

<i>SERFF Tracking Number:</i>	<i>AEGE-125736779</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39637</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>SE VV 2001 CSO</i>		
<i>Project Name/Number:</i>	<i>SE VV 2001 CSO/EM ASAP1 TL1103</i>		

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: SE VV 2001 CSO

SERFF Tr Num: AEGE-125736779 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium

SERFF Status: Closed

State Tr Num: 39637

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: Dawn Radack

Disposition Date: 07/17/2008

Date Submitted: 07/16/2008

Disposition Status: Approved

Implementation Date Requested: 01/01/2009

Implementation Date:

State Filing Description:

General Information

Project Name: SE VV 2001 CSO

Status of Filing in Domicile: Authorized

Project Number: EM ASAP1 TL1103

Date Approved in Domicile: 07/16/2008

Requested Filing Mode: File & Use

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: 07/17/2008

State Status Changed: 07/17/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The proposed revisions and supporting actuarial materials for the 2001 CSO table requirements are attached. Policy EM ASAP1 TL1103 is a flexible premium adjustable life policy, approved by your department on 3/5/2004. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

The following form revisions are submitted for your review and approval:

- 1) The Limitation Percentages on Page 9 have been changed to the 2001 CSO mortality table.

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- 2) References to the 1980 CSO mortality table on Page 11 have been replaced with references to the 2001 CSO mortality table.
- 3) The Guaranteed Cost of Insurance Rates on Page 12 have been changed to use the 2001 CSO mortality table.

There are no other changes to the policy form. The proposed revisions will be effective January 1st, 2009, for policies issued on or after such date.

Company and Contact

Filing Contact Information

Dawn Radack, Forms Filing Manager dradack@Aegonusa.com
 4333 Edgewood Rd. NE (319) 355-4266 [Phone]
 Cedar Rapids, IA 52499 (319) 355-6292[FAX]

Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
4333 Edgewood Rd. NE	Group Code: 468	Company Type: Life
Cedar Rapids, IA 52499	Group Name:	State ID Number:
(319) 369-2419 ext. [Phone]	FEIN Number: 39-0989781	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 form modified
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	07/16/2008	21445897

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	07/17/2008	07/17/2008

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	Linda Bird	07/17/2008	07/17/2008	Dawn Radack	07/17/2008	07/17/2008

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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	Actuarial IMemorandum		Yes
Form	SE VV		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/17/2008
Submitted Date 07/17/2008

Respond By Date

Dear Dawn Radack,

This will acknowledge receipt of the captioned filing.

Objection 1

- Certification/Notice (Supporting Document)
- Application (Supporting Document)
- Health - Actuarial Justification (Supporting Document)
- Outline of Coverage (Supporting Document)
- SE VV (Form)

Comment: The actuarial memorandum was not attached.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/17/2008
Submitted Date 07/17/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Sorry about leaving the actuarial memorandum off. There it is.

Thanks,

Dawn Radack

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Related Objection 1

Applies To:

- Certification/Notice (Supporting Document)
- Application (Supporting Document)
- Health - Actuarial Justification (Supporting Document)
- Outline of Coverage (Supporting Document)
- SE VV (Form)

Comment:

The actuarial memorandum was not attached.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Actuarial IMemorandum

Comment: Actuarial documents are attached.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Dawn Radack

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Form Schedule

Lead Form Number: EM ASAP1 TL1103

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	EM ASAP1 TL1103	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SE VV	Initial		0	SEVV_2001C SO pg chgs_std.pdf

If you chose CASH VALUE ACCUMULATION, your limitation percentages are as follows:

<u>Insured's Age on Policy Anniversary</u>	<u>Death Benefit Ratio</u>		<u>Insured's Age on Policy Anniversary</u>	<u>Death Benefit Ratio</u>	
	Male	Female		Male	Female
20	7.73	9.01	60	2.08	2.34
21	7.48	8.70	61	2.02	2.27
22	7.24	8.39	62	1.96	2.21
23	7.01	8.10	63	1.91	2.15
24	6.78	7.82	64	1.86	2.09
25	6.56	7.54	65	1.82	2.03
26	6.34	7.28	66	1.77	1.98
27	6.13	7.02	67	1.73	1.93
28	5.93	6.78	68	1.69	1.88
29	5.74	6.54	69	1.65	1.83
30	5.55	6.31	70	1.61	1.79
31	5.36	6.09	71	1.57	1.74
32	5.18	5.88	72	1.54	1.70
33	5.00	5.68	73	1.50	1.66
34	4.83	5.48	74	1.47	1.62
35	4.67	5.29	75	1.44	1.58
36	4.51	5.11	76	1.41	1.55
37	4.36	4.93	77	1.38	1.51
38	4.21	4.76	78	1.36	1.48
39	4.06	4.60	79	1.33	1.45
40	3.93	4.44	80	1.31	1.42
41	3.79	4.29	81	1.29	1.39
42	3.67	4.15	82	1.27	1.37
43	3.55	4.01	83	1.25	1.34
44	3.43	3.87	84	1.23	1.32
45	3.32	3.74	85	1.22	1.30
46	3.21	3.62	86	1.20	1.28
47	3.11	3.50	87	1.19	1.26
48	3.01	3.38	88	1.17	1.24
49	2.91	3.27	89	1.16	1.22
50	2.82	3.17	90	1.15	1.20
51	2.73	3.07	91	1.14	1.19
52	2.64	2.97	92	1.13	1.17
53	2.56	2.88	93	1.12	1.15
54	2.48	2.79	94	1.11	1.13
55	2.41	2.70	95	1.10	1.12
56	2.33	2.62	96	1.09	1.10
57	2.27	2.55	97	1.07	1.08
58	2.20	2.47	98	1.05	1.06
59	2.14	2.40	99	1.02	1.02
			100+	1.01	1.01

The Life Insurance Compliance Test may not be changed while this policy is in force.

NONFORFEITURE OPTIONS

CASH SURRENDER VALUE

You may surrender your policy for its Cash Surrender Value. Your Cash Surrender Value equals:

The Policy Value,
MINUS The Surrender Charge, if any,
MINUS Any Indebtedness.

If you surrender this policy within 30 days after a policy anniversary, the Cash Surrender Value shall not be less than the Cash Surrender Value on that anniversary less any indebtedness or Partial Withdrawals made on or after that anniversary.

Surrender will be effective on the Monthly Date following the date we receive written request. We may require that your policy be sent in with your written request before making surrender payment.

We may defer payment of any Cash Surrender Value by not more than six months.

When you surrender your policy for its Cash Surrender Value, your policy will terminate.

SURRENDER CHARGE

The Surrender Charge as a percentage of the Policy Value withdrawn is:

Policy Year	Issue Ages 20-74	Issue Ages 75+
1	7%	7%
2	7%	6.5%
3	6%	6%
4	5%	5%
5	4%	4%
6	3%	3%
7	2%	2%
8	1%	1%
9 and later	0%	0%

PARTIAL WITHDRAWALS

After the first policy anniversary you may request a Partial Withdrawal of your Cash Surrender Value of at least \$500. The full Cash Surrender Value may be withdrawn provided at least \$500 of Cash Surrender Value would remain after payment of the withdrawal. The total amount withdrawn equals the Partial Withdrawal plus a processing charge equal to the lesser of \$25 or 2% of the amount requested.

The Policy Value will be reduced by the total amount of the withdrawal. If Life Insurance Benefit Options One or Three are in effect, the Specified Amount will also be reduced by the total amount of the withdrawal. No Partial Withdrawal may reduce the Specified Amount below \$25,000.

We must receive your signed request at our Home Office in order to withdraw funds from the policy. We may defer payment of any Partial Withdrawal by not more than six months.

BASIS USED FOR CALCULATION

Minimum Nonforfeiture Values for this policy are based on the Commissioner's Male or Female 2001 Standard Ordinary Mortality Table, Age Last Birthday with interest at 2.0% compounded annually. The guaranteed minimum policy value is based on interest at 2.0% compounded annually and Monthly Guaranteed Cost of Insurance Rates from issue. Reserves are not less than the required minimum reserves and shall never be less than the Cash Surrender Value.

All of the values are equal to or greater than the minimums set by laws of the states where the policy is delivered. If required, we have filed a detailed statement about this with your State Insurance Department. It shows the figures and methods used.

**GUARANTEED MONTHLY COST OF INSURANCE RATES
Per \$1000**

When insurance is sold on a substandard basis, the Guaranteed Cost of Insurance Rates shown below are increased 25% for each additional rating class above standard.

<u>ATTAINED</u>			<u>ATTAINED</u>		
<u>AGE</u>	<u>MALE</u>	<u>FEMALE</u>	<u>AGE</u>	<u>MALE</u>	<u>FEMALE</u>
20	\$0.08333	\$0.03916	60	\$0.86666	\$0.69500
21	0.08416	0.04083	61	0.96583	0.75250
22	0.08500	0.04166	62	1.08166	0.81333
23	0.08666	0.04250	63	1.20583	0.87916
24	0.08833	0.04416	64	1.33666	0.95000
25	0.09083	0.04583	65	1.47083	1.02750
26	0.09500	0.04833	66	1.60583	1.11250
27	0.09750	0.05083	67	1.74666	1.20666
28	0.09666	0.05333	68	1.89500	1.30916
29	0.09583	0.05583	69	2.05750	1.42333
30	0.09500	0.05833	70	2.24500	1.55250
31	0.09416	0.06250	71	2.47583	1.69833
32	0.09500	0.06583	72	2.74500	1.85750
33	0.09666	0.07083	73	3.02666	2.03250
34	0.09916	0.07666	74	3.33000	2.22333
35	0.10333	0.08333	75	3.66250	2.43333
36	0.10916	0.08916	76	4.03666	2.66250
37	0.11583	0.09500	77	4.47250	2.91416
38	0.12416	0.10000	78	4.97666	3.19000
39	0.13250	0.10500	79	5.54000	3.49333
40	0.14333	0.11166	80	6.16833	3.86916
41	0.15583	0.11916	81	6.85000	4.33000
42	0.17083	0.12750	82	7.56833	4.81666
43	0.18916	0.13750	83	8.35166	5.32833
44	0.21000	0.14916	84	9.22416	5.89500
45	0.23083	0.16333	85	10.19666	6.46583
46	0.25250	0.18000	86	11.26416	7.14000
47	0.27083	0.19833	87	12.41583	7.97416
48	0.28500	0.22000	88	13.63833	8.85416
49	0.30333	0.24416	89	14.91916	9.72333
50	0.32583	0.27000	90	16.19000	10.35166
51	0.35500	0.30000	91	17.43916	10.96083
52	0.39166	0.33250	92	18.74500	11.97666
53	0.43416	0.36750	93	20.12166	13.35083
54	0.48583	0.40500	94	21.57166	15.07500
55	0.54333	0.44666	95	23.01000	16.95666
56	0.60500	0.49250	96	24.41250	18.80750
57	0.66250	0.54083	97	25.90500	20.00583
58	0.71916	0.59083	98	27.49583	20.64916
59	0.78500	0.64166	99	29.19333	21.99833
			100+	0.00000	0.00000

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Product Name: SE VV 2001 CSO
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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

07/16/2008

Comments:

Certification document is attached.

Attachment:

Certification.pdf

TRANSAMERICA LIFE INSURANCE COMPANY

**Home Office
4333 Edgewood Road N.E.
Cedar Rapids, Iowa 52499**

STATE OF ARKANSAS

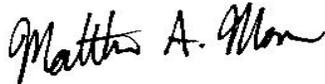
RE: EM ASAP1 TL1103

I hereby certify that the accompanying life product is in compliance with Rule and Regulation 19, Rule and Regulation 49 and with Arkansas Code Ann. 23-79-138.

Hereby certified on this day of 7/16/2008.

TRANSAMERICA LIFE INSURANCE COMPANY

By:

A handwritten signature in black ink that reads "Matthew A. Monson". The signature is written in a cursive style with a large initial 'M'.

Matthew A. Monson, Vice President