

SERFF Tracking Number: METF-126324134 State: Arkansas
 Filing Company: Texas Life Insurance Company State Tracking Number: 43645
 Company Tracking Number: NWL7/09 REPLACEMENT PAGES
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Whole Life Insurance Policy Replacement pages
 Project Name/Number: /NWL 7/09

Filing at a Glance

Company: Texas Life Insurance Company
 Product Name: Whole Life Insurance Policy Replacement pages
 TOI: L071 Individual Life - Whole
 Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Filing Type: Form

SERFF Tr Num: METF-126324134 State: Arkansas
 SERFF Status: Closed-Accepted For Informational Purposes
 Co Tr Num: NWL7/09 REPLACEMENT PAGES
 Author: Jan Spoede
 Date Submitted: 09/30/2009

State Tr Num: 43645
 State Status: Filed-Closed
 Reviewer(s): Linda Bird
 Disposition Date: 10/05/2009
 Disposition Status: Accepted For Informational Purposes
 Implementation Date:

Implementation Date Requested: On Approval
 State Filing Description:

General Information

Project Name:
 Project Number: NWL 7/09
 Requested Filing Mode: Informational
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 10/05/2009

Status of Filing in Domicile: Authorized
 Date Approved in Domicile: 09/18/2009
 Domicile Status Comments:
 Market Type: Individual
 Group Market Size:
 Group Market Type:
 Explanation for Other Group Market Type:
 State Status Changed: 10/05/2009
 Created By: Jan Spoede
 Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: Jan Spoede
 Filing Description:
 Re: Replacement pages for previously approved policy form NWL 7/09, NTIR 7/09, and NADB 7/09
 SERFF Tracking s METF-126102584 and METF-126245270

I am submitting replacement pages for the Cover Page and the back page of the policy form, the first page of NTIR 7/09 and the first page of NADB 7/09. These forms were approved April 21, 2009. We are changing the website address on these forms to www.wrli.com. I also bracketed both the phone number and the website in case there are other changes

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later. I included a Statement of Variability for these variables.

These are the only changes made to these forms.

Company and Contact

Filing Contact Information

Jan Spoede, Senior Associate, Product Development
 P.O. Box 830
 Waco, TX 76703
 jspoede@texaslife.com
 800-283-9233 [Phone] 6371 [Ext]
 254-745-6389 [FAX]

Filing Company Information

Texas Life Insurance Company
 P.O. Box 830
 Waco, TX 76703
 (800) 283-9233 ext. [Phone]
 CoCode: 69396
 Group Code:
 Group Name:
 FEIN Number: 74-0940890
 State of Domicile: Texas
 Company Type: Life
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: Our domiciliary state of Texas charges \$50.00 for filings of this type.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Texas Life Insurance Company	\$50.00	09/30/2009	30966944

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	10/05/2009	10/05/2009

SERFF Tracking Number: *METF-126324134* *State:* *Arkansas*
Filing Company: *Texas Life Insurance Company* *State Tracking Number:* *43645*
Company Tracking Number: *NWL7/09 REPLACEMENT PAGES*
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Product Name: *Whole Life Insurance Policy Replacement pages*
Project Name/Number: */NWL 7/09*

Disposition

Disposition Date: 10/05/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Whole Life Insurance Policy		Yes
Form	Accelerated Benefit Terminal Illness Rider		Yes
Form	Accidental Death Benefit to Age 100		Yes

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Form Schedule

Lead Form Number: NWL7/09

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	NWL 7/09	Policy/Cont Whole Life Insurance Other ract/Fratern Policy al Certificate	Other	Other Explanation: Replacement pages for the cover page and the last page of the policy form.	0.000	GENERIC NWL repl pgs.pdf
	NTIR-7/09	Policy/Cont Accelerated Benefit Other ract/Fratern Terminal Illness al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Other	Other Explanation: Replacement page for the first page.	0.000	NTIR 7-09 repl pg.pdf
	NADB-7/09	Policy/Cont Accidental Death Other ract/Fratern Benefit to Age 100 al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Other	Other Explanation: Replacement page for the first page of the rider.	0.000	NADB 7-09 repl pg.pdf

Texas Life Insurance Company

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

[Home Office: 900 Washington Avenue, P.O. Box 830, Waco, Texas 76703]

[Administrative Office: 100 Centerview Drive, Suite 100, Nashville, Tennessee 37214]

[Customer Service: 1.866.215.5343]

[www.wrli.com]

Texas Life Insurance Company agrees to pay the death benefit of this policy as shown in the Table of Policy Values Page to the Beneficiary when We receive proper written claim and due proof of the death of the Insured while this policy is in force. Our payment will be subject to the terms and provisions of this policy.

The insurance under this policy is granted in consideration of the application and payment of a premium due on the policy date. It is a legal contract between You and the Company.

Premiums must be paid while the Insured is alive for the time shown in the Policy Specifications.

30 DAY RIGHT TO EXAMINE POLICY. This life insurance policy is a legal contract between the Owner and Us. PLEASE READ IT CAREFULLY. It is important to Us that You are satisfied with this policy. If You are not satisfied, You may return the policy to Our Home Office or to any agent of the Company within 30 days after You receive it. We will refund all the premiums You have paid. The policy will be deemed void from the Policy Date.

In Witness Whereof **Texas Life Insurance Company** has caused this policy to be executed at its Home Office in Waco, Texas to take effect on the Policy Date.



Secretary



President

WHOLE LIFE – NON-PARTICIPATING – NO ANNUAL DIVIDENDS

Premiums payable for the period shown in the Policy Specifications
or until the prior death of the Insured

Net Cash Value payable if Insured is living at attained age 100

Texas Life Insurance Company

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ACCELERATED BENEFIT TERMINAL ILLNESS RIDER

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application. There is no charge for this Rider prior to the time a benefit is paid under this Rider. This Rider is subject to all provisions, terms, definitions and limitations of the Policy, which are not in conflict with the provisions of this Rider.

DEATH BENEFITS WILL BE REDUCED IF AN ACCELERATION-OF-LIFE INSURANCE BENEFIT IS PAID

The benefit paid under this Rider will reduce the Death Benefit and other values under the Policy to which this Rider is attached, as described below. The Benefit paid under this Rider may be taxable. See a tax consultant or advisor.

THIS IS AN ACCELERATED BENEFIT TERMINAL ILLNESS RIDER WHICH WILL PROVIDE EITHER A LUMP SUM BENEFIT AMOUNT OR PERIODIC PAYMENTS AS AGREED UPON BETWEEN THE OWNER AND US UPON THE FIRST OCCURRENCE OF A QUALIFYING EVENT. THIS RIDER WILL TERMINATE AFTER WE HAVE PAID AN ACCELERATED BENEFIT. IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION. NO RIDER (OR COMBINATION OF RIDERS) CAN ACCELERATE MORE THAN 50% OF THE DEATH BENEFIT AS SHOWN IN THE TABLE OF POLICY VALUES FOR THE POLICY YEAR IN WHICH THE ACCELERATED BENEFIT IS PAID.

BENEFIT ENTITLEMENT

- The accelerated benefit under this Rider is payable only once regardless of the subsequent occurrence of the same or different condition.
- The Policy and this Rider must be in force.
- The accelerated benefit shall be payable to the Owner or the owner's estate.
- After the payment of an accelerated benefit, the Company will send the Owner a statement showing the effect of the payment on the Policy.
- If the Insured dies before an accelerated benefit is paid, no payment will be made under this Rider.
- The Company must receive written consent of all irrevocable beneficiaries and all assignees.

Accidental death benefits, if any, will not be affected by the acceleration of benefits.

BENEFIT

Upon receipt of the Physician's Statement establishing the occurrence of a Qualifying Event, the Owner may request up to 50% of the Death Benefit as shown in the Table of Policy Values for the applicable policy year; however, the combined benefits accelerated under this Rider and any other accelerated benefit provisions or Riders attached to the Policy may not exceed 50% of the Death Benefit as shown in the Table of Policy Values for the applicable policy year in the Policy to which this Rider is attached.

The amount of the accelerated benefit provided will be reduced by:

- An actuarial discount for 12 months. The interest rate used in the calculation will be as declared by the Board of Directors but not greater than 8%;
- Any premium due and unpaid during the Policy's grace period which applies to the period before the date of entitlement;
- An administrative expense charge as determined by the Company. This charge will not exceed \$100.00.

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ACCIDENTAL DEATH BENEFIT TO AGE 100

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application. This Rider is subject to all provisions, terms, definitions and limitations of the Policy which are not in conflict with the provisions of this Rider. This rider does not have cash or loan values.

ACCIDENTAL DEATH BENEFIT

If the Insured dies within 180 days after an injury that occurs while coverage under the Policy and this Rider is in force, We will pay to the Beneficiary the Rider Benefit Amount, as defined herein, if any, provided:

1. The death of the Insured Person is directly caused by an accidental bodily Injury, independent of all other causes, which is supported by an autopsy, if requested by the company (autopsy will be performed at the expense of the Company, unless prohibited by law); and
2. Such Injury occurs while the Policy and this Rider are in force; and
3. Such Injury and the Insured's death are not intentionally self-inflicted.

COMMON CARRIER ACCIDENTAL DEATH BENEFIT

If the Insured dies within 90 days after an Injury which was sustained while the Insured was riding as a fare paying passenger on a Common Carrier, and while coverage under the Policy and this Rider is in force, We will pay to the Beneficiary an amount equal to twice the Rider Benefit Amount, if any, provided:

1. The death of the Insured is directly caused by an accidental bodily Injury sustained while the Insured was riding as a fare paying passenger on a Common Carrier, independent of all other causes, which is supported by an autopsy, if requested by the company (autopsy will be performed at the expense of the Company, unless prohibited by law); and
2. Such Injury occurs while the Policy and this Rider are in force; and
3. Such Injury and the Insured's death are not intentionally self-inflicted.

DEFINITIONS

Insured means the person defined in the policy as the "Insured". This benefit does not apply to any other person covered under Riders or Benefits attached to the policy.

Common Carrier means a commercial airliner, train, bus, boat or ship, subway or streetcar operated as a scheduled Common Carrier.

Injury means bodily harm caused by an accident resulting in unforeseen trauma requiring immediate medical attention and is not contributed to, directly or indirectly, by a sickness or any other condition. The Injury must occur after the Insured Person's coverage has become effective under this Rider and while the coverage is in force.

CONSIDERATION

The annual premium for this Rider is shown in the Policy Specifications for this policy. The premium for this Rider will be included in the premium for this policy, for the mode of payment, as shown in the Policy Specifications of the policy. The premium will be payable for the number of years shown in the Policy Specifications or until prior death of the Insured. Any premium for this policy falling due on or after this Rider ceases to be in force will be reduced by the premium for this Rider.

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: This is an informational filing for replacement pages. Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: This is an informational filing for replacement pages. Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability Comments: Attachment: NWL-state of var - repl pgs.pdf		

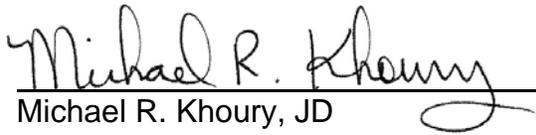
STATEMENT OF VARIABILITY

The purpose of this document is to identify those items found on the replacement pages of Policy Form NWL 7/09, NTIR 7/09, and NADB 7/09 that are considered to be variable items.

The variable items include:

The Contact Information

The home office address, the administrative office address, the customer service phone number, and the web address are all bracketed.



Michael R. Khoury, JD
Director

9-29-09

Date