

SERFF Tracking Number: ICCI-125796101 State: Arkansas  
Filing Company: Standard Security Life Insurance Company of New York State Tracking Number: 40190  
Company Tracking Number: SSL GMA-CI-R-0808  
TOI: H07G Group Health - Specified Disease - Limited Benefit Sub-TOI: H07G.001 Critical Illness  
Product Name: SSL Critical Illness Rider - SSL GMA-CI-R-0808  
Project Name/Number: SSL Critical Illness Rider - SSL GMA-CI-R-0808/SSL Critical Illness Rider - SSL GMA-CI-R-0808

## Filing at a Glance

Company: Standard Security Life Insurance Company of New York  
Product Name: SSL Critical Illness Rider - SSL SERFF Tr Num: ICCI-125796101 State: ArkansasLH  
GMA-CI-R-0808  
TOI: H07G Group Health - Specified Disease - SERFF Status: Closed State Tr Num: 40190  
Limited Benefit  
Sub-TOI: H07G.001 Critical Illness Co Tr Num: SSL GMA-CI-R-0808 State Status: Approved-Closed  
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor  
Author: Brenda Dawson Disposition Date: 09/09/2008  
Date Submitted: 09/08/2008 Disposition Status: Approved-Closed  
Implementation Date Requested: On Approval Implementation Date:  
State Filing Description:

## General Information

Project Name: SSL Critical Illness Rider - SSL GMA-CI-R-0808 Status of Filing in Domicile:  
Project Number: SSL Critical Illness Rider - SSL GMA-CI-R-0808 Date Approved in Domicile:  
Requested Filing Mode: Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Group  
Submission Type: New Submission Group Market Size: Small  
Overall Rate Impact: Group Market Type: Association, Trust  
Filing Status Changed: 09/09/2008 Deemer Date:  
State Status Changed: 09/09/2008  
Corresponding Filing Tracking Number:  
Filing Description:  
See attached cover letter and rider

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## Company and Contact

### Filing Contact Information

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

Brenda Dawson, Authorized Representative Brendaawson@inscompliance.com  
 519 Colman Center Drive (815) 316-6714 [Phone]  
 Rockford, IL 61108 (815) 316-6720[FAX]

### Filing Company Information

Standard Security Life Insurance Company of New York CoCode: 69078 State of Domicile: New York  
 485 Madison Avenue, 14th Floor Group Code:  
 New York, NY 10022 Group Name: Company Type:  
 (212) 355-4141 ext. [Phone] FEIN Number: 13-5679267 State ID Number:  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Security Life Insurance Company of New York	\$20.00	09/08/2008	22340588

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/09/2008	09/09/2008

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## **Disposition**

Disposition Date: 09/09/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *ICCI-125796101* State: *Arkansas*  
 Filing Company: *Standard Security Life Insurance Company of New York* State Tracking Number: *40190*  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Fee Schedule	Approved-Closed	Yes
<b>Supporting Document</b>	Cover letter	Approved-Closed	Yes
<b>Supporting Document</b>	SSL Authorization Letter	Approved-Closed	Yes
<b>Form</b>	[Optional] Critical Illness Rider	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number:** SSL GMA-CI-R-0808

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GMA-CI-R-0808-S	Certificate	[Optional] Critical Illness Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial		40	SSL GMA-CI-R-0808-S _MED CI rider_ 9-4- 08.pdf

# STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK

[Home Office: 485 Madison Avenue, New York, NY 10022]• Phone: [1-800-356-9601]

## [OPTIONAL] CRITICAL ILLNESS INSURANCE RIDER

This Critical Illness Rider (hereafter referred to as “Rider”) is made a part of the Certificate to which it is attached. [The consideration for this Rider is the application for the Rider and payment of any applicable premium.] When You are covered under the [Optional] Critical Illness Insurance Rider, [and if specified as applicable on the Schedule of Benefits,] We will pay benefits as outlined herein.

This Rider, including the Certificate, Group Policy and any other attached papers, constitutes the entire contract of insurance. No change in this Rider shall be valid until approved by an executive officer of Our Company. No agent has authority to change this Rider or waive any of its provisions.

**Provisions under this Rider are subject to all definitions, terms and conditions, limitations and exclusions of the entire contract, unless otherwise stated herein. Please refer to Your Certificate. Unless otherwise noted below, there are no waiting periods for benefits.**

**Maximum Benefit Amount Per Critical Illness Per [Insured Person][Covered Person] [Covered Individual]: [\$1,000 - \$100,000]**

<b>Critical Illness First Diagnosis Covered Conditions</b>	<b>Benefit Amount</b>
Life Threatening Cancer - more than [30 – 90] days after Effective Date	[100%]
Life Threatening Cancer - within the first [30 – 90] days after Effective Date	[10%]
Cancer In Situ - more than [30 – 90] days after Effective Date	[25%]
Cancer In Situ - within the first [30 – 90] days after Effective Date	[2.5%]
Kidney (Renal) Failure	[100%]
Heart Attack	[100%]
Stroke	[100%]
Coma	[100%]
Major Organ Transplant	[100%]
Severe Burn	[100%]

### TERMINATION

Coverage under this Rider will end [on the earliest of:]

1. the date coverage under the Policy ends[; or
2. the date the [Insured Person] [Covered Person] [Covered Individual] attains age 65][or
3. the premium due date coinciding with or next following the date We receive a written request to terminate the Rider.]

### **“Limited Benefit, Please Read Carefully”**

**THIS RIDER PROVIDES LIMITED BENEFIT COVERAGE ONLY.  
THIS RIDER ONLY PROVIDES STATED BENEFITS FOR SPECIFIED ILLNESSES.  
THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.**

For each Critical Illness diagnosed while insured under this Rider, [an Insured Person] [a Covered Person] [a Covered Individual] is eligible for payment up to the Maximum Benefit Amount specified for such condition. In no event will benefits be payable for more than one occurrence of the same Critical Illness. However, if [an Insured Person] [a Covered Person] [a Covered Individual] has been paid a benefit for Cancer In Situ, the Benefit Amount available for a subsequent Life Threatening Cancer will be reduced by that Benefit Amount. For example, if a [25%] Benefit Amount is paid for Cancer In Situ, the total Benefit Amount available for Life Threatening Cancer will be reduced to [75%].

No benefits are payable for conditions other than the Critical Illnesses listed above and defined herein.

## **TERMS & DEFINITIONS**

**Critical Illness** is a First Ever Occurrence of one of the following covered conditions, as defined herein: Life Threatening Cancer, Cancer in Situ, Heart Attack, Stroke, End-Stage Renal Failure, Major Organ Transplant, Severe Burns, and Coma. We shall have the right to request, at Our expense, an examination, of the [Insured Person] [Covered Person] [Covered Individual] or the evidence used in arriving at such Diagnosis, by an independent acknowledged expert selected by Us in the applicable field of medicine.

**First Occurs or First Ever Occurrence** is the date [an Insured Person] [a Covered Person] [a Covered Individual] was positively diagnosed by a Legally Qualified Physician as having a Critical Illness for the first time. The First Ever Diagnosis or procedure is the first time the [Insured Person] [Covered Person] [Covered Individual] has ever undergone that specific procedure or been diagnosed with that specific condition included as a Critical Illness Covered Condition.

**Diagnosis** is the definitive establishment of the Critical Illness Condition through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Legally Qualified Physician.

**Clinical Diagnosis** is a Diagnosis of Life Threatening Cancer or Cancer in Situ based on the study of symptoms and diagnostic test results. We will accept a Clinical Diagnosis of Cancer only if the following conditions are met:

- a Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
- there is medical evidence to support the Diagnosis; and
- a Legally Qualified Physician is treating the [Insured Person][Covered Person] [Covered Individual] for Life Threatening Cancer and/or Cancer in Situ.

**Pathological Diagnosis** is a Diagnosis of Life Threatening Cancer or Cancer in Situ based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of Diagnosis must be done by a Legally Qualified Physician who is a board certified pathologist and whose Diagnosis of malignancy conforms to the standards set by the American College of Pathology.

**Date of Diagnosis** is the date the Diagnosis is established by a Legally Qualified Physician through the use of clinical and/or laboratory findings as supported by the [Insured Person's] [Covered Person's] [Covered Individual's] medical records. For a procedure, it is the date the [Insured Person] [Covered Person] [Covered Individual] undergoes the procedure.

**Legally Qualified Physician** is a person, other than the [Insured Person] [Covered Person] [Covered Individual] or a [Close Relative] [member of the [Insured Person's] [Covered Person's] [Covered Individual's] immediate family], or a business associate of the [Insured Person] [Covered Person] [Covered Individual], who is duly licensed and practicing medicine in the United States, and who is legally qualified to diagnose and treat sickness and injuries. The Physician must be providing services within the scope of his or her license, and must be a board certified specialist where required under the Rider.

## **COVERED CONDITIONS AND DIAGNOSTIC REQUIREMENTS**

### **LIFE THREATENING CANCER**

A malignant neoplasm is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. Leukemias and lymphomas are included. Cancer must be diagnosed pursuant to a Pathological or Clinical Diagnosis.

Life Threatening Cancer does NOT include: pre-malignant lesions (such as intraepithelial neoplasia), benign tumors or polyps, any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic), or early prostate cancer diagnosed as T1N0M0 or equivalent staging.

### **CANCER IN SITU**

A Diagnosis of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Cancer in Situ must be diagnosed pursuant to a Pathological or Clinical Diagnosis. Cancer in Situ includes early prostate cancer diagnosed as T1N0M0 or equivalent staging; and melanoma not invading the dermis.

Cancer in Situ does NOT include: other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), or benign tumors or polyps.

### **KIDNEY (RENAL) FAILURE**

End Stage (Renal) Failure is a chronic and irreversible failure of both kidneys which requires the [Insured Person][Covered Person] [Covered Individual] to undergo periodic and ongoing dialysis. The Diagnosis must be made by a Legally Qualified Physician board-certified in Nephrology.

### **HEART ATTACK**

An acute myocardial infarction resulting in the death of a portion of the heart muscle (myocardium) due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. The Diagnosis must be made by a Legally Qualified Physician board-certified as a Cardiologist and based on both new clinical presentation and electrocardiographic changes consistent with an evolving heart attack; and serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a Diagnosis of Heart Attack.

Heart Attack does NOT include an established (old) Myocardial Infarction.

### **STROKE**

Any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent. The Diagnosis must be made by a Legally Qualified Physician board-certified as a Neurologist.

A Stroke does NOT include Transient Ischemic Attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded.

### **COMA**

The diagnosis, by a Legally Qualified Physician board-certified as a Neurologist, that the [Insured Person][Covered Person] [Covered Individual] is in a state of unconsciousness from which the [Insured Person][Covered Person] [Covered Individual] cannot be aroused, in which external stimulation will produce no more than primitive avoidance reflexes, and that this state has persisted continuously for at least 96 hours.

## MAJOR ORGAN TRANSPLANT

The clinical evidence of major organ(s) failure which requires the malfunctioning organ(s) or tissue of the [Insured Person][Covered Person] [Covered Individual] to be replaced with an organ(s) or tissue from a suitable human donor (excluding the [Insured Person][Covered Person] [Covered Individual]) under generally accepted medical procedures. The organs and tissues covered by this definition are limited to: liver, kidney, lung, entire heart, small intestine, pancreas, pancreas-kidney or bone marrow. In order for the Major Organ Transplant to be covered under this Rider, the [Insured Person] [Covered Person] [Covered Individual] must be registered by the United Network of Organ Sharing or the National Marrow Donor Program.

## SEVERE BURNS

The Diagnosis, by a Legally Qualified Physician board-certified as a Plastic Surgeon, that the [Insured Person] [Covered Person] [Covered Individual] [Insured Person's covered Dependent spouse] [Covered Person's covered Dependent spouse] [Covered Individual's covered Dependent spouse] has sustained third degree burns covering at least [20%] of the surface area of the [Insured Person's] [Covered Person's] [Covered Individual's] [Covered Dependent Spouse's] body. [Dependent[s] [children] are not covered for severe burns.

This Rider is endorsed and made part of the Policy/Certificate as of [its Effective Date] [[October 1, 2008] or] [Your coverage Effective Date] [whichever is later] [the Effective Date as specified by an attached Endorsement].

Executed by the Standard Security Life Insurance Company of New York at its Home Office, 485 Madison Avenue, New York, NY 10022.



Rachel Lipari  
President



Adam C. Vandervoort  
Secretary

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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Certification/Notice **Review Status:** Approved-Closed 09/09/2008  
**Comments:**  
**Attachment:**  
 Cert of Comp with Rule 19 GMA-CI-R-0808-S.pdf

**Bypassed -Name:** Application **Review Status:** Approved-Closed 09/09/2008  
**Bypass Reason:** This is a rider only filing  
**Comments:**

**Satisfied -Name:** Fee Schedule **Review Status:** Approved-Closed 09/09/2008  
**Comments:**  
**Attachment:**  
 AR\_Fee\_Schedule SSL GMA-CI-R-0808-S.pdf

**Satisfied -Name:** Cover letter **Review Status:** Approved-Closed 09/09/2008  
**Comments:**  
**Attachment:**  
 AR SSL GMA-CI-R-0808-S 9-8-08.pdf

**Satisfied -Name:** SSL Authorization Letter **Review Status:** Approved-Closed 09/09/2008  
**Comments:**  
**Attachment:**  
 ICC Authorization letter SSL 2008.pdf

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

Insurer: Standard Security Life Insurance Company of New York

Form Number(s): GMA-CI-R-0808-S

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirement of Rule and Regulation 19.

A handwritten signature in cursive script that reads "Rachel Lipari".

Signature of Company Officer

Rachel Lipari

Name

President

Title

September 8, 2008

Date



**ARKANSAS  
INSURANCE  
DEPARTMENT**  
1200 West Third Street  
Little Rock Arkansas 72201-1904  
501-371-2600

Mike Pickens  
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: Standard Security Life Insurance Company  
 Company NAIC Code: 69078  
 Company Contact Person & Telephone # Brenda Dawson, Insurance Compliance Consultants, Inc., (815) 316-6714  
 Form Number(s): SSL MMC SB 0708

\*\*\*\*\*  
 \* INSURANCE DEPARTMENT USE ONLY \*  
 \* \* \* \* \*  
 \* ANALYST: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ ROUTE SLIP: \_\_\_\_\_ \*  
 \* \* \* \* \*

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing \* \_\_\_\_\_ x \$50 = \_\_\_\_\_  
 \*\*Retaliatory \_\_\_\_\_

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer. \* \_\_\_\_\_ x \$50 = \_\_\_\_\_  
 \*\*Retaliatory \_\_\_\_\_

Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form. \*1 \_\_\_\_\_ x \$20 = \$20  
 \*\*Retaliatory \_\_\_\_\_

Policy and contract forms, all lines, filing corrections in previously filed policy and contract forms. \* \_\_\_\_\_ x \$20 = \_\_\_\_\_  
 \*\*Retaliatory \_\_\_\_\_

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer. \* \_\_\_\_\_ x \$25 = \_\_\_\_\_  
 \*\*Retaliatory \_\_\_\_\_

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to \* \_\_\_\_\_ x \$400 = \_\_\_\_\_

amend an Insurer's Certificate of Authority.

Filing to amend Certificate of Authority.

\*\*\* \_\_\_\_\_ x \$100 = \_\_\_\_\_

\*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.

\*\*THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.

\*\*\*THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. 23-61-401.



INSURANCE  
COMPLIANCE  
CONSULTANTS, INC.

519 Colman Center Drive  
Rockford, Illinois 61108

Phone: (815) 316-6714  
FAX: (815) 316-6720

September 8, 2008

Honorable Julie Benafield Bowman  
Insurance Commissioner  
State of Arkansas  
Arkansas Department of Insurance  
1200 W. Third St.  
Little Rock, AR 72201-1904

RE: Standard Security Life Insurance Company of New York – NAIC# 69078  
FEIN Number – 13-5679267  
[Optional] Critical Illness Insurance Rider – GMA-CI-R-0808-S

Dear Commissioner Benafield Bowman:

Enclosed for review and approval for use in your state is the above referenced Rider. This Rider is new and is not intended to replace any Rider previously approved by your Department. This Rider is intended to be used with any applicable group policy form approved by your Department.

Insurance Compliance Consultants, Inc., is making this filing on behalf of Standard Security Life Insurance Company of New York. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance Consultants, Inc., at the address shown above.

This [Optional] Critical Illness Insurance Rider will be offered to the group and each applicant. If selected, the Rider will provide limited benefit coverage only for stated specified illnesses.

Bracketed data is considered variable information to allow the group and the insurer flexibility in plan and benefit designs. Variability will never be used if it would conflict with the minimum requirements as mandated by State and/or Federal law.

The Policy documents were prepared on a personal computer and will ultimately be printed from another data processing system that may cause some print style and/or page spacing changes. However, there will not be any changes to the actual text of the contract other than listed or bracketed variables, or to the general print size.

We certify that to the best of our knowledge and belief, these forms do not violate any laws or regulations of your state and do not contain any previously disapproved provisions.

Your prompt approval of this submission will be greatly appreciated. If you have any questions or need further information, please call me at (815) 316-6714, fax (815) 316-6720, or email me at [Brendadawson@inscompliance.com](mailto:Brendadawson@inscompliance.com). Thank you.

Sincerely,

Brenda Dawson, FLMI, AIRC, ACS  
Insurance Compliance Consultants



January 1, 2008

Mr. Brian Camling  
President  
Insurance Compliance Consultants, Inc.  
519 Colman Center Dr.  
Rockford, IL 61108

Dear Mr. Camling:

Please accept this letter as written confirmation that Insurance Compliance Consultants, Inc., has authority to file the attached form(s) or a state specific variation of it, and to act on behalf of Standard Security Life Insurance Company of New York regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. Standard Security may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Kettig". The signature is fluid and cursive, with a long, sweeping tail.

David Kettig