

SERFF Tracking Number: *THRV-125719393* State: *Arkansas*
 Filing Company: *Thrivent Life Insurance Company* State Tracking Number: *39502*
 Company Tracking Number:
 TOI: *L06I Individual Life - Variable* Sub-TOI: *L06I.002 Single Life - Flexible Premium*
 Product Name: *Thrivent Life Insurance - Grandfather Amendment*
 Project Name/Number: */*

Filing at a Glance

Company: Thrivent Life Insurance Company

Product Name: Thrivent Life Insurance - Grandfather Amendment SERFF Tr Num: THRV-125719393 State: ArkansasLH

TOI: L06I Individual Life - Variable

SERFF Status: Closed

State Tr Num: 39502

Sub-TOI: L06I.002 Single Life - Flexible Premium

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Julie Van Beck

Disposition Date: 07/03/2008

Date Submitted: 07/01/2008

Disposition Status: Approved

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

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: 07/03/2008

State Status Changed: 07/03/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Individual Variable Life Insurance Filing – New Filing

IRS "Guideline Concerning Use of 2001 CSO Tables Under Section 7702"

Amendatory Agreement, Form VM-GZ-VUVL (08)

We are submitting for your consideration and approval an amendment for use with inforce 1980 CSO contracts that have previously been approved by your Department. According to section 5.02 of Internal Revenue Service Notice

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2006-95 "Guideline Concerning Use of 2001 CSO Tables Under Section 7702," changes made to a 1980 CSO life insurance contract will not jeopardize the contract's qualification as life insurance provided that "the change, modification or exercise of a right to modify, add or delete benefits is pursuant to the terms of the contract." The amendment in this submission identifies and makes contractual the changes that owners may make to these existing contracts [add riders, change premium class, increase face amount without evidence upon payment of unscheduled premium of \$10,000 or more]. The amendment is to add only those changes that are not currently provided for in the contracts. No contract benefits or values are affected by this amendment.

The listing below identifies the contracts to which the amendment will be attached and the date each contract was approved by your Department.

Amendment Form VM-GZ-VUVL (08)

This amendment will be used with Flexible Premium Variable Life Insurance contracts issued after 10/21/1988 [post-TAMRA contracts] on form V2-VU-VUL-1 and with all Flexible Premium Variable Life Insurance contracts issued on form V2-VL-VUL-1. These forms were approved by your Department on 01/19/1987 and 05/13/1991 respectively.

Thank you in advance for your review of our filing. Please contact me if you have any questions.

Company and Contact

Filing Contact Information

Julie Van Beck, Compliance Specialist II julie.vanbeck@thrivent.com
625 Fourth Ave. South (800) 847-4836 [Phone]
Minneapolis, MN 55415 (612) 340-5040[FAX]

Filing Company Information

Thrivent Life Insurance Company CoCode: 97721 State of Domicile: Minnesota
625 Fourth Ave. S. Group Code: 889 Company Type:
Minneapolis, MN 55415-1665 Group Name: State ID Number:
(800) 847-4836 ext. [Phone] FEIN Number: 41-1437943

SERFF Tracking Number: THRV-125719393 State: Arkansas
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TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium
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Filing Fees

Fee Required? Yes
Fee Amount: \$75.00
Retaliatory? Yes
Fee Explanation: The state of Minnesota (our state of domicile) charges \$75 per form filing.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Thrivent Life Insurance Company	\$75.00	07/01/2008	21199245

SERFF Tracking Number: *THR-125719393* State: *Arkansas*
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	07/03/2008	07/03/2008

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Disposition

Disposition Date: 07/03/2008

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		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Amendatory Agreement		Yes

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Form Schedule

Lead Form Number: VM-GZ-VUVL (08)

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VM-GZ-VUVL (08)	Policy/Cont Amendantory ract/Fratern Agreement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		58	Amendantory Agreement VM-GZ-VUVL (08).pdf

AMENDATORY AGREEMENT

Effective Date: December 31, 2008

The following provisions are included as part of this contract:

ADDITIONAL BENEFITS

ADDITIONAL BENEFITS. Riders providing Additional Benefits may be included as part of this contract. Any riders included on this contract are shown on the contract schedule pages. You may add riders to this contract subject to the following:

- 1) The rider must be offered by us and available on this contract as of the date of application for the rider.
- 2) Application for the new rider must be provided to us at our Service Center.
- 3) We require satisfactory evidence of insurability, if and as required by our standards.
- 4) The date of issue of the rider and its monthly cost(s), if any, will be shown on supplemental contract schedule pages that we will send to you.

CHANGE OF PREMIUM CLASS

CHANGE OF PREMIUM CLASS. You may apply to our Service Center to change the Premium Class to a more favorable Premium Class, if available, or to remove any aviation exclusion on this contract. Any change is subject to satisfactory evidence of insurability, if and as required by our standards. If we approve the change, its effective date will be shown on a supplemental contract schedule page that we will send to you. The INCONTESTABILITY provision will apply to any change for two years from its effective date with regard to statements made in the application for the change.

The following provisions of this contract are amended:

DEFINITIONS

The **DEFINITIONS** section is amended to include the following:

Service Center. The location where this contract is administered. Our Service Center address is 4321 North Ballard Road, Appleton, WI 54919-0001. Any references in this contract to Home Office are changed to Service Center.

PREMIUM PAYMENTS

The **PREMIUM PAYMENTS** provision is amended to include the following:

If the Death Benefit Option is Option B and you pay an unscheduled, non-billed premium of \$10,000 or more, you may apply to have the Face Amount increased by at least \$10,000 and not more than the amount of the premium paid. Increases under this provision are subject to the conditions of the INCREASE IN FACE AMOUNT provision. The Premium Class for any increase under this provision will be the same as the Premium Class for the most recent increase made under the INCREASE IN FACE AMOUNT provision or, if there has been no such increase, the Premium Class for this contract on the effective date of the increase under this provision.

REINSTATEMENT

In the **REINSTATEMENT** provision, the sentence:

This contract may be reinstated within five years after the end of the grace period but before the Maturity Date, unless it has been surrendered.

Is amended to read:

Unless this contract has been surrendered, it may be reinstated before the Maturity Date and within five years after:

- 1) The date the grace period ends if, on that date, the contract terminated; or
- 2) The date the contract terminated under the **TERMINATION FROM EXCESS LOAN** provision.

INCREASE IN FACE AMOUNT

Item (2) in the **INCREASE IN FACE AMOUNT** provision:

We will require evidence of insurability which meets our standards.

Is amended to read:

We will require satisfactory evidence of insurability, if and as required by our standards.

The **INCREASE IN FACE AMOUNT** provision is amended to include the following:

Items (2) and (3) in the conditions for increase do not apply to any increase applied for under the **PREMIUM PAYMENTS** provision as amended.

Signed for Thrivent Life Insurance Company

President []

Secretary []

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

07/01/2008

Comments:

Attached are the Readability Certification and the Certification of Arkansas Insurance Rule and Regulation 19.

Attachments:

AR Thrivent Life Amendment Readability Ctf.pdf

AR Life and Health Cert.pdf

READABILITY CERTIFICATION

I, Donn Satrom, an officer of Thrivent Life Insurance Company, hereby certify that the below listed form has the following readability score as calculated by the Flesch Reading Ease Test and that this form complies with the requirements of Arkansas Code Ann. 23-80-206.

<u>Form</u>	<u>Flesch Score</u>
VM-GZ-VUVL (08)	58



Donn Satrom
Assistant Vice President
Contract Forms and Compliance

July 01, 2008

Date

ARKANSAS

CERTIFICATION OF ARANSAS INSURANCE RULE AND REGULATION 19

I certify, to the best of my knowledge and belief, that this filing meets the provisions of Arkansas Insurance Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance Department.



Donn Satrom
Assistant Vice President
Contract Forms and Compliance

July 1, 2008

Date