

SERFF Tracking Number: NYLC-126356174 State: Arkansas
Filing Company: NYLIFE Insurance Company of Arizona State Tracking Number: 43884
Company Tracking Number:
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: Partial Conversion Minimums - 80CSO Term
Project Name/Number: Partial Conversion Minimums - 80CSO Term /

Filing at a Glance

Company: NYLIFE Insurance Company of Arizona

Product Name: Partial Conversion Minimums - SERFF Tr Num: NYLC-126356174 State: Arkansas
80CSO Term

TOI: L04I Individual Life - Term

SERFF Status: Closed-Accepted State Tr Num: 43884
For Informational Purposes

Sub-TOI: L04I.500 Other

Co Tr Num: State Status: Filed-Closed
Reviewer(s): Linda Bird

Filing Type: Form

Authors: Team Leader, Sean
Hebron

Date Submitted: 10/23/2009 Disposition Date: 10/27/2009
Disposition Status: Accepted For
Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Partial Conversion Minimums - 80CSO Term

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Informational

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: 10/27/2009

Explanation for Other Group Market Type:

State Status Changed: 10/27/2009

Deemer Date:

Created By: Sean Hebron

Submitted By: Sean Hebron

Corresponding Filing Tracking Number:

Filing Description:

RE: NYLIFE Insurance Company of Arizona

Individual Term Insurance

NAIC #: 82681353

FEIN #: 52-1530175

Informational Change for Term Policy To Age 90, Form AZ98-70.26

Dear Commissioner:

SERFF Tracking Number: NYLC-126356174 State: Arkansas
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In the interest of keeping your Department up to date, we are sending this letter to inform you of our intention to change the requirements for partial conversions under our previously approved Term Policy to Age 90 (10YT) policy, form AZ98-70.26, which was approved by your Department on 11/16/1998.

Currently, If only a part of the face amount of a policy is converted, the remainder of the insurance may be continued under the policy if the minimum amount limits of \$25,000 are met. It is our intention to liberalize the minimum amount requirements to \$1,000 when a partial conversion is requested beginning November 16, 2009.

I hope that this information is satisfactory and that we may receive your Department's acknowledgement of this letter, at your earliest convenience. If you have any questions concerning this submission, please do not hesitate to contact me at my toll-free number, 1-877-464-0198.

Sincerely,

Linda E. LoPinto
Corporate Vice President
Individual Life Department

Company and Contact

Filing Contact Information

Sean Hebron, Senior Contract Assistant Sean_Hebron@nyl.com
51 Madison Avenue 212-576-2681 [Phone]
Room 606 212-447-4141 [FAX]
New York, NY 10010

Filing Company Information

NYLIFE Insurance Company of Arizona CoCode: 81353 State of Domicile: Arizona
51 Madison Ave Group Code: 826 Company Type: Life
New York, NY 10010 Group Name: State ID Number:
(212) 576-4809 ext. [Phone] FEIN Number: 52-1530175

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
NYLIFE Insurance Company of Arizona	\$0.00	10/23/2009	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		10/27/2009	10/27/2009

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Disposition

Disposition Date: 10/27/2009

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 - Acturial Memo		No

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	N/A - Informational Filing		
Comments:			