

SERFF Tracking Number: AEGD-125792647 State: Arkansas
Filing Company: Transamerica Life Insurance Co. State Tracking Number: 40083
Company Tracking Number: 08042
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: APE 56 & APE 62
Project Name/Number: Application Supplements/08042

Filing at a Glance

Company: Transamerica Life Insurance Co.

Product Name: APE 56 & APE 62

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: AEGD-125792647 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40083

Co Tr Num: 08042

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Author: Craig Hopkins

Disposition Date: 08/28/2008

Date Submitted: 08/26/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Application Supplements

Project Number: 08042

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/28/2008

State Status Changed: 08/28/2008

Corresponding Filing Tracking Number:

Filing Description:

August 26, 2008

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 08/26/2008

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

RE: Transamerica Life Insurance Company

NAIC 863231-468 FEIN: 39-0989781

APE621008T – Application Supplement for Children's Insurance Rider

APE 561008T– Personal Supplement to Application for Life Insurance

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Dear Sir/Madam:

Enclosed find the above referenced forms for your review and approval.

These are new forms and will not replace any previous form.

The forms submitted do not contain any unusual or controversial items, or provisions that deviate from normal company or industry standards.

Both forms are used as a Supplement to a Part I Life Insurance application. Form APE621008T is used when the applicant is also applying for a Children's Rider. APE561008T is used for large issue Life Insurance policies to disclose financial information.

This form will be used with our Life Insurance portfolio and the Applications which were previously filed and approved.

Thank you for your attention to this filing.

Sincerely,

Craig Hopkins
AFP-Contract Development
Telephone: (213) 742 2409

Company and Contact

Filing Contact Information

Craig Hopkins, Team Lead - LA Filings
1150 S. Olive St.
Los Angeles, CA 90015

Craig.Hopkins@Transamerica.com
(213) 742-2409 [Phone]
(213) 741-5839[FAX]

Filing Company Information

Transamerica Life Insurance Co.
Contract Development T-03-06

CoCode: 86231
Group Code: 468

State of Domicile: Iowa
Company Type:

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Project Name/Number: Application Supplements/08042

1150 S. Olive St.
Los Angeles, CA 90015
(213) 742-2241 ext. [Phone]

Group Name:
FEIN Number: 39-0989781

State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$40.00
Retaliatory? No
Fee Explanation: \$20 pe form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Co.	\$40.00	08/26/2008	22150112

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08/28/2008	08/28/2008

SERFF Tracking Number: *AEGD-125792647* *State:* *Arkansas*
Filing Company: *Transamerica Life Insurance Co.* *State Tracking Number:* *40083*
Company Tracking Number: *08042*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *APE 56 & APE 62*
Project Name/Number: *Application Supplements/08042*

Disposition

Disposition Date: 08/28/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGD-125792647 State: Arkansas
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 Product Name: APE 56 & APE 62
 Project Name/Number: Application Supplements/08042

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Form	Application Supplemernt to Application for Life Insurance		Yes
Form	Application Supplement for Children's Insurance Rider		Yes

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Form Schedule

Lead Form Number: APE561008T

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	APE561008T	Application/ Enrollment Form	Application/ Supplement to Application for Life Insurance	Initial		66	APE5610008 T Standard.pdf
	APE621008T	Application/ Enrollment Form	Application/ Supplement for Children's Insurance Rider	Initial		62	APE6210008 T.pdf



Transamerica Life Insurance Company
 Home Office: [4333 Edgewood Road NE
 Cedar Rapids, IA 52499]

**Personal Supplement to
 Application for
 Life Insurance**

File # _____

Name of Proposed Insured: _____ Date of Birth: _____

Name of Additional Proposed Insured: _____ Date of Birth: _____

Section A. PURPOSE OF INSURANCE

1. Personal Business
- Income Keyperson
 - Estate Planning Stock Repurchase
 - Buy-Sell
 - Creditor Amount of Loan \$ _____
 - Yes No Is Insurance required by the Creditor?

3. How was the amount of insurance arrived at? _____

(If applying for personal insurance, proceed to questions 7, 8, 9 & 10.)

Section B. BUSINESS INFORMATION

4. Yes No Are other Corporate Officers or partners insured or being insured?
 Give details and explanation _____

5. Percent of corporation or partnership owned by Proposed Insured? ____ % Additional Proposed Insured? ____ %

6. Corporation or Partnerships:

	Estimated Current Year	Past Year
Net Worth \$		
Gross Sales \$		
Net Income \$		

Current estimated market value of the business \$ _____



FINANCIAL INFORMATION

If a joint policy is being applied for, complete questions 7 through 10 jointly for both the Proposed Insured and the Additional Proposed Insured.

7.

	Estimated Current Year	Past Year		Estimated Current Year	Past Year
ANNUAL INCOME					
Earned Income			ASSETS		
Annual Salary or Wages	\$	\$	Cash	\$	\$
Bonuses	\$	\$	Real Estate	\$	\$
Other Earned Income	\$	\$	Stocks & Bonds	\$	\$
Total Earned Income	\$	\$	Autos	\$	\$
			Personal	\$	\$
Unearned Income			Business Equity	\$	\$
Dividends & Interest	\$	\$	Other	\$	\$
Net Real Estate Income	\$	\$	Total Assets	\$	\$
Net Business Investment Income	\$	\$			
Other:	\$	\$	LIABILITIES		
Other:	\$	\$	Mortgages	\$	\$
Total Unearned Income	\$	\$	Business	\$	\$
			All Other Personal	\$	\$
TOTAL ANNUAL INCOME	\$	\$	Total Liabilities	\$	\$

8. Estimated Net Worth \$ _____

9. Yes No At this time are you currently in bankruptcy or have you been the subject of any voluntary or involuntary bankruptcy proceeding pending within the past 12 months? If yes, please provide full details including Chapter 7, 11, or 13, date filed, and date of discharge and dismissal, if any.

10. Yes No Do you have a prepared financial statement? If yes, please attach a copy.

It is represented that the statements and answers given in this supplement to the application are true, complete and correctly recorded. It is agreed that this supplement shall be a part of the application to the Company for insurance on the life of the Proposed Insured and any Additional Proposed Insured, and shall be the basis for any policy issued on this application.

Signed at _____ on _____, _____

Signature of Proposed Insured

Signature of Witness

Signature of Additional Proposed Insured

Signature of Witness

AGREEMENT OF OWNER IF OTHER THAN PROPOSED INSURED

The Owner agrees to be bound by all statements, answers, and agreements made by the Proposed Insured and any Additional Proposed Insured in this supplement to the application.

Signed at _____ on _____, _____

Signature of Owner

Signature of Witness

If Owner is a corporation, an authorized officer, other than the Proposed Insured, must sign as owner, give Corporate title and full name of Corporation. Corporation Name: _____



Transamerica Life Insurance Company
 Home Office: [4333 Edgewood Road NE
 Cedar Rapids, IA 52499]

**Application Supplement
 for Children's Insurance Rider**
 File # _____

1. Child(ren) proposed for coverage under the Children's Insurance Rider

Name: First, Middle Initial, Last	Age	Date of Birth	Sex	Height	Weight

2. Yes No Are all the children being covered U.S. Citizens? If no, give details in Remarks.
3. Yes No Is coverage under the Children's Insurance Rider being requested for all minor children of the Proposed Insured?
If no, give details in Remarks.
4. Yes No Are any children proposed for coverage not living with the Proposed Insured?
If yes, give details in Remarks.
5. Give details to all yes answers in Remarks, including all dates and diagnoses.

Yes	No	Has any child proposed for coverage been diagnosed with:
<input type="checkbox"/>	<input type="checkbox"/>	Congenital Heart Abnormalities, Heart Disorder, Epilepsy, Cancer, Malignancy, Blood Disorder, Leukemia, Diabetes, Cystic Fibrosis, Kidney Disease, Brain or Neurological Disorder?
<input type="checkbox"/>	<input type="checkbox"/>	Asthma or other lung disease or injury or illness requiring hospitalization?

Remarks

It is represented that the statements and answers given in this supplement are true, complete and correctly recorded. It is agreed that this supplement shall be a part of the application for life insurance for _____ as Proposed Insured.

Signed at _____
 (city-state)

Date: _____

 Signature of Proposed Insured

 Witness of Proposed Insured Signature

Signed at _____
 (city-state)

 (date)

 Signature of Owner (if other than Proposed Insured)

 Witness of Owner Signature



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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

08/26/2008

Comments:

Applicable certifications attached

Attachments:

AR compliance certification.pdf

readability-08042-AR.pdf

Review Status:

Satisfied -Name: Application

08/26/2008

Comments:

These supplements will be used with Application APA401008T approved on 6/3/2008

Transamerica Life Insurance Company
Home Office: Cedar Rapids, Iowa

COMPLIANCE CERTIFICATION

Supplemental Application Forms:
APE561008T & APE621008T

We certify that, to the best of our knowledge and belief, this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Insurance Division of the State of Arkansas.



Fred Alvarado, Manager
Contract Development

08/26/08
Date



Cheryl Bock, Assistant Vice President
Contract Development

TRANSAMERICA LIFE INSURANCE COMPANY
Home Office: Cedar Rapids, Iowa

CERTIFICATION OF READABILITY

<u>Form Number</u>	<u>Flesch Score</u>
APE561008T	65.5
APE621008T	61.6

It is hereby certified that each form listed above meets the minimum reading ease score required by **ARKANSAS**.

The Flesch score was calculated using the text of the entire form. "Text" is as defined by State regulations.

Each form is readable and complies with all applicable state rules and regulations as to size of print, format and arrangement.



Fred Alvarado, Manager
Contract Development

08/26/2008
Date



Cheryl L. Bock, Second Vice President
Contract Development