

SERFF Tracking Number: *FILI-126380144* State: *Arkansas*  
Filing Company: *First Investors Life Insurance Company* State Tracking Number: *44038*  
Company Tracking Number:  
TOI: *L08 Life - Other* Sub-TOI: *L08.000 Life - Other*  
Product Name: *Conditional Receipt*  
Project Name/Number: *Conditional Receipt/*

## Filing at a Glance

Company: First Investors Life Insurance Company

Product Name: Conditional Receipt

SERFF Tr Num: FILI-126380144

State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-Closed

State Tr Num: 44038

Sub-TOI: L08.000 Life - Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Lilia Solano

Disposition Date: 11/13/2009

Date Submitted: 11/11/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Conditional Receipt

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

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: Lilia Solano

Submitted By: Lilia Solano

Corresponding Filing Tracking Number:

Filing Description:

ORD-CR (01/07)(AR), Conditional Receipt for Ordinary Life Application and VAR-CR (01/07)(AR), Conditional Receipt for Variable Life Application was previously approved by your Department on March 8, 2007 and March 9, 2007 respectively. Under the Conditional Receipt, First Investors Life is increasing the overall life insurance limitation as a condition for providing a Conditional Receipt to an applicant, from \$500,000 to \$750,000 in Section A (2). There is no other change on the form.

Filing fee of \$50.00 is being sent via EFT.

To the best of my knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

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If you have any questions or require additional information, please feel free to contact me at toll free 1 800-832-7783 by phone, or to [lilia.solano@firstinvestors.com](mailto:lilia.solano@firstinvestors.com) by email.

Thank you for your assistance.

Sincerely,

Lilia Solano  
 Senior Filing Specialist

## Company and Contact

### Filing Contact Information

Lilia Solano, [lilia.solano@firstinvestors.com](mailto:lilia.solano@firstinvestors.com)  
 110 Wall Street 212-858-8231 [Phone]  
 New York, NY 10005 212-858-8219 [FAX]

### Filing Company Information

First Investors Life Insurance Company	CoCode: 63495	State of Domicile: New York
110 Wall Street	Group Code:	Company Type:
New York, NY 10005	Group Name:	State ID Number:
(212) 858-8231 ext. [Phone]	FEIN Number: 13-1968606	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Filing fee in state of domicile is zero. Filing fee in Arkansas is \$50 per filing, therefore our filing fee is \$50.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
First Investors Life Insurance Company	\$50.00	11/11/2009	31964941

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## 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

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## **Disposition**

Disposition Date: 11/13/2009

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		No
<b>Form</b>	Conditional Receipt for Ordinary Life		Yes
<b>Form</b>	Conditional Receipt for Variable Life		Yes

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## Form Schedule

**Lead Form Number: ORD-CR (05/09)(AR), VAR-CR (05/09)(AR)**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ORD-CR (05/09)(AR)	Other	Conditional Receipt for Ordinary Life	Initial		50.400	ORD-CR (05.09)(AR).pdf
	VAR-CR (05/09)(AR)	Other	Conditional Receipt for Variable Life	Initial		50.400	VAR-CR (05.09)(AR).pdf

## Conditional Receipt

Under this Conditional Receipt ("Receipt"), First Investors Life Insurance Company ("Company") agrees to provide a limited amount of life insurance coverage for a limited period of time, subject to the terms and conditions set forth below. This Conditional Receipt does not create temporary or interim insurance. **UNLESS EACH AND EVERY CONDITION SPECIFIED IN PARAGRAPH "A" BELOW IS FULFILLED EXACTLY, NO INSURANCE WILL BECOME EFFECTIVE PRIOR TO POLICY DELIVERY. NO AGENT IS AUTHORIZED TO ALTER OR WAIVE ANY OF THESE CONDITIONS.**

Received from \_\_\_\_\_ the sum of \_\_\_\_\_, the amount entered in item 8a of the Application to First Investors Life Insurance Company corresponding in date with this Receipt ("Application").

**ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO FIRST INVESTORS LIFE INSURANCE COMPANY.  
DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

**A. CONDITIONS UNDER WHICH INSURANCE MAY BECOME EFFECTIVE.**

If each and every one of the following conditions is fulfilled exactly:

- (1) The amount of premium taken with the Application is at least equal to one (1) modal premium for the amount of life insurance and risk class applied for. In the case of the monthly (Life Line) premium mode, an amount equal to two modal premiums is required, and
- (2) The total amount of insurance currently in force and applied for on the life of the Proposed Insured in all life insurance companies does not exceed \$750,000, and
- (3) The Proposed Insured is on the Effective Date, as defined below, insurable by the Company as a standard risk under its underwriting rules for the amount applied for without modification,

then insurance as provided by the terms and conditions of the policy applied for, but for an amount not exceeding that specified in Paragraph B, will become effective as of the Effective Date.

"Effective Date" as used on this Receipt means the latest of: (a) the date of Part One of the Application and (b) the date of Part Two (if required) of the Application, including

the medical examination (if any) required by the Company's underwriting rules.

**B. MAXIMUM AMOUNT OF INSURANCE WHICH MAY BECOME EFFECTIVE PRIOR TO POLICY DELIVERY.**

The amount of insurance which may become effective prior to Policy issue and delivery shall be the lesser of:

1. the Face Amount (item 7) of the Application or
2. \$100,000, including any accidental death benefits applied for.

**C. RETURN OF PREMIUM TAKEN.** If any of the conditions in Paragraph A above have not been fulfilled exactly, there is no liability on the part of the Company except to return the premium paid with the Application.

**D. LIMITATION.** In no event shall the insurance under this Receipt continue in force for a period longer than that part of a year that the premium taken will cover on a pro-rata basis.

**E. TERMINATION.** This Conditional Receipt terminates on the earliest of the following dates:

1. On the date the Policy is delivered to the Proposed Owner, or
2. On the date the Proposed Owner receives notice that a policy cannot be issued as applied for.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_  
Signature of Agent

I acknowledge that I have read the terms of this Receipt, have had them explained to me by the Agent and understand that the insurance applied for shall not be effective unless and until the conditions of this Receipt have been complied with exactly.

\_\_\_\_\_  
Signature of Proposed Owner

**NOTE: This Conditional Receipt must be filled in and signed as indicated above and given to the Proposed Owner only if payment is made in accordance with item A.(1) above. OTHERWISE IT MUST NOT BE PROVIDED TO THE PROPOSED OWNER.**

**Conditional Receipt**

Under this Conditional Receipt ("Receipt"), First Investors Life Insurance Company ("Company") agrees to provide a limited amount of life insurance coverage for a limited period of time, subject to the terms and conditions set forth below. This Conditional Receipt does not create temporary or interim insurance. **UNLESS EACH AND EVERY CONDITION SPECIFIED IN PARAGRAPH "A" BELOW IS FULFILLED EXACTLY, NO INSURANCE WILL BECOME EFFECTIVE PRIOR TO POLICY DELIVERY. NO AGENT IS AUTHORIZED TO ALTER OR WAIVE ANY OF THESE CONDITIONS.**

Received from \_\_\_\_\_ the sum of \_\_\_\_\_, the amount entered in item 8a of the Application to First Investors Life Insurance Company corresponding in date with this Receipt.

**ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO FIRST INVESTORS LIFE INSURANCE COMPANY.  
DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

**A. CONDITIONS UNDER WHICH INSURANCE MAY BECOME EFFECTIVE.**

If each and every one of the following conditions is fulfilled exactly:

- (1) The amount of premium taken with the Application is at least equal to one (1) modal premium for the amount of life insurance and risk class applied for. In the case of the monthly (Lifeline) premium mode, an amount equal to two modal premiums is required, and
- (2) The total amount of insurance currently in force and applied for on the life of the Proposed Insured in all life insurance companies does not exceed \$750,000, and
- (3) The Proposed Insured is on the Effective Date, as defined below, insurable by the Company as a standard risk under its underwriting rules for the amount applied for without modification,

then insurance as provided by the terms and conditions of the policy applied for, but for an amount not exceeding that specified in Paragraph B, will become effective as of the Effective Date.

"**Effective Date**" as used on this Receipt means the latest of: (a) the date of Part One of the Application and (b) the date of Part Two (if required) of the Application, including

the medical examination (if any) required by the Company's underwriting rules.

**B. MAXIMUM AMOUNT OF INSURANCE WHICH MAY BECOME EFFECTIVE PRIOR TO POLICY DELIVERY.**

The amount of insurance which may become effective prior to Policy issue and delivery shall be the lesser of:

1. the Face Amount (item 7) of the Application or
2. \$100,000, including any accidental death benefits applied for.

**C. RETURN OF PREMIUM TAKEN** If any of the conditions in Paragraph A above have not been fulfilled exactly, there is no liability on the part of the Company except to return the premium paid with the Application.

**D. LIMITATION** In no event shall the insurance under this Receipt continue in force for a period longer than that part of a year that the premium taken will cover on a pro-rata basis.

**E. TERMINATION** This Conditional Receipt terminates on the earliest of the following dates:

1. On the date the Policy is delivered to the Proposed Owner, or
2. On the date the Proposed Owner receives notice that a policy cannot be issued as applied for.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_  
Signature of Agent

I acknowledge that I have read the terms of this Receipt, have had them explained to me by the Agent and understand that the insurance applied for shall not be effective unless and until the conditions of this Receipt have been complied with exactly.

Signature of Proposed Owner \_\_\_\_\_

**NOTE: This Conditional Receipt must be filled in and signed as indicated above and given to the Proposed Owner only if payment is made in accordance with item A.(1) above. OTHERWISE IT MUST NOT BE PROVIDED TO THE PROPOSED OWNER.**

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## Supporting Document Schedules

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

**Satisfied - Item:** Flesch Certification  
**Comments:**  
**Attachment:**  
Flesch ORD-CR(05.09)&VAR-CR(05.09).pdf

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

**Bypassed - Item:** Application  
**Bypass Reason:** Not applicable to this filing.  
**Comments:**

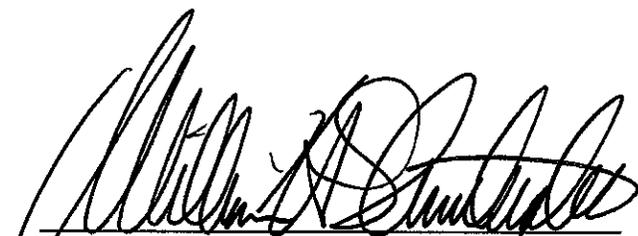
## READABILITY CERTIFICATION

**Company Name:** First Investors Life Insurance Company

**NAIC No:** 63495

I hereby certify, that the forms listed below have the following readability scores as calculated by the Flesch Reading Ease Test score of:

Form Number	Score
ORD-CR (05/09)	50.4
VAR-CR (05/09)	50.4



William H. Drinkwater, FSA, MAAA  
Senior Vice President and Chief Actuary

June 3, 2009

Date