

<i>SERFF Tracking Number:</i>	<i>UNFG-125731424</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39605</i>
<i>Company Tracking Number:</i>	<i>LIU-720 (10-08)</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>20 Year Level Term Rider</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: United Life Insurance Company

Product Name: 20 Year Level Term Rider

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate  
Premium - Single Life

Filing Type: Form

SERFF Tr Num: UNFG-125731424 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39605

Co Tr Num: LIU-720 (10-08)

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Author: Joanne Young

Disposition Date: 07/14/2008

Date Submitted: 07/11/2008

Disposition Status: Approved

Implementation Date Requested: 10/01/2008

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 07/03/2008

Requested Filing Mode:

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: 07/14/2008

State Status Changed: 07/14/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

LIU-720 (10-08) Other Insured Renewable 20 Year Term Rider

We are filing this rider for consideration and approval. This is an optional rider. The purpose of the rider is to allow for a "family" policy by adding another insured onto the policy. LIU-720 will be for our Whole Life Policy.

The target market for the rider is the 25-35 year old range, conservative family wanting to have an economic family plan

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and pay a level premium. The rate will be level for 20 years and then it will continue to renew annually and the rate will go to ART rates. It will not be illustrated.

The target effective date for the rider is 10/1/08. It will be available on new issues and current edition inforce policies.

This filing, to the best of our knowledge, contains no unusual or possibly controversial items from normal company standards. If you have any questions, please contact me.

## Company and Contact

### Filing Contact Information

Joanne Young, Analyst jyoung@unitedfiregroup.com  
 118 2nd Ave SE (319) 286-2620 [Phone]  
 Cedar Rapids, IA 52407-3909 (319) 286-2570[FAX]

### Filing Company Information

United Life Insurance Company CoCode: 69973 State of Domicile: Iowa  
 118 2nd Ave SE Group Code: 248 Company Type: Life  
 PO Box 73909  
 Cedar Rapids, IA 52407-3909 Group Name: United Fire Group State ID Number:  
 (319) 399-5700 ext. [Phone] FEIN Number: 42-6061188  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: 1 rider = \$20.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Life Insurance Company	\$20.00	07/11/2008	21371142

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	07/14/2008	07/14/2008

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## **Disposition**

Disposition Date: 07/14/2008

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	Life & Annuity - Acturial Memo		No
Form	Other Insured Renewable 20 Year Term Rider		Yes

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## Form Schedule

Lead Form Number: LIU-720 (10-08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LIU-720 (10-08)	Certificate	Other Insured Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53	LIU-720 (10-08).pdf

**UNITED LIFE INSURANCE COMPANY**  
**Cedar Rapids, Iowa**

**OTHER INSURED RENEWABLE 20 YEAR TERM RIDER**

**1. BENEFIT**

We will pay the amount of Other Insured Renewable 20 Year Term insurance benefit shown on the Policy Schedule of Benefits as soon as We receive due proof of the Other Insured's death while this rider is in force.

**2. OTHER INSURED**

The Other Insured is the person named in the Policy Schedule of Benefits.

**3. BENEFICIARY**

The benefit shown will be paid to the Insured on whose life the policy is issued (the Primary Insured) unless specifically designated otherwise.

**4. SUICIDE EXCLUSION**

If the Other Insured dies as a result of suicide within one year from the effective date of this rider, the amount We will pay will be the sum of the premiums which have been paid for this rider.

**5. INCONTESTABILITY**

Except for nonpayment of premiums, We cannot contest this rider after it has been in force during the life of the Other Insured for two years from the effective date of this rider.

**6. PREMIUM PAYMENTS**

Premiums are payable in the amount and for the period shown in SECTION 1, or until the prior death of the Other Insured. The first premium is due as of the effective date of the rider and must be paid to place the rider in force. All premiums after the first are payable on or before the date they are due; however there is a grace period of 31 days for the payment of all premiums after the first. If the Other Insured dies during this grace period, the amount of any due and unpaid premiums for the rider and policy to which it is attached will be deducted from the death benefit proceeds.

**7. WAIVER OF PREMIUMS**

If, on any premium due date, premiums are being waived under a Disability Waiver of Premium rider included with this policy, any renewal premium due for this rider will also be waived.

**8. RENEWAL**

After the initial term, this rider will continue to renew annually until the policy or rider terminates.

**9. TERMINATION PROVISIONS**

This rider terminates the earliest of:

- a) When we are requested by the Owner in writing to do so; or
- b) The due date of any unpaid premium for the policy or this rider when said premium is in default beyond its grace period; or
- c) On the anniversary date on or next following the Other Insured's 70th birthday; or
- d) The termination or expiry of the policy.

**10. CONVERSION PROVISION**

On written request of the Owner, this rider may be converted to a permanent policy, without evidence of insurability, subject to the following terms and conditions:

- a) The conversion may take place on a premium due date of any unpaid premium prior to the termination of this rider.
- b) The plan of insurance under the new policy may be any permanent insurance plan which we are issuing on the date of the new policy.
- c) The policy date of the new policy will be the date of the conversion.

- d) The new policy will be based upon the attained age of the Other Insured at the time of conversion and the risk class of the Other Insured at the time this rider is issued.
- e) The amount converted may be no larger than the Other Insured Insurance specified amount. No proof of insurability shall be required for the conversion policy except for any benefits added by rider.
- f) The premium on the new policy will be determined according to our premium rates in effect at the date of conversion for the Other Insured's age last birthday.

While the policy and rider are in full force and no premiums are in default, the Owner must submit a written application requesting the conversion and return the policy to us at our Home Office for deletion of this rider.

**11. ASSIGNMENT**

The benefits of this rider cannot be assigned.

**12. GENERAL PROVISION**

All provisions of the policy to which this is attached apply also to this rider. This rider is effective on the same date as the policy unless a different date is shown below.

Alternative Effective Date: \_\_\_\_\_

SECRETARY

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 07/11/2008

**Comments:**

**Attachments:**

AR Cert.docx

AR.pdf

### Review Status:

**Satisfied -Name:** Application 07/11/2008

**Comments:**

The application to be used is LIU-113 (3-07). It was approved by your office on 3/7/07.

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Life  
*Product Name:* 20 Year Level Term Rider  
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Attachment "AR Cert.docx" is not a PDF document and cannot be reproduced here.

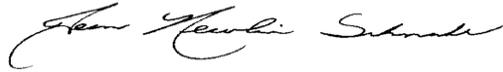
CERTIFICATION OF READABILITY

State of  
ARKANSAS

Form Number  
LIU-720 (10-08)

Flesch Readability Score  
52.8

I certify that to the best of my knowledge and belief, the above referenced form meets or exceeds the readability, legibility, and format requirements of any applicable laws and regulations of the state of Indiana.



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Jean Newlin Schnake, Secretary  
United Life Insurance Company

July 2, 2008  
Date