

SERFF Tracking Number: FNWW-125735047 State: Arkansas
Filing Company: Farmers New World Life Insurance Company State Tracking Number: 39630
Company Tracking Number: 2008-CI-ABR
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: 2008-CI-ABR
Project Name/Number: 2008-CI-ABR Minimum Increase/2008-CI-ABR

Filing at a Glance

Company: Farmers New World Life Insurance Company

Product Name: 2008-CI-ABR

SERFF Tr Num: FNWW-125735047

State: ArkansasLH

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 39630

Sub-TOI: L08.000 Life - Other

Co Tr Num: 2008-CI-ABR

State Status: Filed-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Christine Andreason,
Peter Lindstrom

Disposition Date: 07/16/2008

Date Submitted: 07/15/2008

Disposition Status: Accepted For
Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2008-CI-ABR Minimum Increase

Project Number: 2008-CI-ABR

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/16/2008

State Status Changed: 07/16/2008

Corresponding Filing Tracking Number: 2008-CI-ABR

Filing Description:

Re: Farmers New World Life

NAIC # 63177-021 FEIN # 91-0335750

Critical Illness Accelerated Benefit Rider Minimum Face Amount Increase

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

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Dear Sir or Madam:

This is an informational filing. We are looking to increase our minimum face amount on our Critical Illness Rider from \$10,000 to \$25,000. Nothing was mentioned in our contract listing the minimum face amount, but the information was provided informational in our filing. The information was given in our Actuarial Memorandum and mentioned in our filing letter.

The following information was mentioned in the filing letter and memorandum:

"The initial benefit may not be less than \$10,000 nor more than 50% of the base plan face amount or \$250,000 whichever is less." I have attached a sample Policy Specifications page that shows the Benefit Amount chosen by the applicant and shown in brackets.

If you have any questions or comments, please call me (206) 275-8131 or e-mail me at peter.lindstrom@farmersinsurance.com. Thank you for your immediate attention.

Sincerely,

Pete Lindstrom
Contract Specialist
peter.lindstrom@farmersinsurance.com

Enclosures

Company and Contact

Filing Contact Information

Peter Lindstrom, Contract Specialist
3003 77th Ave SE
Mercer Island, WA 98040

peter.lindstrom@farmersinsurance.com
(206) 275-8131 [Phone]
(206) 236-6526[FAX]

Filing Company Information

SERFF Tracking Number: FNWW-125735047 State: Arkansas
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Farmers New World Life Insurance Company CoCode: 63177 State of Domicile: Washington
3003 77th Avenue S.E. Group Code: 212 Company Type: Life
Mercer Island, WA 98040 Group Name: State ID Number:
(206) 275-8131 ext. [Phone] FEIN Number: 91-0335750

SERFF Tracking Number: FNWW-125735047 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: \$20.00 for 1 filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmers New World Life Insurance Company	\$20.00	07/15/2008	21427880

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	07/16/2008	07/16/2008

SERFF Tracking Number: FNWW-125735047 *State:* Arkansas
Filing Company: Farmers New World Life Insurance Company *State Tracking Number:* 39630
Company Tracking Number: 2008-CI-ABR
TOI: L08 Life - Other *Sub-TOI:* L08.000 Life - Other
Product Name: 2008-CI-ABR
Project Name/Number: 2008-CI-ABR Minimum Increase/2008-CI-ABR

Disposition

Disposition Date: 07/16/2008

Implementation Date:

Status: Accepted For Informational Purposes

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	Filing letter		Yes
Supporting Document	statement of variability		Yes
Supporting Document	sample Policy Specifications page		Yes

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Rate Information

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Supporting Document Schedules

Review Status:
Satisfied -Name: Filing letter 07/15/2008
Comments:
Attachment:
Filing letter.pdf

Review Status:
Satisfied -Name: statement of variability 07/15/2008
Comments:
Attachment:
Farmers Statement of Variability.pdf

Review Status:
Satisfied -Name: sample Policy Specifications page 07/15/2008
Comments:
Attachments:
John Doe Bracketed Spec Page 226.pdf
SpecPage Bracketed.pdf

July 15, 2008

Re: Farmers New World Life
NAIC # 63177-021 FEIN # 91-0335750
Critical Illness Accelerated Benefit Rider Minimum Face Amount Increase

Dear Sir or Madam:

This is an informational filing. We are looking to increase our minimum face amount on our Critical Illness Rider from \$10,000 to \$25,000. Nothing was mentioned in our contract listing the minimum face amount, but the information was provided informational in our filing. The information was given in our Actuarial Memorandum and mentioned in our filing letter. Form 2004-CI-ABR (60)(1-05) was filed and approved on 2/3/2005.

The following information was mentioned in the filing letter and memorandum:

“The initial benefit may not be less than \$10,000 nor more than 50% of the base plan face amount or \$250,000 whichever is less.” I have attached a sample Policy Specifications page that shows the Benefit Amount chosen by the applicant and shown in brackets.

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If you have any questions or comments, please call me (206) 275-8131 or e-mail me at peter.lindstrom@farmersinsurance.com. Thank you for your immediate attention.

Sincerely,

Pete Lindstrom
Contract Specialist
peter.lindstrom@farmersinsurance.com

Enclosures

FARMERS NEW WORLD LIFE INSURANCE COMPANY
3003 77th Avenue SE, Mercer Island, WA 98040-0290

EXPLANATION OF VARIABILITY

Policy Specifications page showing Critical Illness Benefit Rider Information

Brackets denote that the text within the brackets is variable subject to the following limitations on each of the forms in this filing:

Policy Specifications Page

- Prepared on Date- Will vary in accordance with the policy date of issue.
- Insured Name, Face Amount, Policy Number, Issue Date, Issue Age and Expiry Date- will vary according to information provided on the application, issue date and term of the plan selected.
- Annual Premium Payments, Semiannual, Quarterly, Monthly and Special Monthly Payments- will vary based upon the option elected by the applicant and if the company has the ability to allow future credit Card payments.
- Accidental Death Benefit Amount- Will vary according to coverage elected by the applicant
- Accidental Death Benefit Annual Premium, Waiver of Premium Annual Premium- Will vary in accordance with information elected by the applicant, and the premium as shown in the rider schedule of premiums, as determined by the Insured's attained age and accordance with the actuarial memorandum.
- Critical Illness Accelerated Benefit- Will vary according to coverage elected by the applicant.

Farmers New World Life Insurance Company
Policy Specifications

INSURED	JOHN DOE	ISSUE AGE	42	SEX	M
POLICY NUMBER	001234567	PRINCIPAL SUM	{\$250,000}		
ISSUE DATE	April 9, 2008	EXPIRY DATE	{April 9, 2056}		

PREMIUMS

	ANNUAL	SEMIANNUAL	QUARTERLY	MONTHLY	SPECIAL MONTHLY
PREMIUM PAYMENTS	{\$1,585.90}	{\$793.98}	{\$397.00}	{\$135.00}	{\$132.58}
PREMIUM CLASS	SPECIAL NON-NICOTINE				

YOU HAVE ELECTED TO PAY SPECIAL MONTHLY PREMIUMS.

BENEFIT

	ANNUAL PREMIUM	PREMIUM PAYABLE UNTIL
LEVEL TERM TO AGE 90	{\$1,159.00}*	AGE 90
CRITICAL ILLNESS ACCELERATED BENEFIT	{ 243.90}****	AGE 90
EFFECTIVE DATE: 04/09/2008		
BENEFIT AMOUNT {\$30,000 }		
BENEFIT AMOUNT REDUCES TO \$15,000 AT AGE 65		
ANNUAL EXTRA PREMIUM	{183.00}	48 YEARS
=====		
TOTAL INITIAL PREMIUM	{\$1,585.90}	

SEE FOLLOWING THE PAGE FOR FOOTNOTE INFORMATION.

2002-226 NONPARTICIPATING MODIFIED PREMIUM LEVEL TERM LIFE INSURANCE. PREMIUMS GUARANTEED FOR FIRST THIRTY YEARS AFTER ISSUE. PREMIUMS PAYABLE TO AGE 90 OR UNTIL PRIOR DEATH. CONVERTIBLE.

Farmers New World Life Insurance Company
Policy Specifications, continued

*AFTER YEAR 30, THIS PREMIUM IS NOT GUARANTEED AND MAY BE CHANGED BY US AT ANY TIME, SUBJECT TO THE GUARANTEED MAXIMUM PREMIUMS. THE PREMIUM WILL INCREASE AFTER YEAR 30. SEE THE APPROPRIATE SCHEDULE OF PREMIUMS.

**PREMIUM INCREASES AS SHOWN IN THE RIDER SCHEDULE OF PREMIUMS, DETERMINED BY THE INSURED'S ATTAINED AGE.

***PREMIUM DOES NOT INCREASE.

****THIS PREMIUM IS GUARANTEED FOR THE FIRST 2 YEARS. AFTER 2 YEARS, THE PREMIUM MAY BE CHANGED BY US AT ANY TIME, SUBJECT TO THE GUARANTEED MAXIMUM PREMIUM RATES SHOWN IN THE PREMIUM SECTION OF THE RIDER FORM. AFTER 30 YEARS, PREMIUMS WILL BE CALCULATED USING RATES DETERMINED BY THE INSURED'S ATTAINED AGE, AS SHOWN IN THE SCHEDULE OF PREMIUMS IN THE RIDER FORM.

90 OR UNTIL PRIOR DEATH. CONVERTIBLE.

Farmers New World Life Insurance Company
Policy Specifications

INSURED	JOHN DOE	ISSUE AGE	35	SEX	M
POLICY NUMBER	001234567	PRINCIPAL SUM	{\$150,000}		
ISSUE DATE	OCTOBER 1, 2000	EXPIRY DATE	{OCTOBER 1, 2054}		

PREMIUMS

	ANNUAL	SEMIANNUAL	QUARTERLY	MONTHLY	SPECIAL MONTHLY
PREMIUM PAYMENTS	{ \$ }	{ \$ }	{ \$ }	{ \$ }	{ \$ }
PREMIUM CLASS	NON-NICOTINE				

YOU HAVE ELECTED TO PAY ANNUAL PREMIUMS.

THE TERMINAL ILLNESS ACCELERATED BENEFIT RIDER HAS BEEN ADDED AT NO ADDITIONAL PREMIUM CHARGE

BENEFIT

	ANNUAL PREMIUM	PREMIUM PAYABLE UNTIL
LEVEL TERM TO AGE 90	{ \$ }	* AGE 90
ACCIDENTAL DEATH BENEFIT \$XXX,XXX	{ }	*** AGE 70
WAIVER OF PREMIUM	{ }	** AGE 60
CRITICAL ILLNESS ACCELERATED BENEFIT	{ }	**** AGE 90
EFFECTIVE DATE: XX/XX/XXXX		
BENEFIT AMOUNT {\$25,000}		
BENEFIT AMOUNT REDUCES TO \$XX,XXX AT AGE 65		
CHILDRENS TERM INSURANCE		
RIDER - \$XX,XXX EACH INSURED CHILD	{ }	AGE 65
	=====	
TOTAL INITIAL PREMIUM	{ \$ }	

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Farmers New World Life Insurance Company
Policy Specifications, continued

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