

<i>SERFF Tracking Number:</i>	<i>UNFG-126353482</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43864</i>
<i>Company Tracking Number:</i>	<i>LIU-413 (10-09)</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>LIU-413 (10-09)</i>		
<i>Project Name/Number:</i>	<i>LIU-413 (10-09)</i>		

## Filing at a Glance

Company: United Life Insurance Company

Product Name: LIU-413 (10-09)

TOI: L071 Individual Life - Whole

SERFF Tr Num: UNFG-126353482 State: Arkansas

SERFF Status: Closed-Approved- Closed  
State Tr Num: 43864

Sub-TOI: L071.101 Fixed/Indeterminate  
Premium - Single Life

Co Tr Num: LIU-413 (10-09)

State Status: Approved-Closed

Filing Type: Form

Author: Joanne Young

Reviewer(s): Linda Bird

Date Submitted: 10/22/2009

Disposition Date: 10/23/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: 01/01/2010

Implementation Date:

State Filing Description:

## General Information

Project Name: LIU-413 (10-09)

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/23/2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/23/2009

Created By: Joanne Young

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Joanne Young

Filing Description:

This is a revised endorsement that we are filing for review and approval. This is an endorsement that will be automatically added to our new issue limited pay whole life polices at issue when the insured is under age 16. We want to offer juveniles a guaranteed right to purchase additional insurance . There is no charge for this endorsement.

Our forms are individually marketed by our contracted agents. To the best of our knowledge, this forms contains no unusual or possibly controversial items from normal company or industry standards.

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## Company and Contact

### Filing Contact Information

Joanne Young, Analyst jyoung@unitedfiregroup.com  
 118 2nd Ave SE 319-286-2620 [Phone]  
 PO Box 73909 319-286-2570 [FAX]  
 Cedar Rapids, IA 52407-3909

### Filing Company Information

United Life Insurance Company CoCode: 69973 State of Domicile: Iowa  
 118 2nd Ave SE Group Code: 248 Company Type: Life  
 PO Box 73909 Group Name: United Fire Group State ID Number:  
 Cedar Rapids, IA 52407-3909 FEIN Number: 42-6061188  
 (319) 399-5700 ext. [Phone]

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: 1 form = \$20.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Life Insurance Company	\$20.00	10/22/2009	31479260

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/23/2009	10/23/2009

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## **Disposition**

Disposition Date: 10/23/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Form</b>	Option to Purchase Additional Insurance		Yes

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## Form Schedule

**Lead Form Number: LIU-413 (10-090)**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LIU-413 (10-09)	Policy/Cont	Option to Purchase ract/Fratern Additional Insurance al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	LIU-413 (10-09).pdf

**UNITED LIFE INSURANCE COMPANY**  
**Cedar Rapids, Iowa**  
**OPTION TO PURCHASE ADDITIONAL INSURANCE**

**1. OPTION**

We guarantee you the right to purchase an additional amount of insurance without evidence of insurability subject to the following terms and conditions:

- a) This option must be exercised on the policy anniversary on or immediately following the insured's 25th birthday. Or if this endorsement is attached to a limited pay whole life policy for which the premium paying period has not expired on the policy anniversary on or immediately following the insured's 25th birthday, the option must be exercised on the policy anniversary on which the premium paying period expires. The policy must be fully paid up and not in force under any non-forfeiture option as may be provided therein.
- b) The new policy will be issued without evidence of insurability.
- c) The insured must then be living.
- d) The plan of insurance of the new policy must be any permanent life insurance plan (including any flexible premium adjustable life plan) which is being issued by the company on the date the new policy is issued.
- e) The effective date of the new policy will be the policy anniversary as set forth in 1. a) above.
- f) The insured and the premium class under the new policy will be the same as under this policy.
- g) The premium for the new policy will be determined according to our premium rates in effect on the effective date of the new policy.
- h) The amount of insurance for the new policy may be for any amount up to the lesser of \$100,000 or 10 times the death benefit as stated in SECTION 1 of this policy.
- i) The benefits provided by this or a similar rider providing for additional insurance without proof of insurability on multiple single premium or limited pay whole life policies may not exceed \$100,000 in aggregate in the company.

**2. NOTIFICATION**

At least 90 days prior to the expiration of this endorsement, we will mail the Owner written notice of the option hereunder.

**3. APPLICATION**

The Owner must submit a written application requesting that the option be exercised. The application must be received by United Life Insurance Company at its home office prior to the expiration of this endorsement and while this policy is in full force.

We may request evidence of insurability if the Owner wishes to have any riders or additional life insurance benefits added to the new policy.

**4. ELIGIBILITY**

This Option is available only to the Owners of policies where the insured has not yet attained age 16 on the effective date of this policy. We may require proof of age when complying with the terms of this Endorsement.

**5. EXPIRATION**

The expiration date of this endorsement will be the policy anniversary as set forth in 1. a) above, or when the policy terminates.

  
SECRETARY



CERTIFICATE OF COMPLIANCE

UNITED LIFE INSURANCE COMPANY

Form number: LIU-413 (10-09) Option to Purchase Additional Insurance  
Flesch Readability Score: 46.8

I hereby certify to the best of my knowledge and belief that this filing is in compliance with Arkansas Regulations 19 and 49 and Bulletin 11-88.

Certified by:



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Jean Newlin Schnake, Secretary  
United Life Insurance Company

10/22/2009  
Date