

SERFF Tracking Number: FEMC-126387484 State: Arkansas
Filing Company: Federated Life Insurance Company State Tracking Number: 44169
Company Tracking Number: L-1060
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Senior Ownership Questionnaire
Project Name/Number: L-1060/L-1060

Filing at a Glance

Company: Federated Life Insurance Company

Product Name: Senior Ownership
Questionnaire

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: FEMC-126387484 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 44169

Co Tr Num: L-1060

Author: Carolyn Kanne

Date Submitted: 11/24/2009

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 11/30/2009

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: L-1060

Project Number: L-1060

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/30/2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 11/30/2009

Created By: Carolyn Kanne

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Carolyn Kanne

Filing Description:

Form L-1060 Ed. 11-09 is a Senior Market Ownership and Premium Questionnaire, used for the general public age 65 and over to ensure compliance with insurable interest laws. This form has been printed in 10-point type with language to comply with standard readability regulations. The Flesch Scale analysis score for this form is 56.8.

Company and Contact

Filing Contact Information

Carolyn Kanne, Life Product Compliance

crkane@fedins.com

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Specialist

121 East Park Square 800-533-0472 [Phone]
 PO Box 328 507-444-4812 [FAX]
 Owatonna, MN 55060

Filing Company Information

Federated Life Insurance Company	CoCode: 63258	State of Domicile: Minnesota
121 East Park Square	Group Code: 7	Company Type:
PO Box 328	Group Name:	State ID Number:
Owatonna, MN 55060	FEIN Number: 41-6022443	
(800) 533-0472 ext. [Phone]		

Filing Fees

Fee Required? Yes
 Fee Amount: \$125.00
 Retaliatory? Yes
 Fee Explanation: State of domicile charges \$125 per submission
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federated Life Insurance Company	\$125.00	11/24/2009	32275021

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/30/2009	11/30/2009

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Disposition

Disposition Date: 11/30/2009

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	Cover Letter		Yes
Form	Senior Market Ownership and Premium Questionnaire		Yes

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Form Schedule

Lead Form Number: L-1060 Ed. 11-09

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	L-1060 Ed. 11-09	Application/ Enrollment Form	Senior Market Ownership and Premium Questionnaire	Initial		56.800	L-1060 Ed 11-09.pdf

**Federated Life Insurance Company
Owatonna, Minnesota**

Senior Market Ownership and Premium Questionnaire

1. Have you had a conversation with any person about selling or transferring this proposed policy to a third party?
 No Yes

2. Have you been offered any money or other payment in connection with this application?
 No Yes

3. Will there be anyone providing money toward the premium on this policy other than you or the policyowner?
 No Yes
If yes, who and what is their relationship to you?

4. Do you intend to borrow any money to pay the premiums on this policy?
 No Yes If yes,
 - a. Who are you borrowing from?
 - b. When does the loan need to be repaid?
 - c. Is there security or collateral for the loan other than the policy itself?
 No Yes (details if yes)

5. Have you ever sold a life insurance policy that you owned to a third party? No Yes
Have any life insurance policies on your life been sold to a third party? No Yes

6. In the last two years, have you completed a medical exam for purposes other than routine health maintenance, such as a life expectancy evaluation? No Yes
If yes, who recommended this examination?

I hereby declare that my statements and answers contained above are correctly recorded, complete, and true to the best of my knowledge and belief. I agree that they will form a part of my application and become a part of any contract of insurance issued as a result of that application.

Date: _____ Place _____

Signature of Witness

Signature of Proposed Insured

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Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification Comments: Attachments: AR cert for rule 19.pdf CO-60.pdf</p>		
<p>Bypassed - Item: Application Bypass Reason: Not applicable to this questionnaire Comments:</p>		
<p>Satisfied - Item: Cover Letter Comments: Attachment: AR Letter.pdf</p>		

FEDERATED LIFE INSURANCE COMPANY

Owatonna, Minnesota

November 24, 2009

CERTIFICATE OF COMPLIANCE

Arkansas

L-1060 Ed. 11-09 Senior Market Ownership and Premium Questionnaire

This submission meets the provisions of Rule and Regulation 19, as well as all applicable requirements of the Arkansas Insurance Department.

Allan E. Meyer
Vice President

FEDERATED LIFE INSURANCE COMPANY

Owatonna, Minnesota

CERTIFICATE OF COMPLIANCE

Arkansas

Flesch Score

This is to certify that the attached Individual Life Forms No. (listed above) have achieved a Flesch Reading Ease Score of (shown above) and comply with the requirements of Arkansas Stat. Ann. § 66-3251, cited as the Life and Disability Insurance Policy Language Simplification Act.

The guidelines of Bulletin 11-83 have been reviewed and this submission is in compliance with these guidelines.



121 East Park Square
P.O. Box 328 • Owatonna, MN 55060
Phone: (507) 455-5200 • 800-533-0472

November 24, 2009

Mr. Dan Honey
Compliance – Life & Health
Department of Insurance
1200 West Third St.
Little Rock, AR 72201-1904

**INDIVIDUAL LIFE FILING:
L-1060 Ed. 11-09 SENIOR MARKET OWNERSHIP AND PREMIUM QUESTIONNAIRE**

Dear Mr. Honey:

Attached is a copy of the above listed form, submitted for your review and approval for use in Arkansas. This is a new form, never before submitted to your department.

This form is used for the general public age 65 or over to ensure compliance with insurable interest laws, and it becomes part of the policy. The form has been printed in 10-point type with language to comply with standard readability regulations. The Flesch Scale analysis score for this form is 56.8.

We respectfully request your review and approval of this filing for use in Arkansas.

Sincerely,

A handwritten signature in cursive script that reads "Carolyn Kanne".

Carolyn Kanne, FLMI, ACS, AIRC
Life Contract Compliance Specialist
(800) 533-0472, ext. 5214
Federated Life Insurance Company
Email: crkane@fedins.com
NAIC #007-63258