

SERFF Tracking Number: BNLI-126340081 State: Arkansas  
Filing Company: Brokers National Life Assurance Company State Tracking Number: 43764  
Company Tracking Number: BNL-2009-5RN  
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: Individual Term Life  
Project Name/Number: Individual Term Life /BNL-2009-5RN

## Filing at a Glance

Company: Brokers National Life Assurance Company

Product Name: Individual Term Life

SERFF Tr Num: BNLI-126340081 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-  
Closed State Tr Num: 43764

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

Co Tr Num: BNL-2009-5RN

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Amy Irby, Mandi  
Rodriguez, Holly Harrison, Robin  
Salkowski

Disposition Date: 10/13/2009

Date Submitted: 10/13/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Individual Term Life

Status of Filing in Domicile: Pending

Project Number: BNL-2009-5RN

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Pending Approval.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/13/2009

Explanation for Other Group Market Type:

State Status Changed: 10/13/2009

Deemer Date:

Created By: Robin Salkowski

Submitted By: Robin Salkowski

Corresponding Filing Tracking Number: BNL-  
2009-5RN

Filing Description:

RE:

Company: Brokers National Life Assurance Company

Individual Term Life

NAIC #: 74900

SERFF Tracking Number: BNL-126340081 State: Arkansas  
 Filing Company: Brokers National Life Assurance Company State Tracking Number: 43764  
 Company Tracking Number: BNL-2009-5RN  
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium  
 Product Name: Individual Term Life  
 Project Name/Number: Individual Term Life /BNL-2009-5RN  
 FEIN #: 63-0483783  
 Our Filing #: BNL-2009-5RN

The following form is being submitted for your review and approval.

- Life Insurance Replacement Notice Form # RN(2009)

It will be used in conjunction with our Individual Term Life product when agent/producer is replacing existing life insurance policy.

If you have any questions, please contact me at 800-798-1125, extension 1405, or email me at robin@bnlac.com.

## Company and Contact

### Filing Contact Information

Robin Salkowski, Compliance Department robin@bnlac.com  
 Representative  
 7010 HWY 71 West, Suite 100 512-383-0220 [Phone] 1405 [Ext]  
 Austin, TX 78735 512-383-8502 [FAX]

### Filing Company Information

Brokers National Life Assurance Company CoCode: 74900 State of Domicile: Arkansas  
 7010 Hwy 71 West Group Code: Company Type:  
 Suite 100 Group Name: State ID Number:  
 Austin, TX 78735 FEIN Number: 63-0483783  
 (800) 798-1125 ext. [Phone]

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation: \$50.00/filing = \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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Brokers National Life Assurance Company \$50.00 10/13/2009 31240610

SERFF Tracking Number: BNL1-126340081 State: Arkansas  
Filing Company: Brokers National Life Assurance Company State Tracking Number: 43764  
Company Tracking Number: BNL-2009-5RN  
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: Individual Term Life  
Project Name/Number: Individual Term Life /BNL-2009-5RN

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	10/13/2009	10/13/2009

*SERFF Tracking Number:*      *BNLI-126340081*                      *State:*                      *Arkansas*  
*Filing Company:*              *Brokers National Life Assurance Company*      *State Tracking Number:*      *43764*  
*Company Tracking Number:*      *BNL-2009-5RN*  
*TOI:*                      *L04I Individual Life - Term*                      *Sub-TOI:*                      *L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium*

*Product Name:*              *Individual Term Life*  
*Project Name/Number:*      *Individual Term Life /BNL-2009-5RN*

## **Disposition**

Disposition Date: 10/13/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



SERFF Tracking Number: *BNLI-126340081* State: *Arkansas*  
 Filing Company: *Brokers National Life Assurance Company* State Tracking Number: *43764*  
 Company Tracking Number: *BNL-2009-5RN*  
 TOI: *L04I Individual Life - Term* Sub-TOI: *L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*  
 Product Name: *Individual Term Life*  
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## Form Schedule

**Lead Form Number: RN(2009)**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	RN(2009)	Other	Life Insurance Replacement Notice Form	Initial			RN(2009).pdf

**IMPORTANT NOTICE:  
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

**This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.**

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?  YES  NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?  YES  NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

	INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1.				
2.				
3.				

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because \_\_\_\_\_.

I certify that the responses herein are, to the best of my knowledge, accurate:

\_\_\_\_\_  
Applicant's Signature and Printed Name Date

\_\_\_\_\_  
Producer's Signature and Printed Name Date  
RN(2009)

I do not want this notice read aloud to me. \_\_\_\_ (Applicants must initial only if they do not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

**PREMIUMS:** Are they affordable?  
Could they change?  
You're older—are premiums higher for the proposed new policy?  
How long will you have to pay premiums on the new policy? On the old policy?

**POLICY VALUES:** New policies usually take longer to build cash values and to pay dividends.  
Acquisition costs for the old policy may have been paid, you will incur costs for the new one.  
What surrender charges do the policies have?  
What expense and sales charges will you pay on the new policy?  
Does the new policy provide more insurance coverage?

**INSURABILITY:** If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.  
You may need a medical exam for a new policy.  
Claims on most new policies for up to the first two years can be denied based on inaccurate statements.  
Suicide limitations may begin anew on the new coverage.

**IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:**

How are premiums for both policies being paid?  
How will the premiums on your existing policy be affected?  
Will a loan be deducted from death benefits?  
What values from the old policy are being used to pay premiums?

**IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:**

Will you pay surrender charges on your old contract?  
What are the interest rate guarantees for the new contract?  
Have you compared the contract charges or other policy expenses?

**OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:**

What are the tax consequences of buying the new policy?  
Is this a tax free exchange? (See your tax advisor.)  
Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?  
Will the existing insurer be willing to modify the old policy?  
How does the quality and financial stability of the new company compare with your existing company?

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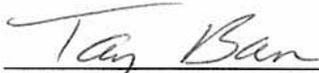
## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> RN Readability Certification.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application		
<b>Comments:</b> The attached Application was previously approved in SERFF filing # BNLI-126255691 , on October 09, 2009.		
<b>Attachment:</b> ITLA(2009).pdf		

## READABILITY CERTIFICATION

This is to certify that the attached Form(s) RN(2009) has achieved the minimum readability score as required by your state.



\_\_\_\_\_  
Tammy Barr  
Vice President-Underwriting

\_\_\_\_\_  
10/12/2009  
Date

**BROKERS NATIONAL LIFE ASSURANCE COMPANY**

Domiciled in the State of Arkansas  
 Administrative Office: 7010 Hwy 71 West, Suite 100, Austin, Texas 78735  
 Phone: 512-383-0220

**Term Life Insurance Application**

Requested Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>Term Period:</b> <input type="checkbox"/> 5 Years <input type="checkbox"/> 10 Years	<b>Amount of Coverage:</b> Primary Insured \$ _____ Insured Spouse \$ _____ <b>Child Rider</b> (per eligible child listed): <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<b>Payment Frequency:</b> <input checked="" type="checkbox"/> Monthly, unless changed <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	<b>Form of Billing:</b> <input type="checkbox"/> Bank Draft <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Direct Bill CWA \$ _____
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GENERAL INFORMATION	Primary Insured (and Owner)	Complete to Apply for Spouse Coverage
Name .....	_____	_____
Social Security Number, Sex ....	_____ - _____ - _____ <input type="checkbox"/> M <input type="checkbox"/> F	_____ - _____ - _____ <input type="checkbox"/> M <input type="checkbox"/> F
Birth Date and State, Age .....	Dt _____ St _____ Age _____	Dt _____ St _____ Age _____
Height and Weight .....	Hgt _____ ft _____ in   Wgt _____ lbs	Hgt _____ ft _____ in   Wgt _____ lbs
Employer .....	_____	_____
Occupation .....	_____	_____
Home Address _____ City _____ State _____ Zip Code _____		
Email _____ Phone ( _____ ) _____		

<b>CHILD RIDER</b> – Complete if applying for Child(ren) Coverage					
Child's Name (your dependent children only)	Birth Date	Age	Sex	Height	Weight

<b>MEDICAL QUESTIONS</b>			
Complete the following questions for all proposed insured(s)	Primary Insured	Insured Spouse	Child(ren)
1. Have you, in the past 3 years: Engaged in, or do you plan to engage in, any hazardous sports or aviation activities; or, been arrested for driving while intoxicated, or had a drivers license suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
2. Have you smoked any cigarettes in the past twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
3. Have you ever had insurance declined, postponed or modified in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you, in the past 10 years, been positively diagnosed or treated by a member of the medical profession for:			
a) heart trouble, high blood pressure, kidney disease, diabetes, liver disorder, cancer, cyst, tumor, abnormal lymph gland, ulcers, mental or nervous disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) any immune deficiency disorder (AIDS), the AIDS-Related Complex (ARC) or tested positive for antibodies to the AIDS virus?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) alcohol or drug abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you been observed, treated, or hospitalized, or had any symptoms of, any disease not covered above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Full name and address of your personal physician. Give date and reason of last consultation with any treatment/medication. If none, state "None".			
Primary Insured _____			
Insured Spouse _____			

Please explain any YES answers for questions 1, 3-5:

\_\_\_\_\_

\_\_\_\_\_

<b>BENEFICIARY/CONTINGENT OWNER</b>			
		<i>Primary Insured's Beneficiary</i>	<i>Insured Spouse's Beneficiary</i>
Beneficiary Name			
Relationship to the Insured and Age		Age	Age
Contingent Beneficiary Name			
Relationship to the Insured and Age		Age	Age
<b>Dependent children's beneficiary will be the primary insured.</b>			
Contingent Owner			Age
Contingent Owner's Relationship to Primary Insured			

It is understood and agreed that: 1. The application includes any other underwriting questionnaires required by the Company. 2. The statements in this application: a) Are to form the basis of any policy issued; and b) Are true and complete to the best of my knowledge and belief. 3. All agreements made by us must be signed by our President, Vice President, Secretary or Assistant Secretary; no agent can accept risks, modify policies or waive any rights or requirements of the Company. 4. The acceptance by the primary insured of a policy issued on this application will constitute ratification of any changes made by the Company. 5. No insurance will be in force: a) Until the policy has been delivered and accepted during the continued insurability of the insured person(s); and b) Unless nothing has happened since the date of the application that would require a different answer to any question; and c) Until the full first premium is paid, at which time the policy will take effect on its date of issue.

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. (Except in Colorado, D.C., Florida, Georgia, Kansas, Kentucky, Louisiana, Maine, Nebraska, Oregon, Pennsylvania, Tennessee, Utah, Virginia & Washington) In 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. In D.C. & Louisiana, any person who knowingly presents 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. In 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. In Georgia, Kansas, Nebraska, Oregon & Utah, 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 may be guilty of insurance fraud. In 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. In Maine & 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. In 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. In Tennessee, 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 coverage.

I authorize any licensed physician, medical practitioner, clinic, hospital, or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution, or person, that has any records or knowledge of me, or members of my family for whom insurance application is made, or my health or their health, to give Brokers National Life Assurance Company, or its reinsurers, any such information. A photographic copy of this authorization shall be as valid as the original. This authorization will be valid for 24 months from the date below.

I acknowledge receipt of the Fair Credit Reporting Act Notice and Notice Regarding Medical Information Bureau.

All statements in this application are deemed representations and not warranties.

Will this insurance replace any other insurance?  No  Yes Give Company Name & Policy # \_\_\_\_\_

Does the agent have knowledge this insurance will replace any other insurance?  No  Yes

Dated at \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_ Primary Insured / Owner's Signature

X \_\_\_\_\_ Witnessed by: Licensed Agent X \_\_\_\_\_ Insured Spouse's Signature (if applicable)

Writing Agent Name \_\_\_\_\_ Agent # \_\_\_\_\_ Agent License ID# \_\_\_\_\_

Splitting Agent Name (if applicable) \_\_\_\_\_ Agent # \_\_\_\_\_

Home Office Use: \_\_\_\_\_

Application # _____	BID # _____
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