

SERFF Tracking Number: CMPL-125821666 State: Arkansas  
Filing Company: Transamerica Life Insurance Company State Tracking Number: 40299  
Company Tracking Number: TRANS REINST APPL APR11008T  
TOI: L07I Individual Life - Whole Sub-TOI: L07I.111 Single Premium - Single Life  
Product Name: Trans Reinst App APR11008T  
Project Name/Number: Trans Reinst App APR11008T /Trans Reinst App APR11008T

## Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: Trans Reinst App APR11008T SERFF Tr Num: CMPL-125821666 State: ArkansasLH

TOI: L07I Individual Life - Whole SERFF Status: Closed State Tr Num: 40299

Sub-TOI: L07I.111 Single Premium - Single Life Co Tr Num: TRANS REINST APPL State Status: Approved-Closed  
APR11008T

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Nancy French

Disposition Date: 09/29/2008

Date Submitted: 09/18/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Trans Reinst App APR11008T

Status of Filing in Domicile:

Project Number: Trans Reinst App APR11008T

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: 09/29/2008

State Status Changed: 09/29/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Dear Commissioner:

This filing is being submitted by Compliance Research Services, LLC on behalf of Transamerica Life Insurance Company (Transamerica). A letter of filing authorization is enclosed.

Please find enclosed the above-referenced form for your review and approval. It is a reinstatement application for use with Transamerica's previously approved individual life policies, including term life, whole life and universal life. The

*SERFF Tracking Number:* CMPL-125821666 *State:* Arkansas  
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form is new and does not replace any forms currently on file with your Department.

The form is in final printed format. Transamerica reserves the right to change the type style and paper size. Transamerica also plans to make these forms available electronically. It is their intent to use the forms in a variety of electronic environments, including laptop and web based application process. Transamerica uses technology that provides a robust online signature solution, including allowing agents to collect the electronic signatures of the owners and Insureds. The electronic application and signature process is only available to those who specifically consent to do business with Transamerica electronically, and at any time, such consent can be revoked and the applicant can return to a hard copy application process.

The solution consists of an online module, integrated with the platform that allows users to pull up an electronic version of the filed and approved application, review its content, view all signatures required associated with the document, and, if there is no change or correction to the document as presented, apply an electronic signature for each signature required. Each signature will be captured separately. The E-Signature solution generates all of the documents for one application in separate documents, and each document contains its own metadata that is locked and bound after the signing ceremony is complete. If any document is changed during the course of the signing ceremony, any signatures captured for such document are effectively revoked, and the document must be resigned completely. Once the application is submitted to the carrier it can never be changed and is held at the carrier in a locked down status.

All processes used will comply with the Uniform Electronic Transactions Act, and to the extent applicable, the Federal ESIGN Act.

All required forms and transmittals are included with this submission.

You may direct any questions or comments regarding this submission to me at 513-984-6050 or e-mail me at [dsimon@crssolutionsgroup.com](mailto:dsimon@crssolutionsgroup.com).

Sincerely,

J. David Simon, CLU

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President

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - complianceresearchservicesllc)

Nancy French, Product Manager nfrench@crssolutionsgroup.com  
 10921 Reed Hartman Highway (513) 984-6050 [Phone]  
 Cincinnati, OH 45242 (513) 984-7212[FAX]

### Filing Company Information

|                                     |                         |                         |
|-------------------------------------|-------------------------|-------------------------|
| Transamerica Life Insurance Company | CoCode: 86231           | State of Domicile: Iowa |
| 4333 Edgewood Road N.E.             | Group Code: 468         | Company Type:           |
| Cedar Rapids, IA 52499              | Group Name:             | State ID Number:        |
| (513) 984-6050 ext. [Phone]         | FEIN Number: 39-0989781 |                         |

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## Filing Fees

|                  |  |
|------------------|--|
| Fee Required?    | Yes                                      |
| Fee Amount:      | \$20.00                                  |
| Retaliatory?     | No                                       |
| Fee Explanation: | \$20.00 for application filed separately |
| Per Company:     | No                                       |

| COMPANY                             | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|-------------------------------------|---------|----------------|---------------|
| Transamerica Life Insurance Company | \$20.00 | 09/18/2008     | 22584029      |

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Product Name: Trans Reinst App APR11008T  
Project Name/Number: Trans Reinst App APR11008T /Trans Reinst App APR11008T

## Correspondence Summary

### Dispositions

| Status   | Created By | Created On | Date Submitted |
|----------|------------|------------|----------------|
| Approved | Linda Bird | 09/29/2008 | 09/29/2008     |

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*Filing Company:* Transamerica Life Insurance Company      *State Tracking Number:* 40299  
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*TOI:* L071 Individual Life - Whole      *Sub-TOI:* L071.111 Single Premium - Single Life  
*Product Name:* Trans Reinst App APR11008T  
*Project Name/Number:* Trans Reinst App APR11008T /Trans Reinst App APR11008T

## **Disposition**

Disposition Date: 09/29/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *CMPL-125821666* State: *Arkansas*  
 Filing Company: *Transamerica Life Insurance Company* State Tracking Number: *40299*  
 Company Tracking Number: *TRANS REINST APPL APR11008T*  
 TOI: *L071 Individual Life - Whole* Sub-TOI: *L071.111 Single Premium - Single Life*  
 Product Name: *Trans Reinst App APR11008T*  
 Project Name/Number: *Trans Reinst App APR11008T /Trans Reinst App APR11008T*

| <b>Item Type</b>           | <b>Item Name</b>               | <b>Item Status</b> | <b>Public Access</b> |
|----------------------------|--------------------------------|--------------------|----------------------|
| <b>Supporting Document</b> | Certification/Notice           |                    | Yes                  |
| <b>Supporting Document</b> | Application                    |                    | No                   |
| <b>Supporting Document</b> | Life & Annuity - Acturial Memo |                    | No                   |
| <b>Supporting Document</b> | Authorization                  |                    | Yes                  |
| <b>Supporting Document</b> | Readability Certification      |                    | Yes                  |
| <b>Form</b>                | Reinstatement Application      |                    | Yes                  |

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## Form Schedule

**Lead Form Number:** APR11008T

| Review Status | Form Number   | Form Type Form Name  | Action  | Action Specific Data | Readability | Attachment                |
|---------------|---------------|--|---------|----------------------|-------------|---------------------------|
|               | APR11008<br>T | Application/ Reinstatement<br>Enrollment Application<br>Form | Initial |                      | 50          | APR11008T<br>Standard.pdf |



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

GA # \_\_\_\_\_  
**Reinstatement  
 Application**

**A separate Reinstatement Application must be completed for each Proposed Insured.  
 Reinstatement is requested on the following Proposed Insured:**

|   |            |                        |          |         |
|---|------------|------------------------|----------|---------|
| Proposed Insured  |            | Policy/Contract Number |          |         |
| Mailing Address (Cannot be a P.O. Box)  | City       | State                  | Zip Code | Country |
| Occupation/Duties   |            | Driver's License No.   | State    |         |
| U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no, complete Residency & Travel Questionnaire. |            |                        |          |         |
| Amount Paid With This Application \$  | Home Phone | Work Phone             |          |         |

PLEASE MAKE ALL CHECKS PAYABLE TO TRANSAMERICA LIFE INSURANCE COMPANY. DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE SPACE BLANK.

**Transamerica Life Insurance Company (the Company) may require additional evidence of insurability.**  
 This is an application for reinstatement of the above policy in accordance with its provisions.

The Proposed Insured must answer each of the following questions:

- Have you used nicotine at any time?
 

|                            |                      |  |
|----------------------------|----------------------|--|
| Cigarettes                 | Date last used _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cigar/Pipe/Chewing Tobacco | Date last used _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other                      | Date last used _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- Do you intend to fly other than as a passenger or have you flown other than as a passenger during the past two years?
 

|   |  |
|---|--|
| If yes, indicate type of license _____; Advanced Ratings (IFR/ATC) _____; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # of solo hours _____; hours flown past 24 months _____                   |  |
- Do you plan to travel in the next 12 months for business or pleasure to a destination outside the U.S., Canada, Western Europe, Hong Kong, Australia or New Zealand? If yes, complete Residency & Travel Questionnaire.
 

|  |  |
|--|--|
|  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|
- Within the past five years, have you been convicted of or pleaded guilty to:
 

|   |  |
|---|--|
| a) Moving violations? If yes, give dates and type. _____  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Driving under the influence of alcohol and/or other drugs or reckless driving? If yes, give dates. _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- Have you ever participated in, or within the next two years do you intend to participate in, hang-gliding, sky diving, parachuting, ultralight flying, vehicle racing, scuba diving, mountain or rock climbing, rodeos, competitive skiing or snowboarding, extreme sports or other hazardous activities? If yes, complete Sports and Hazardous Activities Questionnaire.
 

|  |  |
|--|--|
|  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|
- Present height and weight: \_\_\_\_\_ ft. \_\_\_\_\_ in. \_\_\_\_\_ lbs.
- Name and address of your primary care physician: \_\_\_\_\_
- What medications are you presently taking? \_\_\_\_\_
- During the past five years, have you:
 

|  |  |
|--|--|
| a) Had any illness, injury or disease?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Consulted or been examined by any physician?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Required any hospitalizations?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Been declined, rated, modified, postponed, refused renewal or refused reinstatement for any life insurance application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Filed for, received or been refused disability benefits?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**For yes answers, in Remarks include all dates, diagnoses, duration of any illness and provide names and addresses of all attending physicians and hospitals.**

**Remarks** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# FRAUD WARNING

The following state(s) and U.S. territories require that insurance applicants acknowledge a fraud warning statement. Please refer to the fraud warning statement for your state or U.S. territory as indicated below.

**ARKANSAS, LOUISIANA and WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DISTRICT OF COLUMBIA:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**PUERTO RICO:** Any person who knowingly, and with the intention to defraud, includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony, and if found guilty, shall be punished for each violation with a fine of no less than five thousand dollars (\$5000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**TENNESSEE , VIRGINIA and WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**ALL OTHER STATES:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**I/We represent** that the statements and answers given in this application are complete and true and may be relied on by the Company as the basis for reinstatement of the policy. I/We understand that the Company may require additional evidence of insurability. I/We understand that the Company may, subject to the reinstatement provisions of the policy, deposit any payment or cash any check without prejudice to its right to decline to reinstate the policy. I/We understand that if the Company declines to reinstate the policy, any payment paid with this application will be refunded.

Signed at \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposed Insured  
(or parent or Guardian if Proposed Insured is a minor)

\_\_\_\_\_  
Signature of Owner, if other than Proposed Insured

### NOTICE TO CONSUMER

The death benefit on many business related life insurance policies will be taxable to you under Section 101(j) of the Internal Revenue Code to the extent it exceeds the premiums and other considerations paid by you for the policy unless the written Notice and Consent is obtained **prior to policy issue** and certain other requirements of such section are met. These policies are often referred to as Employer-Owned Life Insurance Policies but can also include policies owned by others such as affiliates and business owners. Section 101(j) may apply to your policy on reinstatement whether or not it also applied when the policy was originally issued.

The notice and consent provisions of IRC sec. 101(j) may apply. These must be met prior to policy issue for death benefits under policies owned by employers and certain related parties to be tax-free. Consult your tax advisor.

### AUTHORIZATION TO OBTAIN INFORMATION

Transamerica Life Insurance Company (the Company)

**I, the Proposed Insured, hereby authorize** any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insuring or reinsuring company, the MIB Group, Inc. and its members or affiliates, consumer reporting agency, or employer having information available as to testing, diagnosis, treatment and prognosis with respect to any physical or mental condition (for example: coronary disease; cancer; Human Immunodeficiency Virus (HIV) related test results or disorders; metabolic, pulmonary, or neurological disorders) and/or treatment of me or my minor children and any other non-medical information of me or my minor children to give to the Company or its legal representative, any and all such information.

**I understand** the information obtained by use of the Authorization will be used by the Company to determine eligibility for insurance and eligibility for benefits under an existing contract. Any information obtained will not be released by the Company to any person or organization **except** to reinsuring companies, the MIB Group, Inc. and its members or affiliates, or other persons or organizations performing business or legal services in connection with my application, claim or as may be otherwise lawfully required or as I may authorize.

**I know** that I may request to receive a copy of this Authorization. **I agree** that a photocopy of this Authorization shall be as valid as the original. I agree this Authorization shall be valid for two and one half years from the date shown below, regardless of my condition and whether I am living or not.

**I acknowledge** receipt of the Notice of Disclosure of Information. **I understand** that if an investigative consumer report is ordered in connection with this application, I may elect to be interviewed in connection with the preparation of the report and, upon request, I will be provided with a copy of the report. I elect to be interviewed if an investigative consumer report is prepared.  Yes  No

Signed at \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposed Insured  
(or parent or Guardian if Proposed Insured is a minor)

\_\_\_\_\_  
Signature of Owner, if other than Proposed Insured



## NOTICE OF DISCLOSURE OF INFORMATION

Information regarding your insurability will be treated as confidential except that Transamerica Life Insurance Company (the Company) may make a brief report to the MIB Group, Inc. (MIB) and its members or affiliates, a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. Upon request by another member insurance company to which you have applied for life or health insurance, or to which a claim is submitted, MIB will supply such company with the information it may have in its files. The Company may also release information in its file to reinsurers and to other life insurance companies to which you may apply for life or health insurance, or to which a claim is submitted.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may seek correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is Post Office Box 105, Essex Station, Boston, MA 02112, telephone (866) 692-6901 (TTY (866) 346-3642 for hearing impaired).

**Notice to Persons Applying for Insurance:** Federal law requires us to advise you that in connection with this application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. Such reports are usually part of the process of evaluating risks for life and health insurance. Inquiry may be made into your character, general reputation, personal characteristics and mode of living. It is possible that a representative of a firm employed to make such reports may call upon you in person. You have the right to request disclosure of the nature and scope of the investigation by your written request made within a reasonable time after receipt of this notice.

**Notice of Insurance Information Practices:** The information collected about you by us may in certain circumstances be disclosed to third parties without your specific authorization as permitted or required by law. You have the right of access and correction with respect to the information collected except information which relates to a claim or civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please contact your agent or write the Company at its Administrative Office, [4333 Edgewood Road NE, Cedar Rapids, IA 52499].

(NOT PART OF APPLICATION)

**REPORT BY AGENCY OFFICE**

DATE: \_\_\_\_\_

Is the producer and/or agency working with the policy owner on this reinstatement application?  Yes  No

If yes, please provide:

AGENCY NAME: \_\_\_\_\_ OFFICE ID#: \_\_\_\_\_

CASE MANAGER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PRODUCER: \_\_\_\_\_ | \_\_\_\_\_ SHARE %: \_\_\_\_\_  
LAST FIRST

OFFICE ID #: \_\_\_\_\_ PRODUCER ID #: \_\_\_\_\_ PRODUCER PROFILE #: \_\_\_\_\_  
(UP TO 6 DIGITS) (UP TO 10 DIGITS) (UP TO 3 DIGITS)

X \_\_\_\_\_  
Signature of Producer

*SERFF Tracking Number:*      *CMPL-125821666*                      *State:*                      *Arkansas*  
*Filing Company:*              *Transamerica Life Insurance Company*              *State Tracking Number:*      *40299*  
*Company Tracking Number:*      *TRANS REINST APPL APR11008T*  
*TOI:*                      *L071 Individual Life - Whole*                      *Sub-TOI:*                      *L071.111 Single Premium - Single Life*  
*Product Name:*              *Trans Reinst App APR11008T*  
*Project Name/Number:*      *Trans Reinst App APR11008T /Trans Reinst App APR11008T*

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 09/18/2008  
**Comments:**  
**Attachment:**  
AR\_AR Certif of Compliance with Rule 19.pdf

**Review Status:**  
**Satisfied -Name:** Authorization 09/18/2008  
**Comments:**  
**Attachment:**  
TLIC - Multi-Form All DOIs 7-18-08.pdf

**Review Status:**  
**Satisfied -Name:** Readability Certification 09/18/2008  
**Comments:**  
**Attachment:**  
Readability Certification.pdf

**Certificate of Compliance with  
Arkansas Rule and Regulation 19**

Insurer: **Transamerica Life Insurance Company**  
Reinstatement Application APR11008T

Form Number(s):  
I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.

*Cheryl Bock*

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Signature of Company Officer

Cheryl Bock  
Name

Assistant Vice President, Director  
Product Implementation  
Title

9-17-2008  
Date



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Transamerica Life Insurance Company  
4333 Edgewood Road NE  
Cedar Rapids, Iowa 52499

July 18, 2008

NAIC Company Code: 468-86231

RE: Individual Life Insurance Forms

To: All Departments of Insurance

Transamerica Life Insurance Company hereby authorizes Compliance Research Services, LLC, to represent us in the submission of individual life insurance forms including policies, applications, riders, endorsements, and related forms, and to negotiate with insurance departments for their approval of said forms.

Sincerely,

A handwritten signature in black ink that reads "Cheryl Book". The signature is fluid and cursive.

Cheryl Book  
Assistant Vice President, Contract Development  
Transamerica Life Insurance Company

Transamerica Life Insurance Company

New – Reinstatement Application form filing

READABILITY CERTIFICATION

This is to certify that the form(s) listed below have achieved at least the minimum required score on the Flesch Reading Ease Test.

|   | <u>Score</u> |
|---|--------------|
| Reinstatement Application    Form # APR11008T | 50.2         |



Assistant Vice President,  
Director, Product Implementation  
319-355-4240