

SERFF Tracking Number: PHYS-125903400 State: Arkansas
Filing Company: Physicians Life Insurance Company State Tracking Number: 41214
Company Tracking Number:
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
Variable
Product Name: AA124-R
Project Name/Number: AA124-R/AA124-R

Filing at a Glance

Company: Physicians Life Insurance Company

Product Name: AA124-R

SERFF Tr Num: PHYS-125903400 State: ArkansasLH

TOI: A02I Individual Annuities- Deferred Non-
Variable

SERFF Status: Closed

State Tr Num: 41214

Sub-TOI: A02I.003 Single Premium

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Kathryn Gurnett

Disposition Date: 01/08/2009

Date Submitted: 12/30/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AA124-R

Status of Filing in Domicile: Authorized

Project Number: AA124-R

Date Approved in Domicile: 11/12/2008

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: 01/08/2009

State Status Changed: 01/08/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: Physicians Life Insurance Company – NAIC #72125; FEIN 47-0529583

Individual Annuities

AA124-AR – Deferred Annuity Application

The above captioned form is enclosed for your review and approval. The application is new and replaces AA112BB,

SERFF Tracking Number: *PHYS-125903400* State: *Arkansas*
Filing Company: *Physicians Life Insurance Company* State Tracking Number: *41214*
Company Tracking Number:
TOI: *A02I Individual Annuities- Deferred Non- Variable* Sub-TOI: *A02I.003 Single Premium*
Product Name: *AA124-R*
Project Name/Number: *AA124-R/AA124-R*

Filing Company Information

Physicians Life Insurance Company
2600 Dodge Street
Omaha, NE 68131
(402) 633-1188 ext. [Phone]

CoCode: 72125
Group Code: 367
Group Name:
FEIN Number: 47-0529583

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

SERFF Tracking Number: *PHYS-125903400* State: *Arkansas*
Filing Company: *Physicians Life Insurance Company* State Tracking Number: *41214*
Company Tracking Number:
TOI: *A021 Individual Annuities- Deferred Non- Variable* Sub-TOI: *A021.003 Single Premium*
Product Name: *AA124-R*
Project Name/Number: *AA124-R/AA124-R*

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Life Insurance Company	\$20.00	12/30/2008	24763210

SERFF Tracking Number: *PHYS-125903400* State: *Arkansas*
Filing Company: *Physicians Life Insurance Company* State Tracking Number: *41214*
Company Tracking Number:
TOI: *A021 Individual Annuities- Deferred Non- Variable* Sub-TOI: *A021.003 Single Premium*
Product Name: *AA124-R*
Project Name/Number: *AA124-R/AA124-R*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/08/2009	01/08/2009

SERFF Tracking Number: *PHYS-125903400* State: *Arkansas*
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TOI: *A02I Individual Annuities- Deferred Non- Variable* Sub-TOI: *A02I.003 Single Premium*
Product Name: *AA124-R*
Project Name/Number: *AA124-R/AA124-R*

Disposition

Disposition Date: 01/08/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *PHYS-125903400* State: *Arkansas*
 Filing Company: *Physicians Life Insurance Company* State Tracking Number: *41214*
 Company Tracking Number:
 TOI: *A021 Individual Annuities- Deferred Non- Variable* Sub-TOI: *A021.003 Single Premium*
 Product Name: *AA124-R*
 Project Name/Number: *AA124-R/AA124-R*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	DEFERRED ANNUITY APPLICATION		Yes

SERFF Tracking Number: *PHYS-125903400* State: *Arkansas*
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 Product Name: *AA124-R*
 Project Name/Number: *AA124-R/AA124-R*

Form Schedule

Lead Form Number: AA124-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AA124-AR	Application/DEFERRED Enrollment Form	ANNUITY APPLICATION	Initial		40	AA124-AR.pdf

Physicians Life Insurance Company®

2600 Dodge, Omaha, Nebraska 68131

1-877-500-7542

DEFERRED ANNUITY APPLICATION

Annuity Plan	<input type="checkbox"/> Vista 7				
	<input type="checkbox"/> Vista Custom Direct	Guarantee Period:	<input type="checkbox"/> 5 Year	<input type="checkbox"/> 7 Year	<input type="checkbox"/> 10 Year
	<input type="checkbox"/> Vista Index Advantage	Index Period:	<input type="checkbox"/> 5 Year	<input type="checkbox"/> 7 Year	<input type="checkbox"/> 10 Year
	<input type="checkbox"/> Vista Index Accelerator	Index Period:	<input type="checkbox"/> 10 Year	<input type="checkbox"/> 15 Year	
Would you like Automatic Bank Withdrawals for Additional Premiums? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Estimated Premium Amount	<input type="checkbox"/> Transfer	<input type="checkbox"/> Rollover	<input type="checkbox"/> 1035 Exchange	<input type="checkbox"/> New Contribution
	(IRA directly to IRA)	(Employer plan to IRA or IRA indirectly to IRA)	(Life or non-qualified annuity to non-qualified annuity)	(or non 1035 Exchange)
\$				

Tax Plan	<input type="checkbox"/> Non-Qualified	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> Roth IRA
Tax Contribution Year if New IRA Contribution ()				

Owner/Applicant			Joint Owner/Applicant		
Full Name			Full Name		
Address			Address		
City	State	Zip	City	State	Zip
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth / /	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth / /
SSN or TIN			SSN or TIN		
Individual: Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			Individual: Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone Number ()			Phone Number ()		
E-mail Address			E-mail Address		

Annuitant (If other than owner or owner is not an individual)			Joint Annuitant (If other than joint owner or joint owner is not an individual)		
Full Name			Full Name		
Address			Address		
City	State	Zip	City	State	Zip
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth / /	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth / /
SSN			SSN		
Phone Number ()			Phone Number ()		
E-mail Address			E-mail Address		

Beneficiary(ies)	Name	% to receive	Relationship	SSN
Primary				
Contingent				

Replacement Is the contract applied for to replace or change any existing Life Insurance or Annuity contracts? Yes No

Confinement Status Is the proposed Owner(s) currently a patient in a hospital, nursing home or extended care facility? Yes No

Terminal Illness Status Has the proposed Owner(s) been diagnosed with a terminal illness? Yes No

Home Health Care Status Is the proposed Owner(s) capable of performing at least 4 of the 5 activities of daily living (eating, dressing, bathing, transferring and toileting) and currently not receiving home health care services? Yes No

Signature To the best of my knowledge and belief, the statements and answers contained in this application are true and complete and the above Social Security and/or Taxpayer Identification numbers are correct. I hereby apply for the annuity specified above. I understand that the annuity contract will not go into effect until the premium is paid and the contract is issued.

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.

City _____ State _____ this _____ day of _____ , _____

Owner's Signature

Joint Owner's Signature

Annuitant's Signature (If other than owner or owner is not an individual)

Joint Annuitant's Signature

Please make check payable to: **Physicians Life Insurance Company.**

AA124-AR

Agent's Report To the best of your knowledge, does the policy applied for involve replacement or modification of any existing Life Insurance or Annuity contract? Yes No

If yes, indicate which type of contract and submit required replacement forms. Life Insurance Annuity

I certify that only company approved sales material was used in connection with this sale, and copies of all sales materials used were left with the applicant.

Signature of Agent		Signature of Agent	
Agent Name		Agent Name	
Date Signed		Date Signed	
NPN #		NPN #	
Percentage %		Percentage %	
Agent Phone #		Agent Phone #	
Agent Email		Agent Email	
Signature of Agent		Signature of Agent	
Agent Name		Agent Name	
Date Signed		Date Signed	
NPN #		NPN #	
Percentage %		Percentage %	
Agent Phone #		Agent Phone #	
Agent Email		Agent Email	

**Please submit Application and Payment to:
Physicians Life Insurance Company, 2600 Dodge, Omaha, NE 68131
Attn: Underwriting New Business**

SERFF Tracking Number: *PHYS-125903400* State: *Arkansas*
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Product Name: *AA124-R*
Project Name/Number: *AA124-R/AA124-R*

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

11/14/2008

Comments:

Attachments:

AR Readability.pdf

Ar reg 19 cert.pdf

Review Status:

Satisfied -Name: Application

11/14/2008

Comments:

Please see filing description under General Tab.

PHYSICIANS LIFE INSURANCE COMPANY

OMAHA, NEBRASKA

Certification of Flesch

These form(s) have the following Flesch Readability Score:

<u>Form</u>	<u>Flesch Score</u>
AA124-AR	40*

* When scored with base policy, Flesch Readability Score will always be above minimum required by law.

The entire form was analyzed. The following was excluded in the text: name and address of the insurer; name, number and title of the rider; captions and subcaptions; medical terminology; defined terms.



Vice President
Physicians Life Insurance Company

December 30, 2008

Date

CERTIFICATION

RE: AA124-AR

This is to certify that the above captioned filing complies with Arkansas Regulation 19 and all other applicable requirements of the Arkansas Insurance Department.

A handwritten signature in black ink that reads "Shawn Pollock". The signature is written in a cursive style and is positioned to the left of a vertical red line.

Date: December 30, 2008

Shawn Pollock
Vice President
Government and Industry