

SERFF Tracking Number: TAPK-126324299 State: Arkansas
Filing Company: Family Life Insurance Company State Tracking Number: 43641
Company Tracking Number:
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Universal Life
Project Name/Number: /

Filing at a Glance

Company: Family Life Insurance Company
Product Name: Universal Life
TOI: L09I Individual Life - Flexible Premium
Adjustable Life
Sub-TOI: L09I.001 Single Life
Filing Type: Form

SERFF Tr Num: TAPK-126324299 State: Arkansas
SERFF Status: Closed-Approved- State Tr Num: 43641
Closed
Co Tr Num: State Status: Approved-Closed
Reviewer(s): Linda Bird
Author: Suzanne Heasley Disposition Date: 10/05/2009
Date Submitted: 09/29/2009 Disposition Status: Approved-
Closed
Implementation Date:

Implementation Date Requested:
State Filing Description:

General Information

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

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type:
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 10/05/2009
Created By: Suzanne Heasley
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Suzanne Heasley
Filing Description:
See attached submission letter

Company and Contact

Filing Contact Information

Suzanne Heasley,
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Plano, TX 75074

Uheas@aol.com
972-398-3733 [Phone]
972-398-3733 [FAX]

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Filing Company Information

(This filing was made by a third party - tallenpark)

Family Life Insurance Company CoCode: 63053 State of Domicile: Texas
 10700 Northwest Freeway Group Code: Company Type:
 Houston, TX 77092 Group Name: State ID Number:
 (800) 925-6000 ext. [Phone] FEIN Number: 91-0550883

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Family Life Insurance Company	\$50.00	09/29/2009	30934168

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/05/2009	10/05/2009

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Disposition

Disposition Date: 10/05/2009

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
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Authorization		Yes
Supporting Document	Submission letter		Yes
Supporting Document	Certification		Yes
Form	Universal Life Policy		Yes
Form	Required Notice		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AL-700 09-AR	Policy/Contract	Universal Life Policy	Initial			NEWAL-700 AR.pdf
	AR-Notice	Other	Required Notice Certificate	Initial			notice.pdf

Family Life Insurance Company
Home Office: 10700 Northwest Freeway Houston, Texas 77092

(800) 877-7705

This is a brief summary of Your Policy. The Policy provisions control. This Policy is a legal contract between You and us. *Please read Your Policy carefully.*

On death of the Insured we will pay the Death Benefit. The amount of the Death Benefit is defined in Section 5.2. The fixed premiums shown in Section 2 are payable for the first three Policy Years. Thereafter, premiums are flexible, and You may vary the amount and timing of Your premiums. See Section 8.

The current Cash Value equals (a) the sum of Your premiums, plus (b) interest credited at our current rates, minus (c) expense charges, minus (d) the monthly Cost of Insurance. See Section 6.

You may surrender this Policy for its Surrender Value. The Surrender Value equals the current Cash Value minus the Termination Charge. The Termination Charge is shown in Section 3.

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Family Life Insurance Company is a stock life insurance company.

TEN DAY RIGHT TO REVIEW POLICY

You may cancel this Policy within ten days after You receive it. Simply return or mail it to us or our agent. We will refund Your premium within ten days after this Policy is received by us or our agent. The Policy will be void from the beginning.

In Witness Whereof **FAMILY LIFE INSURANCE COMPANY** has caused this Policy to be executed at its Home Office in Houston, Texas to take effect on the Date of Issue.



President



Secretary

*Universal Life Insurance
Fixed Premiums Payable for Three Years
Flexible Premiums Payable Thereafter for Life of Insured
Adjustable Death Benefit Payable on Death of Insured Prior to Maturity Date
Current Cash Value Payable at Maturity Date
Policy Does Not Pay Dividends*

1. DEFINITIONS

- 1.1 POLICY: A legal contract of insurance.
- 1.2 RIDER: An added provision for supplemental insurance.
- 1.3 PREMIUMS: The money You pay us for this Policy, including any riders. See Section 8.
- 1.4 NET PREMIUMS: Your premiums minus any Premium Expense Charge. See Section 6.1.
- 1.5 CASH VALUE: The value of this Policy while in force. It is used as a basis for the crediting of interest and for computing the Death Benefit and payment at the Maturity Date. The current Cash Value is defined in Section 6.2.
- 1.6 SURRENDER VALUE: The Cash Value minus the Termination Charge. It is used in determining a lapse and in computing payment on surrender of this Policy and the maximum policy loan. See Section 6.4.
- 1.7 POLICY ANNIVERSARY: Each anniversary of the Date of Issue shown in Section 2.
- 1.8 POLICY YEAR: The year starting on the Date of Issue or a Policy Anniversary and ending with the day just preceding the next Policy Anniversary.
- 1.9 MONTHLY DATE: The same date of each month, as shown in Section 2. If the date shown in Section 2 is the 29th, 30th or 31st of a month, then as required the Monthly Date will be the last day of the month.
- 1.10 LAPSE: Loss of policy rights because enough premiums are not paid. See Section 8.5.
- 1.11 REINSTATEMENT: Restoration of policy rights after lapse. See Section 8.6.
- 1.12 PROCEEDS: The money payable on death of the Insured, the surrender of this Policy or the Maturity Date.
- 1.13 BENEFICIARY: The person to receive payment on death of the Insured. See Section 9.1.
- 1.14 OWNER: The person entitled to exercise all rights under this Policy; may be same as the Insured. (In this Policy, "You" refers to the Owner.) See Section 9.2.
- 1.15 CONTINGENT OWNER: A person who is to become owner on death of the prior owner. See Section 9.2.
- 1.16 DEBT: The balance of any policy loan, plus accrued interest. See Section 7.
- 1.17 CONTESTABLE PERIOD: The time during which an insurance company may dispute the validity of a policy because of material misstatements or omissions in the application. See Section 9.7.
- 1.18 OTHER DEFINITIONS:
 - Cost of Insurance: See Section 6.5.
 - Death Benefit: See Section 5.2.
 - Monthly Expense Charge: See Section 6.2.
 - Monthly Insurance Rate: See Section 6.6.
 - Premium Expense Charge: See Section 6.1.
 - Termination Charge: See Section 3.

2. POLICY SCHEDULE

Policy Number: [123456]
 Name of Insured: [John Doe]
 Issue Age: [35]
 Gender: [Male]
 Premium Class: [Non-Smoker]
 Owner: [A. Doe]

Date of Issue: [5/14/2009]
 Monthly Date: [5/14]
 Maturity Date: [5/14/2074]

Initial Face Amount: [\$25,000]
 Minimum Face Amount: [\$25,000]
 Initial Premium: [\$11.17]
 Planned Periodic Premium: [\$11.17]
 Premium Frequency: [Monthly]

Plan: UNIVERSAL LIFE INSURANCE

Form Number	Benefit Description	Initial Face Amount	Monthly Cost of Insurance	First Monthly Deduction	Last Monthly Deduction
AL-700 09	MPP Universal	25,000	See Page 5	5/14/2009	5/14/2074

The guaranteed interest rate applied in the calculation of the cash value is 3.00%.

At some future time, the cash surrender value may not cover the next monthly deduction. In such a situation, except as otherwise provided in this Policy, this Policy will enter the grace period and will terminate at the end of that period if sufficient premium to cover the monthly deduction is not paid.

Expense Charges

Monthly Expense Charges	Guaranteed Maximum
Per Policy Charge	0.00
Percentage of Premium Expense Charges	
Prior to 20 th Policy Anniversary	9.00%
Thereafter	0.00%
Per Unit Charge	
Prior to 20 th Policy Anniversary	0.10
Thereafter	0.00

3. TABLE OF TERMINATION CHARGES

During the first fourteen Policy Years, a Termination Charge shall be deducted from the Cash Value if this Policy is surrendered. The Termination Charge per thousand of Initial Face Amount is the applicable percentage from the Termination Charge Percentage table based upon Policy Year from issue multiplied by the termination charge factor based on issue age, gender and premium class. The Termination Charge becomes zero for all Policy Years 15 and later following policy issue.

TERMINATION CHARGE PERCENTAGES

Policy Year	Percentage						
1	100%	5	100%	9	100%	13	40%
2	100	6	100	10	100	14	20
3	100	7	100	11	80	15+	0
4	100	8	100	12	60		

TERMINATION CHARGE FACTORS PER \$1,000

Issue Age	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker	Issue Age	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
0	7.85	-	6.33	-	33	15.94	21.42	14.71	17.57
1	7.96	-	6.42	-	34	16.41	22.10	15.05	18.18
2	8.13	-	6.59	-	35	17.01	22.57	15.38	18.84
3	8.31	-	6.77	-	36	17.67	23.10	15.71	19.58
4	8.48	-	6.94	-	37	18.42	23.64	16.06	20.38
5	8.66	-	7.12	-	38	19.28	24.19	16.41	21.29
6	8.83	-	7.29	-	39	20.23	24.79	17.01	22.34
7	9.01	-	7.47	-	40	21.28	25.39	17.67	23.52
8	9.18	-	7.64	-	41	22.43	26.04	18.42	24.25
9	9.36	-	7.82	-	42	23.15	26.70	19.28	24.86
10	9.53	-	7.99	-	43	23.68	27.37	20.23	25.51
11	9.71	-	8.17	-	44	24.25	28.10	21.28	26.15
12	9.88	-	8.34	-	45	24.83	28.82	22.43	26.82
13	10.06	-	8.54	-	46	25.44	29.60	23.58	27.51
14	10.23	-	8.73	-	47	26.08	30.43	24.16	28.23
15	10.41	-	8.92	-	48	26.75	31.27	24.77	28.97
16	10.57	13.42	9.08	10.37	49	27.46	32.18	25.41	29.73
17	10.90	13.84	9.38	10.76	50	28.21	33.14	26.07	30.52
18	11.25	14.31	9.71	11.16	51	29.00	34.19	26.76	31.33
19	11.60	14.78	10.04	11.56	52	29.83	35.26	27.47	32.16
20	11.98	15.29	10.39	11.97	53	30.71	36.44	28.21	33.02
21	12.39	15.82	10.72	12.37	54	31.64	37.65	28.98	33.92
22	12.81	16.36	11.06	12.77	55	32.61	38.94	29.78	34.85
23	13.24	16.90	11.39	13.17	56	33.62	40.27	30.60	35.83
24	13.73	17.44	11.72	13.58	57	34.67	41.64	31.45	36.85
25	14.24	17.99	12.05	13.98	58	35.78	43.06	32.32	37.93
26	14.78	18.53	12.39	14.38	59	36.94	43.09	33.23	39.06
27	15.36	19.07	12.72	14.78	60	38.15	42.71	34.17	40.26
28	15.59	19.07	13.05	15.19	61	39.41	42.32	35.16	41.52
29	15.59	19.09	13.38	15.59	62	40.75	41.95	36.18	42.84
30	15.59	19.49	13.72	16.03	63	41.36	41.58	37.26	42.72
31	15.59	20.00	14.08	16.50	64	40.87	41.24	38.38	42.10
32	15.59	20.66	14.38	17.01	65	40.39	40.92	39.56	41.49

4. TABLE OF MONTHLY GUARANTEED COST OF INSURANCE RATES PER \$1,000 OF NET AMOUNT AT RISK

The table below shows the guaranteed maximum monthly Cost of Insurance rates we will charge based on the Insured's Class and Attained Age.

Attained Age	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker	Attained Age	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
0	0.0600		0.0350		50	0.2880	0.5604	0.2471	0.4765
1	0.0383		0.0258		51	0.3148	0.6116	0.2747	0.5318
2	0.0275		0.0192		52	0.3475	0.6738	0.3056	0.5914
3	0.0200		0.0167		53	0.3851	0.7486	0.3382	0.6561
4	0.0175		0.0158		54	0.4329	0.8379	0.3726	0.7251
5	0.0175		0.0150		55	0.4865	0.9331	0.4119	0.7983
6	0.0183		0.0158		56	0.5419	1.0319	0.4547	0.8766
7	0.0183		0.0175		57	0.5956	1.1232	0.5000	0.9559
8	0.0183		0.0175		58	0.6494	1.2103	0.5469	1.0386
9	0.0192		0.0175		59	0.7125	1.3128	0.5948	1.1274
10	0.0200		0.0183		60	0.7890	1.4392	0.6452	1.2196
11	0.0233		0.0208		61	0.8825	1.5939	0.7007	1.3196
12	0.0283		0.0225		62	0.9914	1.7719	0.7596	1.4256
13	0.0333		0.0258		63	1.1105	1.9632	0.8219	1.5344
14	0.0433		0.0283		64	1.2349	2.1549	0.8901	1.6518
15	0.0550		0.0300		65	1.3645	2.3428	0.9660	1.7787
16	0.0642	0.0717	0.0325	0.0358	66	1.4961	2.5251	1.0488	1.9170
17	0.0725	0.0859	0.0342	0.0392	67	1.6339	2.7096	1.1409	2.0709
18	0.0767	0.0951	0.0358	0.0425	68	1.7796	2.8989	1.2433	2.2398
19	0.0784	0.1026	0.0375	0.0467	69	1.9435	3.1077	1.3552	2.4262
20	0.0792	0.1084	0.0375	0.0492	70	2.1352	3.3475	1.4817	2.6372
21	0.0792	0.1134	0.0392	0.0525	71	2.3686	3.6432	1.6262	2.8738
22	0.0792	0.1193	0.0400	0.0550	72	2.6423	3.9882	1.7847	3.1320
23	0.0800	0.1251	0.0400	0.0575	73	2.9318	4.3373	1.9580	3.4146
24	0.0809	0.1318	0.0417	0.0609	74	3.2440	4.7174	2.1506	3.7113
25	0.0834	0.1393	0.0425	0.0659	75	3.5855	5.1420	2.3626	4.0241
26	0.0867	0.1468	0.0458	0.0700	76	3.9724	5.6155	2.5958	4.3638
27	0.0884	0.1510	0.0475	0.0742	77	4.4247	6.1669	2.8548	4.7315
28	0.0867	0.1518	0.0500	0.0792	78	4.9534	6.8041	3.1381	5.1304
29	0.0859	0.1510	0.0525	0.0842	79	5.5501	7.5118	3.4503	5.5618
30	0.0850	0.1501	0.0550	0.0892	80	6.2211	8.2927	3.8400	6.1029
31	0.0842	0.1510	0.0584	0.0959	81	6.9572	9.1313	4.3215	6.7695
32	0.0850	0.1535	0.0617	0.1026	82	7.7445	10.0037	4.8344	7.4622
33	0.0875	0.1585	0.0659	0.1109	83	8.6135	10.9446	5.3766	8.1759
34	0.0892	0.1643	0.0709	0.1218	84	9.5913	12.0224	5.9857	8.9262
35	0.0934	0.1710	0.0767	0.1326	85	10.6935	13.2626	6.6078	9.6262
36	0.0976	0.1810	0.0825	0.1435	86	11.9242	14.6305	7.3494	10.4431
37	0.1034	0.1927	0.0875	0.1527	87	13.2765	16.1109	8.2751	11.4686
38	0.1109	0.2069	0.0917	0.1618	88	14.7403	17.6848	9.2637	12.5087
39	0.1176	0.2228	0.0967	0.1719	89	16.3061	19.3369	10.2602	13.4726
40	0.1268	0.2420	0.1026	0.1827	90	17.8976	20.9668	11.0022	14.0259
41	0.1376	0.2655	0.1092	0.1952	91	19.4964	22.5498	11.7183	14.4827
42	0.1510	0.2931	0.1168	0.2111	92	21.2072	24.2086	12.9202	15.4785
43	0.1668	0.3257	0.1259	0.2287	93	23.0525	25.9611	14.5792	16.9100
44	0.1844	0.3625	0.1368	0.2496	94	25.0443	27.8749	16.6957	18.9499
45	0.2036	0.3994	0.1493	0.2738	95	27.0677	29.8496	19.0659	21.4265
46	0.2228	0.4362	0.1643	0.3023	96	29.0947	31.7708	21.4726	23.8602
47	0.2387	0.4672	0.1819	0.3374	97	31.3129	33.8476	23.0749	25.3403
48	0.2512	0.4907	0.2011	0.3793	98	33.7487	36.1002	23.9588	25.9414
49	0.2671	0.5209	0.2228	0.4262	99	36.4325	38.5490	25.8252	27.5836

5. LIFE INSURANCE

5.1 **DEATH OF INSURED:** Upon death of the Insured, we will pay the Death Benefit as provided in this Policy. We must first receive at our home office due proof of death occurring while this Policy was in force. Any debt under Section 7 will be deducted. We will also deduct any premium due if the Insured's death occurs in the grace period. See Section 8.5. We will pay interest on the proceeds from the date of death at the current rate we pay under Section 10.8 unless the claim is not paid within 30 days from the date proof of death has been furnished. In this case, the rate of interest will be 8% per year.

5.2 **DEATH BENEFIT:** The Death Benefit is the greater of:

- (a) The Face Amount; or
- (b) The current Cash Value multiplied by the applicable percentage from the following table, according to the age of the Insured at the start of the Policy year in which death occurs:

Age of Insured	Percentage of Cash Value	Age of Insured	Percentage of Cash Value
40 and under	250%	61	128%
41	243%	62	126%
42	236%	63	124%
43	229%	64	122%
44	222%	65	120%
45	215%	66	119%
46	209%	67	118%
47	203%	68	117%
48	197%	69	116%
49	191%	70	115%
50	185%	71	113%
51	178%	72	111%
52	171%	73	109%
53	164%	74	107%
54	157%	75 – 90	105%
55	150%	91	104%
56	146%	92	103%
57	142%	93	102%
58	138%	94	101%
59	134%	95 and over	100%
60	130%		

The Face Amount is shown in Section 2, unless later changed by You. The Face Amount and current Cash Value will be determined as of the date of the Insured's death.

5.3 **CHANGE OF FACE AMOUNT:** After the third Policy Anniversary, You may decrease the Face Amount on written notice to us. No change may decrease the Face Amount below \$25,000. The change will be made on the first Monthly Date after we receive Your notice.

After the third Policy Anniversary, You may request an increase in the Face Amount. Evidence of insurability satisfactory to us will be required. The current Cash Value must be enough to pay the next monthly Cost of Insurance. The change will take effect on the date shown in a new Policy schedule. See Sections 9.5 and 9.7 relating to Suicide Exclusion and Incontestability.

6. POLICY VALUES

- 6.1 **PREMIUM EXPENSE CHARGE:** From all premiums paid prior to the 20th Policy Anniversary, we will deduct 9% of each premium as a Premium Expense Charge. The remainder of each such premium is the Net Premium.
- 6.2 **CASH VALUE:** On the Monthly Date coinciding with the Date of Issue, the current Cash Value equals the Net Premium minus the Cost of Insurance and the Monthly Expense Charge for the first policy month. On any following Monthly Date, the current Cash Value equals:
- (a) The Cash Value on the prior Monthly Date; plus
 - (b) The sum of the Net Premiums received since the prior Monthly Date; plus
 - (c) The interest credited since the prior Monthly Date. (Interest will be credited from the first day of a policy month on all Net Premiums received during a policy month); minus
 - (d) The Cost of Insurance for the next policy month; minus
 - (e) The Monthly Expense Charge of 10¢ per \$1,000 of Face Amount.

On any day other than a Monthly Date, the current Cash Value will equal (a) plus (b) plus (c), as defined above.

The Monthly Expense Charge will stop on the 20th Policy Anniversary.

- 6.3 **INTEREST RATES:** The guaranteed interest rate used to determine the Cash Value is shown on page 3. An interest rate greater than the guaranteed rate may be used to determine the Cash Value. Interest rates will apply to all premiums received on the same date and will reflect our anticipated investment experience and our aggregate persistency experience for all Insureds under this plan. The interest rate will never be less than 0.24663% per month, compounded monthly. This rate is the same as 3.0% per year, compounded yearly.
- 6.4 **SURRENDER VALUE:** You may surrender this Policy to us for its Surrender Value, less any debt. Partial surrenders are not permitted. The Surrender Value equals the current Cash Value minus the Termination Charge. The Termination Charge for each Policy Year is shown in Section 3, according to the Policy Anniversary at the start of the Policy Year.
- 6.5 **COST OF INSURANCE:** The Cost of Insurance is determined on each Monthly Date. To find the Cost of Insurance, we will:
- (a) Divide the Death Benefit by 1.0024663;
 - (b) Subtract the sum of Subsections (a), (b) and (c) of Section 6.2;
 - (c) Multiply by the Monthly Insurance Rate; and
 - (d) Add the Net Premium for any rider.

If the Face Amount has been increased, then the current Cash Value shall first be treated as a part of the Initial Face Amount. If the current Cash Value exceeds the Initial Face Amount, the excess shall be treated as part of any increases in Face Amount in the order of increase.

- 6.6 **MONTHLY INSURANCE RATE:** The Monthly Insurance Rates are based on the Date of Issue and the Insured's premium class. Premium class is based solely on the risk class shown in Section 2 and on the Insured's age and sex. The Guaranteed Maximum Monthly Insurance Rates are shown in Section 4. We may use lower rates on a basis applicable to all Insureds of the same premium class whose policies have been in force the same length of time. If this Policy was issued in a rated risk class, the adjustment for such rating is included in the Guaranteed Maximum Monthly Insurance Rates shown in Section 4.
- 6.7 **MATURITY DATE:** If this Policy is in force on the Maturity Date, we will pay to You the current Cash Value, less any debt. The Maturity Date is shown in Section 2. This Policy may terminate prior to the Maturity Date if insufficient premiums are paid after the initial premium to keep this Policy in force.
- 6.8 **COMPUTATION OF POLICY VALUES:** The method of computation of current and guaranteed Cash Values and Surrender Values has been filed with the insurance supervisory official of the state in which this Policy is delivered, if required. All Surrender Values are not less than the minimum values required by the laws of that state. Such minimum values are based on the Standard Nonforfeiture Law, using the 2001 CSO Mortality Table (age last birthday, smoker/nonsmoker basis.)

7. POLICY LOANS

- 7.1 **POLICY LOANS:** You may borrow money from us, using this Policy as security. The loan, plus the debt from any prior loans, may not exceed the Surrender Value on the date of the loan. The amount of the loan must be at least \$100. We may require a signed loan agreement.
- 7.2 **INTEREST:** Interest on the loan accrues daily and is due and payable on each Policy Anniversary. If interest is not paid when due, it will be added to the loan and will bear interest at the same rate. Interest will be charged at the rate of 8% per year.
- 7.3 **LOAN REPAYMENT:** You may make full or partial repayment of the debt at any time while the Insured is alive. The debt will be deducted from any payment made by us by reason of the death of the Insured or upon any surrender of this Policy.
- 7.4 **POLICY TERMINATION:** If the debt should ever exceed the Surrender Value, we will allow You 61 days to repay the debt. We will mail a notice to Your last known address and that of any assignee on our records. If the debt is not paid within the 61-day period, this Policy will terminate with no Surrender Value. **You are cautioned that such an event may have federal income tax consequences.**

8. PREMIUMS

- 8.1 **FIXED PREMIUMS:** The fixed premiums are payable for the first three Policy Years. You may pay in annual, semi-annual, quarterly or monthly installments. The first installment is due on the Date of Issue. Fixed premiums are payable in advance.
- 8.2 **FLEXIBLE PREMIUMS:** After the first three Policy Years, premium payments are flexible. You may then choose the amount and frequency of Your premiums within the limits set forth in Section 8.3 and 8.4. Your actual premiums will affect the Death Benefit, the Cash Value and the duration of insurance. See Sections 5 and 6.
- 8.3 **PLANNED PREMIUMS:** The amount and frequency of the planned premiums are shown in Section 2. We will send You reminder notices if You request. You may make extra premium payments, but not more often than once a month. After the first three Policy Years, You may change the amount and frequency of the planned premiums on notice to us.
- 8.4 **LIMITS ON FLEXIBLE PREMIUMS:** Any flexible premium must be at least \$10. The total premiums may not exceed the amount that would disqualify this Policy from being treated as life insurance under the Internal Revenue Code. Any excess premium we receive will be refunded with interest at the current rate we pay under Section 10.8. The refund will be made within 60 days after the end of the Policy Year in which the excess premium was received.
- 8.5 **GRACE PERIOD; LAPSE:** If on any Monthly Date the Surrender Value, less any debt, is insufficient to cover the Cost of Insurance and the Monthly Expense Charge, this Policy will lapse unless within the 61-day grace period You pay enough premium to cover the Cost of Insurance and the Monthly Expense Charge; **provided, however,** if such insufficiency occurs in the first three Policy Years, it will not cause this Policy to lapse if Your fixed premiums have been paid when due or within the 61-day grace period after the due date.
- We will mail a premium notice to Your last known address. If the premium is not paid within the grace period stated in the notice, this Policy will lapse with no Surrender Value. If the Insured dies during the grace period, the unpaid premium will be deducted from the Death Benefit.
- 8.6 **REINSTATEMENT:** If this Policy lapses, You may reinstate it within 5 years after lapse. We must first receive: (a) evidence of insurability satisfactory to us; and (b) enough premium to keep this Policy in force for two months.

9. GENERAL PROVISIONS

- 9.1 **BENEFICIARY:** The proceeds payable on death of the Insured will be paid to the Beneficiary. The Beneficiary is named in the application unless later changed. If no Beneficiary survives the Insured, payment will be made to the Owner or the Owner's estate.

Unless the Beneficiary has been irrevocably designated, You may change the Beneficiary while the Insured is alive. If the Beneficiary designation is not revocable, a change can be made only with the Beneficiary's written consent. We will not require such Beneficiary's consent for a policy loan or the surrender of this Policy.

- 9.2 **OWNERSHIP OF POLICY:** Unless another Owner is named in the application or an endorsement, the Insured is the Owner. You may name a Contingent Owner, unless the Insured is the Owner.

You may transfer ownership of this Policy to a new owner. A transfer does not change the Beneficiary, but it cancels a Contingent Owner designation.

- 9.3 **COLLATERAL ASSIGNMENT:** Upon notice to us You may make a collateral assignment to a creditor as security for a debt. It does not change policy ownership. The rights of an assignee have priority over the rights of a beneficiary.

- 9.4 **NOTICES AND CHANGES:** To be effective, all notices and changes You may make under this Policy must be in writing, signed by You and received by us at our home office. We are not responsible for their validity. If acceptable to us, notices and changes relating to beneficiaries and ownership will take effect as of the date signed unless we have already acted in reliance on the prior status.

- 9.5 **SUICIDE EXCLUSION:** Suicide of the Insured, whether sane or insane, within two years of the Date of Issue or the date of any reinstatement, is not covered. In such event, we will pay an amount equal to the premiums paid, less any debt.

Suicide of the Insured, whether sane or insane, within two years of the date of any increase in Face Amount, is not covered with respect to such increase. In such event, we will pay an amount equal to the Cost of Insurance and the sum of the Premium Expense Charges and Monthly Expense Charges for such increase, less any debt.

- 9.6 **MISSTATEMENT OF AGE OR SEX:** If the age or sex of the Insured has been misstated, the Death Benefit and guaranteed Cash Value will be adjusted by changing the Face Amount to that which Your premiums would have bought at the correct age and sex.

- 9.7 **INCONTESTABILITY:** We will not contest this Policy after it has been in force during the lifetime of the Insured for two years from its Date of Issue. We will not contest any reinstatement or increase in Face Amount after this Policy has been in force during the lifetime of the Insured for two years from the date of such reinstatement or increase.

- 9.8 **THE CONTRACT:** This Policy, any riders and the attached application are the entire contract. No statement will be used in defense of a claim under this Policy unless it is a material misrepresentation contained in the application, an amendment to it or a reinstatement application. All statements made by or on behalf of the Insured shall, in the absence of fraud, be deemed representations and not warranties. This Policy is issued in consideration of the application and the payment of the first premium.

Only our President, a Vice President, Secretary or Assistant Secretary may modify this Policy. Any modification must be in writing.

- 9.9 **DATES:** Policy months, years, anniversaries and the due dates of all fixed premium installments after the first are measured from the Date of Issue.

- 9.10 **PAYMENTS:** All sums payable to or by us are payable at our home office. We may require return of this Policy prior to making payment. We may defer payment of loans and surrenders for up to six months.

- 9.11 **REPORTS:** We will send You a free report at least once each year. It will include: (a) the current interest rate, Death Benefit, current Cash Value, Surrender Value and any debt; and (b) all premiums, interest credited, loans and charges since the prior report.

On request, we will furnish You a free report showing projections for Your policy based on current assumptions.

10. BENEFIT PAYMENT OPTIONS

- 10.1 **OPTIONAL METHODS OF PAYMENT OF PROCEEDS:** Instead of a lump-sum payment, You may choose a payment option for all or part of the proceeds. If You have not made a choice while the Insured is alive, the beneficiary may choose. If the payee is not a natural person, options are available only with our consent.

The proceeds will be applied to the option chosen at our current rates, which will be furnished on request. The rates will not be less favorable than those shown in Section 11. The tables show the minimum guaranteed amount of each payment for each \$1,000 so applied, according to the age and sex at the start of payments. The tables are based on the Annuity 2000 Mortality Table with interest at 3%.

The amount under each option must be \$2,000 or more or must yield installments of at least \$25. (For Option 1, the amount payable each year must be more than 5% of the amount under the option.) For Options 3 and 4, we may require proof of the age or sex of the payee. If the age or sex of the payee has been misstated, appropriate adjustment will be made in the amount of any remaining installments. We may require proof on any installment due date that the payee is still alive.

- 10.2 **OPTION 1 – PAYMENTS OF A FIXED AMOUNT:** Equal payments in the amount chosen will be made until the proceeds and credited interest are exhausted. Interest will be credited at our current rate for this option, determined at the start of payments. The rate will not be less than 3% per year.
- 10.3 **OPTION 2 – PAYMENTS FOR A FIXED PERIOD:** Equal payments will be made for the term chosen. Interest will be credited at our current rate for this option, determined at the start of payments. The rate will not be less than 3% per year.
- 10.4 **OPTION 3 – LIFE INCOME:** Payments will be made for the life of the payee. Payments will cease with the last payment due prior to the payee's death.
- 10.5 **OPTION 4 – LIFE INCOME WITH PAYMENTS GUARANTEED FOR 10 OR 20 YEARS:** Payments will be made for the guarantee period chosen (10 or 20 years) and as long thereafter as the payee lives.
- 10.6 **OPTION 5 – JOINT AND SURVIVOR LIFE INCOME:** Payments will be made during the lifetimes of two payees. Upon the death of one, payments for the life of the other will be made in the same amount.
- 10.7 **OPTION 6 – WITHDRAWABLE DEPOSIT AT INTEREST:** Proceeds may be left with us on deposit. Interest will be at least 3% per year. Interest may be paid annually, semiannually, quarterly or monthly. Any withdrawal must be at least \$100.
- 10.8 **DEATH OF PAYEE:** On death of the payee while guaranteed amounts remain unpaid under Option 1, 2, 4 or 6, the beneficiary may choose either:
(a) To have the payments continue for the amount or period guaranteed; or
(b) To receive the present value of the remaining guaranteed payments in a lump sum.

If a beneficiary dies while guaranteed amounts remain unpaid, the present value will be paid in a lump sum to the beneficiary's estate.

Present values will be computed at the interest rate or rates that were used to compute the payments under the option.

- 10.9 **TRANSFER BETWEEN OPTIONS:** A payee under Options 1, 2, 4 or 6 may transfer the present value of guaranteed amounts remaining unpaid to another option. If transfer is made to Option 4, the amounts and terms will be those in policies we are issuing at that time.
- 10.10 **PAYMENT:** Payments will be made on the first day of each month, but prior to the start of payments You may choose a less frequent payment interval instead. The amount of each payment on an annual, semiannual or quarterly basis will not be less than the monthly payment computed from the applicable table multiplied by the appropriate factor:

<u>Annual</u>	<u>Semiannual</u>	<u>Quarterly</u>
11.787	5.951	2.990

11. PAYMENT OPTION TABLES

MINIMUM GUARANTEED MONTHLY PAYMENT FOR EACH \$1000 APPLIED UNDER OPTION

OPTION 2 (Payments for a Fixed Period)

Years Payable	Each Payment	Years Payable	Each Payment	Years Payable	Each Payment
6	15.14	11	8.86	16	6.53
7	13.16	12	8.24	17	6.23
8	11.68	13	7.71	18	5.96
9	10.53	14	7.26	19	5.73
10	9.61	15	6.87	20	5.51

OPTION 3 (Life Annuity), OPTION 4 (Life Annuity with 10 or 20 Years Guaranteed)

Male Age	Life Annuity	10 Years Guaranteed		20 Years Guaranteed		Female Age	Life Annuity	10 Years Guaranteed		20 Years Guaranteed	
		10	20	10	20			10	20		
56	4.55	4.49	4.30	4.23	4.09	56	4.23	4.20	4.09	4.15	4.15
57	4.65	4.58	4.36	4.31	4.15	57	4.31	4.28	4.15	4.22	4.22
58	4.75	4.68	4.43	4.40	4.22	58	4.40	4.36	4.22	4.28	4.28
59	4.86	4.78	4.49	4.49	4.28	59	4.49	4.45	4.28	4.35	4.35
60	4.98	4.88	4.56	4.59	4.35	60	4.59	4.54	4.35	4.42	4.42
61	5.10	4.99	4.62	4.69	4.42	61	4.69	4.63	4.42	4.49	4.49
62	5.23	5.10	4.69	4.80	4.49	62	4.80	4.73	4.49	4.57	4.57
63	5.37	5.23	4.75	4.92	4.57	63	4.92	4.84	4.57	4.64	4.64
64	5.52	5.35	4.82	5.04	4.64	64	5.04	4.95	4.64	4.71	4.71
65	5.69	5.48	4.88	5.18	4.71	65	5.18	5.07	4.71	4.78	4.78
66	5.86	5.62	4.94	5.32	4.78	66	5.32	5.20	4.78	4.85	4.85
67	6.04	5.77	5.00	5.47	4.85	67	5.47	5.33	4.85	4.92	4.92
68	6.24	5.92	5.06	5.64	4.92	68	5.64	5.47	4.92	4.99	4.99
69	6.45	6.07	5.11	5.82	4.99	69	5.82	5.62	4.99	5.05	5.05
70	6.67	6.23	5.16	6.01	5.05	70	6.01	5.78	5.05	5.11	5.11
71	6.90	6.39	5.21	6.21	5.11	71	6.21	5.94	5.11	5.17	5.17
72	7.16	6.56	5.25	6.44	5.17	72	6.44	6.11	5.17	5.22	5.22
73	7.43	6.73	5.29	6.68	5.22	73	6.68	6.29	5.22	5.27	5.27
74	7.71	6.90	5.33	6.94	5.27	74	6.94	6.48	5.27	5.31	5.31
75	8.02	7.08	5.36	7.22	5.31	75	7.22	6.67	5.31	5.35	5.35
76	8.35	7.25	5.39	7.52	5.35	76	7.52	6.86	5.35	5.38	5.38
77	8.70	7.43	5.41	7.85	5.38	77	7.85	7.06	5.38	5.40	5.40
78	9.08	7.61	5.43	8.21	5.40	78	8.21	7.26	5.40	5.43	5.43
79	9.48	7.78	5.45	8.60	5.43	79	8.60	7.46	5.43	5.45	5.45
80	9.91	7.95	5.46	9.02	5.45	80	9.02	7.66	5.45	5.46	5.46
81	10.37	8.11	5.47	9.47	5.46	81	9.47	7.86	5.46	5.48	5.48
82	10.86	8.27	5.48	9.96	5.48	82	9.96	8.05	5.48	5.49	5.49
83	11.38	8.42	5.49	10.50	5.49	83	10.50	8.23	5.49	5.49	5.49
84	11.94	8.56	5.50	11.07	5.49	84	11.07	8.40	5.49	5.50	5.50
85	12.54	8.69	5.50	11.69	5.50	85	11.69	8.55	5.50	5.50	5.50

OPTION 5 (Joint and Survivor Life Annuity)

Female Age	Male Age								Female Age
	50	55	60	65	70	75	80	85	
50	3.53	3.61	3.68	3.73	3.76	3.79	3.80	3.81	50
55	3.65	3.77	3.88	3.97	4.04	4.08	4.11	4.13	55
60	3.76	3.94	4.10	4.25	4.36	4.45	4.50	4.54	60
65	3.86	4.08	4.32	4.55	4.74	4.90	5.01	5.08	65
70	3.93	4.21	4.51	4.84	5.16	5.43	5.64	5.79	70
75	3.99	4.08	4.68	5.11	5.57	6.02	6.41	6.71	75
80	4.02	4.11	4.79	5.32	5.94	6.60	7.25	7.82	80
85	4.05	4.13	4.54	5.08	6.22	7.10	8.06	9.02	85

Information for ages not shown will be furnished on request.

Family Life Insurance Company

Home Office: 10700 Northwest Freeway Houston, Texas 77092

(800) 877-7705

Universal Life Insurance

Fixed Premiums Payable for Three Years

Flexible Premiums Payable Thereafter for Life of Insured

Adjustable Death Benefit on Death of Insured Prior to Maturity Date

Current Cash Value Payable at Maturity Date

Policy Does Not Pay Dividends

FAMILY LIFE INSURANCE COMPANY
10700 Northwest Freeway
Houston, Texas 77092

IMPORTANT INFORMATION

If You have questions about Your Policy or a claim You have filed, please contact Your insurance company or Your agent:

FAMILY LIFE INSURANCE COMPANY
10700 Northwest Freeway
Houston, Texas 77092
(800) 877-7705

Agent: _____

Address: _____

Telephone: _____

If We at Family Life Insurance Company fail to provide You with reasonable and adequate service, You should feel free to contact the Arkansas Department of Insurance at:

Arkansas Department of Insurance
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1904
Telephone: (501) 371-2640

SERFF Tracking Number: TAPK-126324299 State: Arkansas
 Filing Company: Family Life Insurance Company State Tracking Number: 43641
 Company Tracking Number:
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: Universal Life
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification Comments: Attachment: Readability certificate AR.pdf</p>		
<p>Bypassed - Item: Application Bypass Reason: Submission letter includes information regarding application, including form number and date of approval Comments:</p>		
<p>Bypassed - Item: Outline of Coverage Bypass Reason: This is a life filing and not an individual health filing. Comments:</p>		
<p>Satisfied - Item: Authorization Comments: Attachment: E&Lltre709.pdf</p>		
<p>Satisfied - Item: Submission letter Comments:</p>		

SERFF Tracking Number: TAPK-126324299 State: Arkansas
Filing Company: Family Life Insurance Company State Tracking Number: 43641
Company Tracking Number:
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Universal Life
Project Name/Number: /

Attachment:

Submission letter AR.pdf

Item Status:

Status

Date:

Satisfied - Item: Certification

Comments:

Attachment:

Compliance certificate.pdf

Readability Certification

Insurance Company: Family Life Insurance Company

Form Number
AL-700 09-AR
AR-Notice

Description of Form
Universal Life Policy
Required Notice

I hereby certify that the above referenced form complies with the readability requirements of this State.

Mary Lou Rainey

Authorized Signature

Mary Lou Rainey

Name

Secretary

Title

September 29, 2009

Date



Deborah Tatro, Vice President

July 24, 2009

Re: Filing Authorization
T. Allen Park & Associates, Inc.
9441 LBJ Freeway, Suite 102
Dallas, TX 75074

Re: Manhattan Life Insurance Company

To Whom It May Concern:

I hereby authorize Suzanne Heasley and Vicki Rowe to submit state filings of insurance forms/rates/products on behalf of Lewis & Ellis, Inc. regarding the Manhattan Life Insurance Company, Central United Life Insurance Company and Family Life Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such forms, rates and or products except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of Lewis & Ellis, Inc.

A handwritten signature in black ink, appearing to read "Deborah Tatro", is written over a horizontal line.

Deborah Tatro
Vice President

Manhattan Insurance Group
Manhattan Life Insurance Company
Central Life Insurance Company
Family Life Insurance Company
10700 Northwest Freeway
Houston, TX 77092
Email: dtatro@culins.com

Phone: 713-821-6423
Toll Free: 800-669-9030 ext. 6423
Fax: 713-529-6309



T. ALLEN PARK & ASSOCIATES, INC.

2325 Havard Oak Drive Plano, TX 75074
(972) 398-3733 Uheas@aol.com

September 29, 2009

Arkansas Department of Insurance
Life and Health Section
1200 West Third Street
Little Rock, AR 72201

Attn: Life Section

RE: Family Life Insurance Company NAIC # 63053

AL-700 09-AR Universal Life Policy
AR-Notice Required Notice

Dear Sir or Madam:

This filing is being submitted on behalf of Family Life Insurance Company. The above referenced form is submitted for your review and approval. This form is new and is not intended to replace any previously approved form.

Form AL-700 09-AR is a universal life insurance policy. Form AR-Notice is the required notice. The application to be used with this policy is form number F-8399, approved by your office on November 23, 2004.

When approved these forms will be used with the following:

Form	Form Number	Approval Date
Children's Insurance Rider	AL-701	August 11, 1986
Family Benefit Rider	AL-702	August 11, 1986
Accidental Death Rider	AL-703	August 11, 1986
Spouse's Accidental Death Rider	AL-959	December 28, 1987
10 Year Level Term Life Insurance Rider	AL-1012	October 18, 1988
20 Year Level Term Life Insurance Rider	AL-1013	October 18, 1988
Mo. Decreasing Term Life Insurance Rider	AL-1014	October 18, 1988

Similar forms were filed in the Company's domiciliary State of Texas on September 16, 2009.

The readability score is 53.7.

Should you have any questions or need additional information, please do not hesitate to call me at (972) 398-3733.

Sincerely,

Suzanne Heasley, FLMI, CLU
Legal Assistant and Compliance Specialist

Compliance Certification

Insurance Company: Family Life Insurance Company

Form Number

AL-700 09-AR

Description of Form

Universal Life Policy

I hereby certify that in connection with the above referenced form, Family Life Insurance Company will comply with the requirements of:

Rule & Regulation 19 pertaining to Unfair Sex Discrimination;
Rule & Regulation 34 pertaining to Universal Life Insurance; and
Rule & Regulation 49 pertaining to Guaranty Association Notices

Mary Lou Rainey

Authorized Signature

Mary Lou Rainey

Name

Secretary

Title

September 29, 2009

Date