Acute Heart Attack occurs within the waiting period your premiums will be returned to you. Once this benefit has been paid by us, coverage under this policy will terminate.

FIRST MAJOR HEART SURGERY BENEFIT

If First Major Heart Surgery is performed on you after the 30-Day Waiting Period we will pay the Insured a lump sum Benefit Amount. If the First Major Heart Surgery is performed during the 30-Day Waiting Period, this benefit will be paid and all coverage will be terminated. You are limited to only one First Major Heart Surgery Benefit.

BENEFIT AMOUNTS

FIRST DIAGNOSIS OF ACUTE HEART ATTACK BENEFIT

Your First Diagnosis of Acute Heart Attack Benefit Amount during the 30-Day Waiting Period will be \$ return of premiums paid.

Your First Diagnosis of Acute Heart Attack Benefit Amount after the 30-Day Waiting Period will be \$ _____.

Your First Major Heart Surgery Benefit Amount during the 30-Day Waiting Period will be \$ return of premiums paid.

Your First Major Heart Surgery Benefit Amount after the 30-Day Waiting Period will be \$ _____.

POLICY EXCEPTIONS AND LIMITATIONS

This policy does not cover any other disease, sickness, incapacity or treatment; even though such other disease, sickness, incapacity or treatment may have been caused by a Heart Attack or First Major Heart Surgery.

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RENEWABILITY

This policy is guaranteed renewable.

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Your monthly premium is _____.

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LIMITATIONS.**

PLEASE RETAIN THIS OUTLINE FOR YOUR RECORDS.

Date

Agent's Name (please print)

Agent's Signature