

SERFF Tracking Number: YTYC-126309349 State: Arkansas
Filing Company: Zale Life Insurance Company State Tracking Number: 43791
Company Tracking Number: AR-MOB-CRL&D-F-9/09
TOI: CR04G Group Credit - Life Sub-TOI: CR04G.001 Monthly Premium - Open-End
Product Name: Monthly Outstanding Balance Credit Life and Disability w/ADB and TPD
Project Name/Number: AR-MOB-CRL&D w/ADB & TPD/Ryan

Filing at a Glance

Company: Zale Life Insurance Company

Product Name: Monthly Outstanding Balance SERFF Tr Num: YTYC-126309349 State: Arkansas

Credit Life and Disability w/ADB and TPD

TOI: CR04G Group Credit - Life

SERFF Status: Closed-Approved- State Tr Num: 43791
Closed

Sub-TOI: CR04G.001 Monthly Premium -
Open-End

Co Tr Num: AR-MOB-CRL&D-F- State Status: Approved-Closed
9/09

Filing Type: Form

Author: Ryan Rush

Reviewer(s): Linda Bird

Date Submitted: 10/14/2009

Disposition Date: 10/15/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AR-MOB-CRL&D w/ADB & TPD

Project Number: Ryan

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/15/2009

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: 10/15/2009

Created By: Ryan Rush

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Ryan Rush

Filing Description:

To Whom It May Concern:

We are submitting the attached for your review and approval. This is a new filing and does not replace anything previously submitted.

This endorsement will be used with our previously approved monthly outstanding balance credit life and disability insurance program. Upon depletion of the existing stock of printed forms, we would like to incorporate this endorsement

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 language into them.

Your acknowledgement of approval of this filing will be appreciated.

Sincerely,
 Ryan Rush
 Year to Year Consulting L.L.C.

Company and Contact

Filing Contact Information

Ryan Rush, Compliance Specialist ryan@y2yc.com
 1580 N. Point Prairie Road 636-639-1880 [Phone]
 Foristell, MO 63348 636-639-1233 [FAX]

Filing Company Information

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

Zale Life Insurance Company CoCode: 71323 State of Domicile: Arizona
 901 W. Walnut Hill Lane Group Code: 669 Company Type: Life/Accident and Health

Mail Sta. 5-A-9 Group Name: State ID Number:
 Irving, TX 75038 FEIN Number: 75-1168687
 (972) 580-4080 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$70.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Zale Life Insurance Company	\$70.00	10/14/2009	31295878

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/15/2009	10/15/2009

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Disposition

Disposition Date: 10/15/2009

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	Life & Annuity - Acturial Memo		No
Supporting Document	Third Party Filing Authorization		Yes
Form	Endorsement		Yes
Rate	Rate Schedule		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
	AR END ADB TPD	Policy/Cont Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			AR END ADTPD.pdf

ZALE LIFE INSURANCE COMPANY

A Legal Reserve Stock Company
PHOENIX, ARIZONA
901 W. Walnut Hill Lane
Irving, Texas 75038-1003
(herein called we)

ACCELERATED DEATH BENEFIT/TOTAL AND PERMANENT DISABILITY BENEFIT ENDORSEMENT

Monthly Insurance Charge for this endorsement is included with the Credit Life Insurance Charge disclosed in the certificate.

It is understood and agreed that the following provisions are added to the **WHAT WE WILL PAY** section of the certificate.

Accelerated Death Benefit. This benefit is payable only if the certificate has been in force for at least 30 days. This benefit covers you and will only pay one benefit. This benefit is the amount of life insurance in force when we receive and accept proof from you that you have a life expectancy of 6 months or less as certified to by a licensed physician. The physician must be an individual licensed to practice medicine and may not be you or a member of your immediate family. The payment of this benefit terminates all insurance under this certificate. A refund will be made for any unused disability premium as of the date of loss.

Total and Permanent Disability Benefit. This benefit covers you and will only pay one benefit. The benefit is the amount of life insurance in force when we receive and accept proof from you as certified to by a licensed physician that you are totally and permanently and continuously unable for the remainder of your life to engage in any occupation, employment, or activity for compensation or profit, for which you are suited by education, training or experience. The physician must be an individual licensed to practice medicine and may not be you or a member of your immediate family. We will waive the physician's certification if you suffer the permanent loss of sight in both eyes, or the severance of both hands, or both feet, or one hand and one foot. The payment of this benefit terminates all insurance under this certificate. A refund will be made for any unused disability premium as of the date of loss

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, conditions, or limitations of the certificate to which this endorsement is attached other than as stated above.

AR END ADB TPD

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Rate Schedule	AR END ADB TPD	New		Rate Schedule.pdf

ZALE LIFE INSURANCE COMPANY

901 W. Walnut Hill Lane
Irving, Texas 75038-1003

ARKANSAS

CREDIT LIFE INSURANCE RATES

**MONTHLY OUTSTANDING BALANCE WITH ACCELERATED DEATH AND TOTAL AND
PERMANENT DISABILITY BENEFITS**

Single Life Rate	\$ 1.381 per \$1,000 per month
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Readability Certificate.pdf		
Bypassed - Item: Application Bypass Reason: N/A Comments:		
Satisfied - Item: Third Party Filing Authorization Comments: Attachment: Filing Authorization 2009.pdf		

FLESCH READABILITY CERTIFICATION

The undersigned, being an officer of Zale Life Insurance Company, does hereby certify to the best of his/her knowledge, information and belief, that the endorsement AR END ADB TPD has a Flesch Readability Score of 45.0.

Name _____

Title Senior Vice President/COO

Date October 13, 2009

Zale Life Insurance Company

901 W. Walnut Hill Lane
Mail Sta. 5A-9
Irving, TX 75038-1003

July 1, 2009

Commissioner of Insurance

Re: Zale Life Insurance Company
NAIC Number: 71323
Program: Monthly Outstanding Balance Credit Life and Disability

To Whom It May Concern:

This is notification that we authorize the following firm to file the above captioned program on behalf of Zale Life Insurance Company and to address any questions posed by the insurance department relative to this filing and follow up as may otherwise be necessary:

Year to Year Consulting, L.L.C.
1580 N Point Prairie Rd
Foristell, MO 63348
Phone: 636-639-1880
Contact person: Steve Rush, Managing Member

Should you have any questions regarding the above, please contact me accordingly.

Sincerely,



Michael R. Sabin
Senior Vice President/COO
Zale Life Insurance Company
Direct: 972-580-5232
E-mail: msabin@zalecorp.com