

SERFF Tracking Number: BNLA-126381690 State: Arkansas  
 Filing Company: Bankers Life and Casualty Company State Tracking Number: 44081  
 Company Tracking Number: 02U-02V-R2U-10  
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.004 Modified Single Premium  
 Variable  
 Product Name: 02U-02V-R2U-10  
 Project Name/Number: 02U-02V-R2U-10/02U-02V-R2U-10

## Filing at a Glance

Company: Bankers Life and Casualty Company

Product Name: 02U-02V-R2U-10 SERFF Tr Num: BNLA-126381690 State: Arkansas  
 TOI: A02I Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 44081  
 Variable Closed  
 Sub-TOI: A02I.004 Modified Single Premium Co Tr Num: 02U-02V-R2U-10 State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Linda Bird  
 Authors: Dan Murphy, Sandra Pufpaf Disposition Date: 11/13/2009  
 Date Submitted: 11/12/2009 Disposition Status: Approved-Closed  
 Implementation Date Requested: On Approval Implementation Date:  
 State Filing Description:

## General Information

Project Name: 02U-02V-R2U-10 Status of Filing in Domicile: Pending  
 Project Number: 02U-02V-R2U-10 Date Approved in Domicile:  
 Requested Filing Mode: Domicile Status Comments: Filed Via the  
 Certification Process  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: Group Market Size:  
 Overall Rate Impact: Group Market Type:  
 Filing Status Changed: 11/13/2009 Explanation for Other Group Market Type:  
 State Status Changed: 11/13/2009  
 Deemer Date: Created By: Sandra Pufpaf  
 Submitted By: Dan Murphy Corresponding Filing Tracking Number:  
 Filing Description:  
 nsurance Department Personnel

Re: NAIC 233-61263 FEIN 36-0770740  
 Individual Life and Annuity – New Form  
 Individual Annuity Form  
 Schedule Form: 02U-02V-R2U-10

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Single Premium Deferred Annuity Policy Form LA-02P Approved 3/19/2003  
Schedule Form: 03H-03J-R3H-10  
Single Premium Deferred Annuity Policy Form LA-03D Approved 1/23/2003  
Schedule Form: 08T-08U-R8T-10  
Single Premium Deferred Annuity Policy Form LA-08N Approved 3/19/2003

Dear Sir or Madam:

We are filing the revised Schedules for the above listed policies. Also included is the Actuarial Memorandum.

These policies were approved by your Department in 2003. Because of the interest rate environment, we must change the Minimum Guaranteed Interest Rate on new issues. The Guaranteed Minimum Interest Rate will never be less than the Nonforfeiture Rate, and will never be less than 1.00%. We may pay interest in excess of the guaranteed rate, as allowed by the policy, and anticipate doing so when interest rates allow. We will not be changing the Minimum Guaranteed Interest Rate on any of our in-force business.

This form has been filed via the certification process in our state of domicile, Illinois.

We reserve the right to make any typographical corrections or to change the format and font style of the enclosed form to account for different issuance systems. The order and the content, however, will not be changed.

This filing contains no unusual or controversial items from normal Company or industry standards.

Please let me know if you need anything from us to complete your files on this issue. We would appreciate your acknowledgment of this informational filing for our records.

## Company and Contact

### Filing Contact Information

Sandra Pufpaf, Compliance Analyst s.pufpaf@banklife.com  
222 Merchandise Mart Plaza 312-396-6123 [Phone]  
Chicago, IL 60654-9988 312-396-5907 [FAX]

### Filing Company Information

Bankers Life and Casualty Company CoCode: 61263 State of Domicile: Illinois  
600 West Chicago Ave Group Code: 233 Company Type:  
Chicago, IL 60654-2800 Group Name: State ID Number:  
(800) 621-3724 ext. [Phone] FEIN Number: 36-0770740

SERFF Tracking Number: BNLA-126381690 State: Arkansas  
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**Filing Fees**

Fee Required? Yes  
Fee Amount: \$150.00  
Retaliatory? No  
Fee Explanation: 3 forms @ \$50 per  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Life and Casualty Company	\$150.00	11/12/2009	31997774

<i>SERFF Tracking Number:</i>	<i>BNLA-126381690</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Bankers Life and Casualty Company</i>	<i>State Tracking Number:</i>	<i>44081</i>
<i>Company Tracking Number:</i>	<i>02U-02V-R2U-10</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.004 Modified Single Premium</i>
<i>Product Name:</i>	<i>02U-02V-R2U-10</i>		
<i>Project Name/Number:</i>	<i>02U-02V-R2U-10/02U-02V-R2U-10</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	11/13/2009	11/13/2009







APPLICATION NO. XXXXXXXXXX

BANKERS LIFE AND CASUALTY COMPANY  
600 WEST CHICAGO AVE CHICAGO, IL 60654-2800  
TELEPHONE (312) 396-6000

SCHEDULE

ANNUITANT [JOHN J DOE] [35 MALE] AGE, SEX  
POLICY NUMBER [7777777] [FEBRUARY 15, 2010] DATE OF ISSUE  
INITIAL PREMIUM [\$10,000.00] [FEBRUARY 15, 2045] DATE INCOME BEGINS  
PREMIUM TAX [0.00% ] LA-02P POLICY FORM  
MINIMUM CASH VALUE\* [\$5,000.00]

- (1) GUARANTEE PERIOD: 1 POLICY YEAR
- (2) GUARANTEED INTEREST RATE FOR THIS GUARANTEE PERIOD: [2.75%]
- (3) MINIMUM GUARANTEED INTEREST RATE:  
FIRST 10 POLICY YEARS [1-3]%  
POLICY YEARS 11 AND AFTER [1-3]%
- (4) MINIMUM ALLOWABLE ADDITIONAL PREMIUM: [\$1,000.00]
- (5) MINIMUM SYSTEMATIC WITHDRAWAL AMOUNT: [\$0]
- (6) WITHDRAWAL PERCENTAGES:

POLICY YEAR	WITHDRAWAL PERCENTAGE
1	8.0%
2	8.0%
3	7.0%
4	6.0%
5	5.0%
6	4.0%
7	3.0%
8	2.0%
9	1.0%
10 AND LATER	0.0%

PLAN  
CODE

DESCRIPTION

02T

FLEXIBLE PREMIUM DEFERRED ANNUITY

\* SUBJECT TO THE WITHDRAWALS PROVISION, WITHDRAWALS CAN BE TAKEN IF THE POLICY'S CASH VALUE IS NOT LESS THAN THE MINIMUM CASH VALUE AMOUNT.

02U-02V-R2U-10

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APPLICATION NO. XXXXXXXXXXXSTD5

BANKERS LIFE AND CASUALTY COMPANY  
600 WEST CHICAGO AVE CHICAGO, IL 60654-2800  
TELEPHONE (312) 396-6000

SCHEDULE

ANNUITANT	[JOHN J DOE]	[35 MALE]	AGE, SEX
POLICY NUMBER	[7777777]	[AUGUST 15, 2009]	DATE OF ISSUE
SINGLE PREMIUM	[\$10,000.00]	[AUGUST 15, 2045]	DATE INCOME BEGINS
PREMIUM TAX	[0.00%]	LA-03D	POLICY FORM

(1) INITIAL INTEREST GUARANTEE PERIOD: FIRST 5 POLICY YEARS

(2) MINIMUM GUARANTEED INTEREST RATE:

POLICY YEARS 1 THROUGH 5	[4.50%]
POLICY YEARS 6 THROUGH 10	[1-3.00]%
POLICY YEARS 11 AND LATER	[1-3.00]%

(4) MINIMUM ALLOWABLE FIRST YEAR PREMIUM INCREASE: [\$1,000.00]

(5) MINIMUM SYSTEMATIC WITHDRAWAL AMOUNT: [\$0]

(6) WITHDRAWAL CHARGE PERCENTAGES:

POLICY YEAR	WITHDRAWAL CHARGE PERCENTAGE
1	8.0%
2	8.0%
3	7.0%
4	6.0%
5	5.0%
6 AND LATER	0.0%

PARTIAL WITHDRAWALS ARE PERMITTED ONLY IF THE REMAINING MINIMUM CASH VALUE IS AT LEAST [\$5,000].

PLAN CODE	DESCRIPTION
03H	SINGLE PREMIUM DEFERRED ANNUITY

03H-03J-R3H-10

APPLICATION NO. XXXXXXXXXX

BANKERS LIFE AND CASUALTY COMPANY  
600 WEST CHICAGO AVE CHICAGO, IL 60654-2800  
TELEPHONE (312) 396-6000

SCHEDULE

ANNUITANT	[JOHN J DOE]	[35 MALE]	AGE, SEX
POLICY NUMBER	[7777777]	[FEBRUARY 15, 2010]	DATE OF ISSUE
SINGLE PREMIUM	[\$10,000.00]	[FEBRUARY 15, 2045]	DATE INCOME BEGINS
PREMIUM TAX	[0.00%]	LA-08N	POLICY FORM
MINIMUM CASH VALUE	[\$5,000.00]		

- (1) GUARANTEE PERIOD: 1 POLICY YEAR
- (2) GUARANTEED INTEREST RATE FOR THIS GUARANTEE PERIOD: [2.75%]
- (3) MINIMUM GUARANTEED INTEREST RATE:
 

FIRST 10 POLICY YEARS	[1-3]%
POLICY YEARS 11 AND AFTER	[1-3]%
- (4) MINIMUM ALLOWABLE FIRST YEAR PREMIUM INCREASE: [\$1,000.00]
- (5) ANNUAL SERVICE FEE: \$24.00
- (6) WITHDRAWAL PERCENTAGES:

POLICY YEAR	WITHDRAWAL PERCENTAGE
1	8.0%
2	8.0%
3	7.0%
4	6.0%
5	5.0%
6	4.0%
7	3.0%
8	2.0%
9	1.0%
10 AND LATER	0.0%

PLAN CODE	DESCRIPTION
08R	SINGLE PREMIUM DEFERRED ANNUITY

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## Supporting Document Schedules

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

Certif of Compliance with Rule 19.pdf

**Item Status:** **Status**  
**Date:**

**Bypassed - Item:** Application

**Bypass Reason:** Not Applicable - Schedule Page Filing Only

**Comments:**

## Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: **Bankers Life and Casualty Company**

Form Number(s): 02U-02V-R2U-10  
03H-03J-R3H-10  
08T-08U-R8T-10

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

*Mariann Dobbs*

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Signature of Company Officer

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Mariann Dobbs

Name

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Assistant Secretary

Title

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11/12/2009

Date