## Filing at a Glance

Company: Combined Insurance Company of America

| | | |
|---|---|---|
| Product Name: 2001 CSO Mortality Table for Form No. 36002-AR | SERFF Tr Num: CMBD-125717885 | State: ArkansasLH |
| TOI: L09I Individual Life - Flexible Premium Adjustable Life | SERFF Status: Closed | State Tr Num: 39970 |
| Sub-TOI: L09I.001 Single Life | Co Tr Num: 2001 CSO MORTALITY TABLE FOR FORM NO. 36002-AR | State Status: Filed-Closed |
| Filing Type: Form | Co Status:<br>Author: Debra Canchola<br>Date Submitted: 08/19/2008 | Reviewer(s): Linda Bird<br>Disposition Date: 08/21/2008<br>Disposition Status: Accepted For Informational Purposes |
| Implementation Date Requested: On Approval | | Implementation Date: |

State Filing Description:

## General Information

Project Name: 2001 CSO Mortality Table for Form No. 36002-AR
Project Number: 2001 CSO Mortality Table for Form No. 36002-AR
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 08/21/2008
State Status Changed: 08/21/2008
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: A similar form will be filed in our domicile state.
Market Type: Individual
Group Market Size:
Group Market Type:

Deemer Date:

Filing Description:

Please see attached cover letter.

# Company and Contact

**Filing Contact Information**


Debra Canchola, Policy Analyst
1000 Milwaukee Avenue
Glenview, IL 60025

Debra.Canchola@combined.com
(847) 953-1527 [Phone]
(847) 953-1557[FAX]


**Filing Company Information**

Combined Insurance Company of America
1000 Milwaukee Avenue
Glenview, IL  60025
(847) 953-1531 ext. [Phone]

CoCode: 62146
Group Code: 317
Group Name:
FEIN Number: 36-2136262

State of Domicile: Illinois
Company Type:
State ID Number:

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# Filing Fees

| | |
|---|---|
| Fee Required? | No |
| Retaliatory? | No |
| Fee Explanation: | |
| Per Company: | No |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|---|---|---|
| Combined Insurance Company of America | $0.00 | 08/19/2008 | |

# Correspondence Summary

## Dispositions

| Status | Created By | Created On | Date Submitted |
|---|---|---|---|
| Accepted For Informational Purposes | Linda Bird | 08/21/2008 | 08/21/2008 |

# Disposition

Disposition Date: 08/21/2008

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

| | | | |
|---|---|---|---|
| *SERFF Tracking Number:* | *CMBD-125717885* | *State:* | *Arkansas* |
| *Filing Company:* | *Combined Insurance Company of America* | *State Tracking Number:* | *39970* |
| *Company Tracking Number:* | *2001 CSO MORTALITY TABLE FOR FORM NO. 36002-AR* | | |
| *TOI:* | *L09I Individual Life - Flexible Premium Adjustable Life* | *Sub-TOI:* | *L09I.001 Single Life* |
| *Product Name:* | *2001 CSO Mortality Table for Form No. 36002-AR* | | |
| *Project Name/Number:* | *2001 CSO Mortality Table for Form No. 36002-AR/2001 CSO Mortality Table for Form No. 36002-AR* | | |

| Item Type | Item Name | Item Status | Public Access |
|---|---|---|---|
| **Supporting Document** | Certification/Notice | | No |
| **Supporting Document** | Application | | No |
| **Supporting Document** | Health - Actuarial Justification | | No |
| **Supporting Document** | Outline of Coverage | | No |
| **Supporting Document** | Life - Actuarial Memorandum | | No |
| **Supporting Document** | Cover Letter - AR | | Yes |
| **Supporting Document** | Universal NAIC Transmittal Document | | Yes |

# Rate Information

Rate data does NOT apply to filing.

# Supporting Document Schedules

**Review Status:**

**Satisfied -Name:** Cover Letter - AR 08/19/2008

**Comments:**

**Attachment:**

Cover Letter - AR.pdf

**Review Status:**

**Satisfied -Name:** Universal NAIC Transmittal Document 08/19/2008

**Comments:**

**Attachment:**

NAIC Universal Transmittal Form.pdf

**VIA SERFF**

August 19, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: **SERFF Tracking Number: CMBD-125717885**
**Combined Insurance Company of America**
**FEIN Number 36-2136262**
**NAIC Number 317-62146**
Actuarial Memorandum for 2001 CSO Mortality Table
for Universal Life Policy
Form No. 36002-AR
**INDIVIDUAL LIFE - Illustrated**

Dear Ms. Bowman:

This is a new filing.

This is to notify you that we will begin using the 2001 CSO Mortality Table on Policy 36002-AR. This mortality table change is used in determining the Minimum Reserve liabilities, minimum surrender values, guaranteed maximum cost of insurance rates, and maximum surrender charges.

We are filing a revised actuarial memorandum amending the mortality columns and the various dollar amounts as the previous paragraph notes. Policy 36002-AR was previously approved by your Department on February 19, 1998. No other changes are being made to this form.

Thank you for your review and hopefully approval. Please feel free to contact us via phone or e-mail for any further questions.

Sincerely,

Combined Insurance Company of America

Debra Canchola

Debra Canchola

**Debra Canchola - Policy Analyst - Product Filings/Government Relations**
**847-953-1527 Fax # 847-953-1557 Toll Free to Product Filings: 888-449-3623 E-Mail: Debra.Canchola@combined.com**

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The ACE Group of Companies

Reset Form

# Life, Accident & Health, Annuity, Credit Transmittal Document

| 1. | Prepared for the State of | Arkansas |
|---|---|---|

| 2. | Department Use Only |
|---|---|
| | State Tracking ID |
| | |

| 3. | Insurer Name & Address | Domicile | Insurer License Type | NAIC Group # | NAIC # | FEIN # | State # |
|---|---|---|---|---|---|---|---|
| | Combined Insurance Company of America<br>5050 Broadway, Chicago, IL 60640 | IL | Individual Life | 317 | 62146 | 36-2136262 | |

| 4. | Contact Name & Address | Telephone # | Fax # | E-mail Address |
|---|---|---|---|---|
| Debra Canchola<br>1000 Milwaukee Ave.,<br>Glenview, IL 60025 | | 847-953-1527 | 847-953-1557 | Debra.Canchola@Combined.com |

| 5. | Requested Filing Mode | ☑ Review & Approval ☐ File & Use ☐ Informational<br>☐ Combination (please explain): _____<br>☐ Other (please explain): _____ |
|---|---|---|

| 6. | Company Tracking Number | 2001 CSO Mortality Table for Form No. 36002-AR |
|---|---|---|
| 7. | ☑ New Submission ☐ Resubmission | Previous file # _____ |
| 8. | Market | ☑ Individual ☐ Franchise<br>Group: ☐ Small ☐ Large ☐ Small and Large<br>☐ Employer ☐ Association ☐ Blanket<br>☐ Discretionary ☐ Trust<br>☐ Other: _____ |
| 9. | Type of Insurance | L09G Group Life - Flexible Premium Adjustable Life |
| 10. | Product Coding Matrix Filing Code | L09G.001 Single Life |
| 11. | Submitted Documents | ☐ **FORMS**<br>☐ Policy ☐ Outline of Coverage ☐ Certificate<br>☐ Application/Enrollment ☐ Rider/Endorsement ☐ Advertising<br>☐ Schedule of Benefits ☐ Other<br><br>**Rates**<br>☐ New Rate ☐ Revised Rate<br><br>☑ **FILING OTHER THAN FORM OR RATE:**<br>Please explain: Actuarial Memorandum - 2001 CSO Mortality Table for 36002-AR<br><br>**SUPPORTING DOCUMENTATION**<br>☐ Articles of Incorporation ☐ Third Party Authorization<br>☐ Association Bylaws ☐ Trust Agreements<br>☐ Statement of Variability ☐ Certifications<br>☐ Actuarial Memorandum<br>☐ Other_____ |



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| | | |
|---|---|---|
| **12.** | **Filing Submission Date** | 08/19/2008 |
| **13** | **Filing Fee (If required)** | Amount N/A Check Date<br>Retaliatory ☐ Yes ☐ No Check Number |
| **14.** | **Date of Domiciliary Approval** | A similar form will be filed in our domicile state, Illinois |

**15. Filing Description:**

Please see attached cover letter.

**View Complete Filing Description**

**16. Certification (If required)**

**I HEREBY CERTIFY** that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Arkansas.

Print Name Michael J. Hollar Title Assistant Secretary

Signature Michael J. Hollar Date: August 19, 2008



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| 17. | Form Filing Attachment |
|---|---|
| **This filing transmittal is part of company tracking number** | 2001 CSO Mortality Table for Form No. 36002-AR |
| **This filing corresponds to rate filing company tracking number** | |

| | Document Name / Description | Form Number | | Replaced Form Number / Previous State Filing Number |
|---|---|---|---|---|
| 01 | 2001 CSO Mortality Table for Form No. 36002-AR | | ☑ Initial<br>☐ Revised<br>☐ Other _____ | |
| 02 | | | ☐ Initial<br>☐ Revised<br>☐ Other _____ | |
| 03 | | | ☐ Initial<br>☐ Revised<br>☐ Other _____ | |
| 04 | | | ☐ Initial<br>☐ Revised<br>☐ Other _____ | |
| 05 | | | ☐ Initial<br>☐ Revised<br>☐ Other _____ | |
| 06 | | | ☐ Initial<br>☐ Revised<br>☐ Other _____ | |
| 07 | | | ☐ Initial<br>☐ Revised<br>☐ Other _____ | |
| 08 | | | ☐ Initial<br>☐ Revised<br>☐ Other _____ | |
| 09 | | | ☐ Initial<br>☐ Revised<br>☐ Other _____ | |
| 10 | | | ☐ Initial<br>☐ Revised<br>☐ Other _____ | |



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| 18. | Rate Filing Attachment | | | |
|---|---|---|---|---|
| **This filing transmittal is part of company tracking number** | | | | |
| **This filing corresponds to form filing company tracking number** | | | N/A | |
| **Overall percentage rate indication (when applicable)** | | | N/A | |
| **Overall percentage rate impact for this filing** | | | **%** | |
| | **Document Name**<br>**Description** | **Affected Form Numbers** | | **Previous State Filing Number** |
| 01 | | | ☐ **New**<br>☐ **Revised**<br>**Request +____% -____%**<br>☐ **Other _____** | |
| 02 | | | ☐ **New**<br>☐ **Revised**<br>**Request +____% -____%**<br>☐ **Other _____** | |
| 03 | | | ☐ **New**<br>☐ **Revised**<br>**Request +____% -____%**<br>☐ **Other _____** | |
| 04 | | | ☐ **New**<br>☐ **Revised**<br>**Request +____% -____%**<br>☐ **Other _____** | |
| 05 | | | ☐ **New**<br>☐ **Revised**<br>**Request +____% -____%**<br>☐ **Other _____** | |
| 06 | | | ☐ **New**<br>☐ **Revised**<br>**Request +____% -____%**<br>☐ **Other _____** | |
| 07 | | | ☐ **New**<br>☐ **Revised**<br>**Request +____% -____%**<br>☐ **Other _____** | |
| 08 | | | ☐ **New**<br>☐ **Revised**<br>**Request +____% -____%**<br>☐ **Other _____** | |
| 09 | | | ☐ **New**<br>☐ **Revised**<br>**Request +____% -____%**<br>☐ **Other _____** | |
| 10 | | | ☐ **New**<br>☐ **Revised**<br>**Request +____% -____%**<br>☐ **Other _____** | |



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