

SERFF Tracking Number: CMPL-125986342 State: Arkansas
Filing Company: Reassure America Life Insurance Company State Tracking Number: 41326
Company Tracking Number: REASSURE ITL NON-ICC 11-08 REV1-13
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: REASSURE ITL NON-ICC 11-08 rev1-13
Project Name/Number: REASSURE ITL NON-ICC 11-08 rev1-13/REASSURE ITL NON-ICC 11-08 rev1-13

Filing at a Glance

Company: Reassure America Life Insurance Company

Product Name: REASSURE ITL NON-ICC 11-08 rev1-13 SERFF Tr Num: CMPL-125986342 State: ArkansasLH

TOI: L04I Individual Life - Term

SERFF Status: Closed

State Tr Num: 41326

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Co Tr Num: REASSURE ITL NON-
ICC 11-08 REV1-13

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Nancy French

Disposition Date: 01/15/2009

Date Submitted: 01/13/2009

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: REASSURE ITL NON-ICC 11-08 rev1-13

Status of Filing in Domicile:

Project Number: REASSURE ITL NON-ICC 11-08 rev1-13

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: 01/15/2009

Deemer Date:

State Status Changed: 01/15/2009

Corresponding Filing Tracking Number:

Filing Description:

Dear Sir/Madam:

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

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Filing Company: Reassure America Life Insurance Company State Tracking Number: 41326
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On 11/25/2008 your Department approved Individual Term Life Insurance Policy RTL-AR2.0 and related forms. The filing was assigned tracking number CMPL-125914371, State Tr Num: 40941 . One of the forms included with that submission was RWP2.0, Waiver of Premium for Total Disability Benefit Rider.

It has come to our attention that the waiver of premium rider originally submitted includes errors on page 2 in the Exclusions section. As noted in the lead in sentence of the exclusion section, the excluded items are intended to apply to the insured person's total disability. However, exclusion 3 contained references to "death" rather than correctly referring to "Total Disability." The purpose of this submission is to replace the rider with the enclosed corrected version. The form originally approved has not been issued in any policies and we have not changed the form number. We request that the enclosed form be substituted for the version we originally submitted.

If you have questions or find that you need any additional information, you may reach me at 513-984-6050 or at dsimon@crssolutionsgroup.com.

Thank you for your time and attention to this filing.

Sincerely,

J. David Simon, CLU
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

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Reassure America Life Insurance Company CoCode: 70211 State of Domicile: Indiana
1700 Magnavox Way Group Code: Company Type:
Fort Wayne, IN 46804 Group Name: Swiss Re State ID Number:
(513) 984-6050 ext. [Phone] FEIN Number: 23-6200031

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/15/2009	01/15/2009

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Disposition

Disposition Date: 01/15/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

WAIVER OF PREMIUM FOR TOTAL DISABILITY BENEFIT RIDER

Reassure America Life Insurance Company

Home Office: Fort Wayne, Indiana

Administrative Office:

[Post Office Box 9000]

[Coppell, Texas 75019-9000]

Phone: [1-800-678-6227]

This Rider is a part of the Policy to which it is attached. It is subject to all provisions, terms, conditions and definitions of the Policy unless stated otherwise in this Rider. This Rider has no cash value or loan values.

Effective Date - This Rider is issued with the Policy and its Effective Date is the Issue Date shown on the Policy Data page. This Rider will not become effective unless the Policy is in force.

Definitions – The following terms are used in this Rider in addition to the terms in the Policy.

Injury means accidental bodily injury that occurs while this Rider is in force and results directly and independently of all other causes of loss covered under this Rider.

Insured means the person named as the Insured on the Policy Data page.

Policy Month means a period of one month starting on the Issue Date. Later Policy Months start on the monthly anniversary of the Issue Date. All Policy Months end on the day before the next monthly anniversary.

Sickness means sickness or disease, which is diagnosed and treated while this Rider is in force. Sickness also means medical conditions admitted in the application.

Total Disability and **Totally Disabled** means:

1. **During the first 24 months of total disability**, the insured is unable to perform the substantial and material duties of their job due to sickness or accidental bodily injury.
2. **After the first 24 months of total disability**, the insured, due to sickness or accidental bodily injury, is unable to perform any of the substantial and material duties of their job, or any other job for which the Insured becomes reasonably suited by education, training or experience.

To be covered by this Rider, the Insured's Total Disability must begin while this Rider is in force.

Even if the Insured is able to work, the total loss of any of the following will be considered total disability as long as the loss continues:

- a. the sight of both eyes;
- b. the use of both hands;
- c. the use of both feet; or
- d. the use of one hand and one foot.

Benefit – This Rider will waive the Premium for the Policy should the Insured become Totally Disabled while the Policy and Rider are in force. The Premium will be waived if we receive proof that:

1. the Insured has been totally and continuously disabled for at least 180 days; and
2. the Total Disability began while this Rider was in force, and prior to the Insured's age 65.

If the Total Disability began on or after the Insured's age 60, the maximum Benefit period will be 60 months.

Premiums will be waived beginning with the Policy Month following the date the Insured becomes Totally Disabled. However, we will not waive Premiums for any Policy Month which began more than one year before the date we receive proof of the Insured's Total Disability at our Administrative Office. We will refund the portion of any Premium paid for a Policy Month for which we waive Premiums. While we are waiving premiums, all benefits included under the Policy shall continue in force.

If the Insured dies while Premiums are being waived under the terms of this Rider, such Premiums will not be deducted from the Death Benefits we pay.

This Waiver of Premium benefit does not apply to the Total Disability of any person other than the person named as the Insured on the Policy Data page.

Exclusions - No benefit will be provided under this Rider if the Insured's Total Disability:

1. is caused or contributed to by any attempt at suicide, or intentionally self-inflicted Injury, while sane or insane;
2. is caused or materially contributed to by voluntarily intake or use by any means of:
 - a. any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
 - b. poison, gas or fumes, unless a direct result of an occupational accident;
3. is caused or contributed to by war or an Act of War, if the cause of Total Disability occurs:
 - a. while the Insured is serving in the military, naval or air forces of any country, combination of countries or international organization, or is serving in any civilian non-combatant unit serving with such forces, provided such Total Disability occurs while serving in such forces or unit or within six (6) months after termination of service in such forces or unit; or
 - b. as a result of the special hazards incident to service in the military, naval or air forces of any country, combination of countries or international organization, or to service in any civilian non-combatant unit serving with such forces, if the cause of Total Disability occurs while the insured is serving in such forces or units and is outside the Home Area, provided such Total Disability occurs outside the Home Area or within six (6) months after the insured's return to the Home Area or area in such forces or within six (6) months after the termination of service in such forces or units, whichever is earlier; or
 - c. within two (2) years from the date of issue of the policy, while the Insured is not serving in such forces or units, if the cause of Total Disability occurs while the insured is outside the home area, provided such Total Disability occurs outside the Home Area or within six (6) months after the insured's return to the Home Area.

"Home Area" means the fifty (50) states of the United States and its territories, the District of Columbia and Canada.

"War" includes, but is not limited to, declared war, and armed aggression by one or more countries resisted on orders of any other country, combination of countries or international organization.

"Act of War" means any act peculiar to military, naval or air operations in time of war.

4. is caused or contributed to by intoxication as defined by the jurisdiction where the total disability occurred;

5. is caused or materially contributed to by participation in an illegal occupation or activity;
6. is caused or contributed to by any condition disclosed in the application and explicitly excluded in a form attached to the policy;
7. is caused or contributed to by committing or attempting to commit a felony;
8. caused or contributed to by active participation in a riot, insurrection or terrorist activity; and/or
9. occurs after the benefit anniversary on which the Insured attains age 65.

Incontestability – The Incontestability provision of the Policy applies to this Rider.

Notice and Proof of Total Disability – We must receive written notice of claim and proof in a form satisfactory to us of the Insured's Total Disability while the Insured is alive and remains Totally Disabled. Such notice and proof must be received at our Administrative Office.

An otherwise valid claim will not be denied if notice and proof is given to us as soon as reasonably possible but no more than one year after the Insured's age 65.

Proof of Continuance of Total Disability – During the first 2 years after we approve the claim for the Insured's Total Disability, we may at reasonable intervals require proof that the Insured is still Totally Disabled. Thereafter, we will not require proof more often than once a year.

As part of any proof, we may require that the Insured be examined by one or more physicians of our choice and at our expense.

Recurring Disability – The requirement that a Total Disability continue for at least 180 days will be waived if:

1. The Insured has had a previous period of Total Disability due to the same or related causes for which we waived payments under this Rider;
2. The Insured has returned to Full Time Employment; and
3. The new period of Total Disability began while this Rider was in force and within 30 days of the end of the previous period.

Full Time Employment means the performance of services rendered for wage or profit at a rate of no less than 30 hours per week.

Premium – Any Premium that becomes due during the Insured's Total Disability, but before we approve a claim, is payable to us. If we approve the claim, we will refund any Premium paid which is eligible for waiver. Any unpaid Premium that was due before the Insured's Total Disability began must be paid to us.

The Owner must again pay Premiums for the Policy beginning with the Policy month following the earliest of:

1. Failure to furnish any required proof of the Insured's Total Disability;
2. The last date the Insured is Totally Disabled; or
3. The end of the 60-month benefit period if the Total Disability began on or after the Insured attained age 60.

If the frequency between Premium payments is not monthly, we will charge a pro rata amount to the due date of the next Premium. The annual Premium for this Rider, if any, is shown on the Policy Data page.

If Total Disability begins during the Policy's Grace Period, payment of overdue premium is required to avoid lapse of the Policy before we waive premiums.

Termination – This rider will automatically terminate on the earliest of the following:

1. The Policy Anniversary on which the Insured attains age 65;
2. The date of the death of the Insured;
3. The date the Policy terminates for any reason, including nonpayment of Premium when due;
4. At the end of the Policy Grace Period, if the premium for this Rider is not received by the end of the Grace Period.
5. Upon written request from the Owner;

The Owner may terminate this Rider on any Premium due date by sending us a written request before that date and returning the Rider to us.

Termination of this Rider will not affect an otherwise valid claim for Total Disability that began before this Rider terminated.

Signed for Reassure America Life Insurance Company at its Home Office.


President


Corporate Secretary

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:
Satisfied -Name: Flesch Certification 01/13/2009
Comments:
Attachment:
AR_AR Certif of Compliance with Rule 19 rev.pdf

Review Status:
Satisfied -Name: Filing Authorization Letter 01/13/2009
Comments:
Attachment:
ITL authorization letter 11-08.pdf

Review Status:
Satisfied -Name: Readability 01/13/2009
Comments:
Attachment:
Readability Certification Reassure ITL.pdf

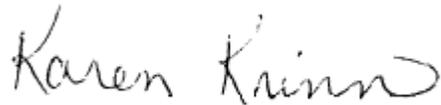
**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: Reassure America Life Insurance Company

Form Number(s): RWP2.0

Waiver of Premium for Total Disability Benefit Rider

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



Signature of Company Officer

Karen Krinn

Name

Assistant Secretary

Title

1-13-2009

Date

Swiss Re



Karen Krinn
Assistant Secretary

J. David Simon, CLU
President
Compliance Research Services, LLC
10921 Reed-Hartman Highway, Suite 334
Cincinnati, OH 45242

Reassure America Life Insurance Company
1700 Magnavox Way
Fort Wayne, IN 46804
USA
Direct line +1 260 435 8654
Toll Free No 866 794 7730
Direct fax +1 260 435 8806
karen_krinn@swissre.com

Individual Term Life Filing

October 30, 2008

Dear Mr. Simon

Reassure America Life Insurance Company ("Reassure") authorizes Compliance Research Services, LLC ("CRS") to file on its behalf individual term life policy form RTL 2.0 and all related application, endorsement and rider forms. This letter will serve as authorization from Reassure for employees of CRS to file these forms and respond to inquiries on our behalf with the Departments of Insurance.

Sincerely

REASSURE AMERICA LIFE INSURANCE COMPANY

By Karen Krinn
Assistant Secretary

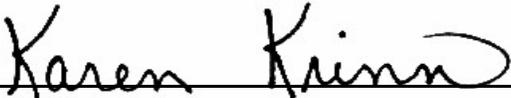
READABILITY CERTIFICATION

Reassure America – Individual Term Life

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

Score	Form No.	Description
50	RWP2.0	Waiver of Premium for Total Disability Benefit Rider

REASSURE AMERICA LIFE INSURANCE COMPANY



Assistant Secretary

Dated: 1-13-2009