

SERFF Tracking Number: RNOA-126256127 State: Arkansas  
Filing Company: Royal Neighbors of America State Tracking Number: 43738  
Company Tracking Number: 2050 RNOA-126256127  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Amendment and Supplement  
Project Name/Number: Amendment and Supplement/2050 Rev. 7-2009

## Filing at a Glance

Company: Royal Neighbors of America

Product Name: Amendment and Supplement

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: RNOA-126256127 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 43738

Co Tr Num: 2050 RNOA-  
126256127

State Status: Approved-Closed

Authors: John Friederich, Philip  
Blankenfeld, Deb Zemo, Kelli  
Zimmer

Reviewer(s): Linda Bird

Disposition Date: 10/09/2009

Date Submitted: 10/08/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

## General Information

Project Name: Amendment and Supplement

Project Number: 2050 Rev. 7-2009

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/09/2009

Deemer Date:

Submitted By: Deb Zemo

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Illinois is projected  
to be filed November 1, 2009.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/09/2009

Created By: Deb Zemo

Corresponding Filing Tracking Number: 2050  
Rev. 7-2009

Filing Description:

This Amendment and Supplement form was originally approved by your Department on 8/18/1981 under form 2050; Rev. 4-81.

We have updated this form by adding our logo to the top left corner, and by amending the signature line that used to

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read "Applicant" to "Proposed Owner" and "Proposed Insured" in the lower quadrant of the form to accommodate third party applicants.

No other changes have been made to this form.

This Amendment and Supplement form will be used, as necessary, with our life insurance and annuity applications approved for use by your department.

## Company and Contact

### Filing Contact Information

Debra Zemo, Compliance Assistant/Legal Secretary  
 zemodm@royalneighbors.org  
 230 16th Street  
 Rock Island, IL 61201  
 800-627-4762 [Phone] 8233 [Ext]  
 309-788-3887 [FAX]

### Filing Company Information

Royal Neighbors of America  
 230 16th Street  
 Rock Island, IL 61201  
 (309) 732-8232 ext. 8232[Phone]  
 CoCode: 57657  
 Group Code:  
 Group Name: Royal Neighbors  
 FEIN Number: 36-1711198  
 State of Domicile: Illinois  
 Company Type: Life, Health, Annuity  
 State ID Number:

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation: 1 form x \$50  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Royal Neighbors of America	\$50.00	10/08/2009	31161026

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/09/2009	10/09/2009

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## **Disposition**

Disposition Date: 10/09/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Amendment and Supplement		Yes

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## Form Schedule

### Lead Form Number: 2050

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2050 Rev. 7-2009	Policy/Cont Amendment and ract/Fratern Supplement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			2050 Amendment-Supplement.pdf



## Instructions To Applicant

Please date and sign these forms and return the original to the Home Office. Attach the duplicate to the certificate.

\_\_\_\_\_  
Current date/initials

### Amendment and Supplement To

Application of Owner's name & file no. \_\_\_\_\_, **Owner**

Upon the life of Proposed Insured's name \_\_\_\_\_ **Date** Date of app \_\_\_\_\_

I have read each of the foregoing answers and statements, adopt them as my own, whether written by me or not, and declare that they are complete and true to the best of my knowledge and belief. I hereby agree that all of said answers and statements shall be taken as and be part of my application and be subject to the agreements therein contained. I further agree that if any contrary answers or statements are contained in my said application, same hereby are amended to conform with the above answers and statements.

Proposed Owner \_\_\_\_\_ Proposed Insured \_\_\_\_\_

Street address \_\_\_\_\_

Date \_\_\_\_\_ City, state & ZIP code \_\_\_\_\_



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## Supporting Document Schedules

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

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> 1716; Rev. 6-2006 6/29/2006 1725 Rev. 8-2007 10/30/2007 1723 Rev. 11-2007 2/6/2008 1717-AR Rev. 2-2008 2/29/2008 1730 Rev. 10-2008 11/24/2008		
<b>Comments:</b>		

## Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: ROYAL NEIGHBORS OF AMERICA

Form Number(s): 2050; Rev. 2-2009

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

*Bruce R. Peterson*

\_\_\_\_\_  
Signature of Company Officer

BRUCE R PETERSON

\_\_\_\_\_  
Name

SECRETARY AND GENERAL COUNSEL

\_\_\_\_\_  
Title

10/7/2009

\_\_\_\_\_  
Date