

SERFF Tracking Number: CEUL-126000187 State: Arkansas
Filing Company: Family Life Insurance Company State Tracking Number: 41382
Company Tracking Number: FLICILLACT09
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Annual Illustration Certification
Project Name/Number: /

Filing at a Glance

Company: Family Life Insurance Company

Product Name: Annual Illustration Certification SERFF Tr Num: CEUL-126000187 State: ArkansasLH
TOI: L08 Life - Other SERFF Status: Closed State Tr Num: 41382
Sub-TOI: L08.000 Life - Other Co Tr Num: FLICILLACT09 State Status: Filed-Closed
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Author: Genetha Roberson Disposition Date: 01/22/2009
Date Submitted: 01/21/2009 Disposition Status: Filed
Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type:
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 01/22/2009
State Status Changed: 01/22/2009 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Annual Illustration Certification for Family Life Insurance Company

Company and Contact

Filing Contact Information

Genetha Roberson, Compliance Analyst GRoberson@manhattanlife.com
10700 NW Freeway (713) 821-6435 [Phone]
Houston, TX 77092 (713) 821-6551[FAX]

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Filing Company Information

Family Life Insurance Company CoCode: 63053 State of Domicile: Texas
10700 Northwest Freeway Group Code: 1117 Company Type:
Houston, TX 77092 Group Name: Manhattan Insurance State ID Number:
(800) 877-7705 ext. [Phone] Group
FEIN Number: 91-0550883

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Family Life Insurance Company	\$0.00	01/21/2009	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Linda Bird	01/22/2009	01/22/2009

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Disposition

Disposition Date: 01/22/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Letter		Yes
Supporting Document	Illustration Certification		Yes
Supporting Document	Actuary Appointment		No
Supporting Document	Transmittal		Yes

<i>SERFF Tracking Number:</i>	<i>CEUL-126000187</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Family Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41382</i>
<i>Company Tracking Number:</i>	<i>FLICILLACT09</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Annual Illustration Certification</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CEUL-126000187

State: Arkansas

Filing Company: Family Life Insurance Company

State Tracking Number: 41382

Company Tracking Number: FLICILLACT09

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Product Name: Annual Illustration Certification

Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Letter

Review Status:

01/21/2009

Comments:

Attachment:

ARFLIC-ILLCERT09Ltr.pdf

Satisfied -Name: Illustration Certification

Review Status:

01/21/2009

Comments:

Attachment:

2009_FLIC_Annual_Illustration_Cert.pdf

Satisfied -Name: Transmittal

Review Status:

01/21/2009

Comments:

Attachment:

FLICARTransmittal.pdf



January 21, 2009

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

RE: **Family Life Insurance Company**
NAIC Number **63053**
FEIN Number **91-0550883**

Dear Commissioner Bowman:

This letter is written in regards to the above referenced filing.

Enclosed please find our illustration actuary certification from our Appointed Illustration Actuary. In addition, we certify the following:

- (1) The illustration formats meet the requirements of the rules or regulation of the state in which they are used;
- (2) The illustration scales used in insurer-authorized illustrations are those scales certified by the illustration actuary; and
- (3) The company has provided its agents with information about the expense allocation methodology used by the company in its illustrations (the GRET table).

If you have any questions regarding this matter, please feel free to contact Genetha Roberson at 1-800-669-9030, extension 6435 or email at groberso@manhattanlife.com.

Sincerely,

A handwritten signature in black ink that reads "Dan George". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dan George
President

cc: Michael Mayberry

Dallas

Glenn A. Tobleman, F.S.A., F.C.A.S.
S. Scott Gibson, F.S.A.
Cabe W. Chadick, F.S.A.
Steven D. Bryson, F.S.A.
Michael A. Mayberry, F.S.A.
Gregory S. Wilson, F.C.A.S.
David M. Dillon, F.S.A.
Bonnie S. Albritton, F.S.A.
Brian D. Rankin, F.S.A.
Robert E. Gove, A.S.A.
Alexis M. Bash, A.S.A.
Sarah A. Hoover, A.S.A.
Wes R. Campbell, A.S.A.
Jacqueline B. Horstmann, A.S.A.
J. Finn Knox-Seith, A.S.A.
Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)



Kansas City

Gary L. Rose, F.S.A.
Terry M. Long, F.S.A.
David L. Batchelder, A.S.A.
Leon L. Langlitz, F.S.A.
Gary R. McElwain, FLMI
Christopher H. Davis, F.S.A.
Thomas L. Handley, F.S.A.
Anthony G. Proulx, F.S.A.
Karen E. Elsom, F.S.A.
Jill J. Humes, F.S.A.

London

Roger K. Annin, F.S.A.
Timothy A. DeMars, F.S.A.
Scott E. Morrow, F.S.A.

**ANNUAL CERTIFICATION
FOR
FAMILY LIFE INSURANCE COMPANY

LIFE INSURANCE ILLUSTRATION**

I, Michael A. Mayberry, F.S.A., M.A.A.A., am a consulting actuary, associated with the firm of Lewis & Ellis, Inc., Actuaries & Consultants. I have been appointed as the illustration actuary by the board of directors of Family Life Insurance Company in their board meeting dated December 12, 2008.

I am a member in good standing of the American Academy of Actuaries. I meet its qualification standards for public statements of actuarial opinion, and I have not been found by the Commissioner to fail such tests of qualification. I am familiar with the standard of practice regarding life insurance policy illustrations.

My analysis and opinion are limited to illustrations prepared on the following policies and riders containing non-guaranteed elements:

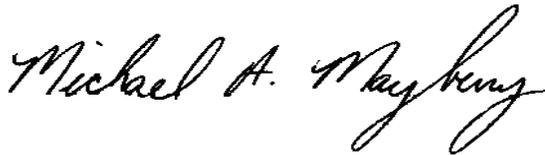
Policy/Rider Form Number	Product Description
AL-1300	Universal Life
AL-1301	Universal Life
AL-700	Universal Life

I hereby certify that the disciplined current scales used in illustrations by Family Life Insurance Company for these plans are in conformity with the Actuarial Standard of Practice No. 24 for Compliance with the NAIC Model Regulation on Life Insurance Illustrations promulgated by the Actuarial Standards Board, and that the illustrated scales used in insurer-authorized illustrations meet the requirements of this regulation.

- a. For business issued in the last five years, the currently payable scale has not been reduced for reasons unrelated to experience changes.
- b. There are not any inconsistencies between illustrated non-guaranteed elements for new policies and similar in-force policies.
- c. Illustrated non-guaranteed elements for new and in-force policies are consistent with the non-guaranteed element amounts actually credited or charged to the same or similar forms.
- d. The 2009 Life Insurance Illustrations Generally Recognized Expense Table prepared by the Society of Actuaries and adopted by the NAIC was used in allocating overhead expenses for all illustrations.

I have relied upon data and other information supplied by said insurer in making this certification. I have reviewed the data and other information for reasonableness and consistency with reported Company results.

LEWIS & ELLIS, INC., Actuaries & Consultants



Michael A. Mayberry, F.S.A.,M.A.A.A.

P. O Box 851857
Richardson, Texas 75085-1857
(972) 850-0850

January 20, 2009



Mailing Address: Post Office Box 851857 • Richardson, Texas 75085-1857
2929 N Central Expressway, Suite 200 • Richardson, TX 75080 • 972-850-0850 • FAX: 972-850-0851



Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Family Life Insurance Company 10700 Northwest Freeway Houston, TX 77092	TX		1117	63053	91055083	836

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Genetha Roberson Family Life Insurance Company 10700 Northwest Freeway Houston, TX 77092	(713) 821-6435	(713) 821-6551	groberso@manhattanlife.com

5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input checked="" type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	FLICILLACT09
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise	
		Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9.	Type of Insurance	
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10.	Product Coding Matrix Filing Code	
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11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate X FILING OTHER THAN FORM OR RATE: Please explain: <u>Illustration Actuary Certification</u> SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____
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12.	Filing Submission Date	01/21/2009
13	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	
15.	Filing Description:	
<p>In accordance with the life illustration regulation, we are submitting the Annual Illustration Certification for Family Life Insurance Company.</p> <p>This filing applies to the plans of insurance subject to the Life Insurance Illustration Regulation for this state.</p> <p>The following items that are included with this filing:</p> <ul style="list-style-type: none"> • Company letter of information • Certification by Illustration Actuary • Actuarial appointment letter by a Responsible Officer of the Company 		

16.	Certification (If required)
<p>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 <u>Arkansas</u>.</p> <p>Print Name <u>Genetha Roberson</u> Title <u>Compliance Analyst</u></p> <p>Signature <u></u> Date: <u>January 21, 2009</u></p>	