

SERFF Tracking Number: METF-126343733 State: Arkansas
Filing Company: Texas Life Insurance Company State Tracking Number: 43944
Company Tracking Number: NWG 7/09 REPLACEMENT PAGES
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Whole Life Insurance Policy Replacement Pages
Project Name/Number: /NWG 7/09 Replacement Pages

Filing at a Glance

Company: Texas Life Insurance Company

Product Name: Whole Life Insurance Policy SERFF Tr Num: METF-126343733 State: Arkansas

Replacement Pages

TOI: L08 Life - Other

SERFF Status: Closed-Accepted State Tr Num: 43944

For Informational Purposes

Sub-TOI: L08.000 Life - Other

Co Tr Num: NWG 7/09

State Status: Filed-Closed

REPLACEMENT PAGES

Filing Type: Form

Reviewer(s): Linda Bird

Author: Jan Spoede

Disposition Date: 11/02/2009

Date Submitted: 10/30/2009

Disposition Status: Accepted For Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: NWG 7/09 Replacement Pages

Date Approved in Domicile:

Requested Filing Mode: Informational

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: 11/02/2009

Explanation for Other Group Market Type:

State Status Changed: 11/02/2009

Deemer Date:

Created By: Jan Spoede

Submitted By: Jan Spoede

Corresponding Filing Tracking Number:

Filing Description:

Re: Replacement pages for previously approved policy form NWG 7/09.

Previous SERFF Tracking # METF-126125532

I am submitting replacement pages for the Cover Page and the back page of the policy form. This form was approved May 7, 2009. We are changing the website address on this form to www.wrl.com. I also bracketed the home office address, the administrative office address, the phone number and the website address in case there are other changes

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later. I included a Statement of Variability for these variables.

These are the only changes made to this form.

Company and Contact

Filing Contact Information

Jan Spoede, Senior Associate, Product Development
 P.O. Box 830 Waco, TX 76703
 jspoede@texaslife.com
 800-283-9233 [Phone] 6371 [Ext]
 254-745-6389 [FAX]

Filing Company Information

Texas Life Insurance Company P.O. Box 830 Waco, TX 76703
 (800) 283-9233 ext. [Phone]
 CoCode: 69396
 Group Code:
 Group Name:
 FEIN Number: 74-0940890
 State of Domicile: Texas
 Company Type: Life
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: Texas, the domiciliary state, charges \$50.00 for forms of this type.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Texas Life Insurance Company	\$50.00	10/30/2009	31682868

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		11/02/2009	11/02/2009

SERFF Tracking Number: *METF-126343733* *State:* *Arkansas*
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Disposition

Disposition Date: 11/02/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Statement of Variability		No
Form	Whole Life Insurance Policy Replacement Pages		No

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Form Schedule

Lead Form Number: NwG 7/09

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	NWG 7/09 AR	Policy/Cont ract/Fratern al Pages Certificate	Other	Other Explanation: Informational	51.200	NWG 7-09 AR repl pgs.pdf

Texas Life Insurance Company

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

[Home Office: 900 Washington Avenue, P.O. Box 830 Waco, Texas 76703]

[Administrative Office: 100 Centerview Drive, Suite 100, Nashville, Tennessee 37214]

[Customer Service: 1-866-215-5343]

www.wrli.com

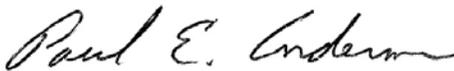
Texas Life Insurance Company agrees to pay the death benefit of this policy as shown in the Table of Policy Values Page to the Beneficiary when We receive proper written claim and due proof of the death of the Insured while this policy is in force. Our payment will be subject to the terms and provisions of this policy.

The insurance under this policy is granted in consideration of the application and payment of a premium due on the policy date. It is a legal contract between You and the Company.

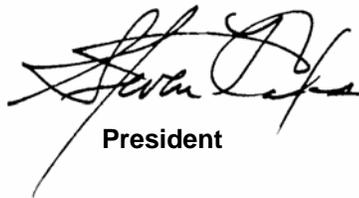
Premiums must be paid while the Insured is alive for the time shown in the Policy Specifications.

30 DAY RIGHT TO EXAMINE POLICY. This life insurance policy is a legal contract between the Owner and Us. PLEASE READ IT CAREFULLY. It is important to Us that You are satisfied with this policy. If You are not satisfied, You may return the policy to Our Home Office or to any agent of the Company within 30 days after You receive it. We will refund all the premiums You have paid. The policy will be deemed void from the Policy Date.

In Witness Whereof **Texas Life Insurance Company** has caused this policy to be executed at its Home Office in Waco, Texas to take effect on the Policy Date.



1
Secretary



President

GRADED DEATH BENEFIT WHOLE LIFE POLICY

Premiums payable for the period shown in the Policy Specifications
or until the prior death of the Insured

NON-PARTICIPATING – NO ANNUAL DIVIDENDS

THIS IS A LIMITED DEATH BENEFIT POLICY

DURING THE FIRST TWO (2) POLICY YEARS

Texas Life Insurance Company

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

[Home Office: 900 Washington Avenue, P.O. Box 830 Waco, Texas 76703]

[Administrative Office: 100 Centerview Drive, Suite 100, Nashville, Tennessee 37214]

[Customer Service: 1-866-215-5343]

[\[www.wrli.com\]](http://www.wrli.com)

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: NWG Read_Cert.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: N/A Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability Comments: Attachment: NWG-statement of variability.pdf		



**CERTIFICATION OF READABILITY
FORM NWG 7/09**

This is to certify that Texas Life Insurance Company Form NWG 7/09 has achieved a Flesch Reading Ease Score of 51.20.

A handwritten signature in black ink that reads "Michael R. Khoury". The signature is written in a cursive style with a large, looping "y" at the end.

Officer Signature

Michael R. Khoury, JD
Director
Product Development, Claims and Records

Date: 17 March 2009

STATEMENT OF VARIABILITY

The purpose of this document is to identify those items found on the schedule page of Policy Form NWG 07/09 that are considered to be variable items.

The variable items include:

Years Payable

This item identifies the number of years policy premiums must be paid. Since this product requires the payment of a planned periodic premium and coverage matures at age 100, the total premium period could range from 50 years for an insured aged 50 to 15 years for an applicant aged 85.

Total Annual Premium

This section identifies the amount of the total annual premium. If the initial modal premium is a monthly premium, it will equal the monthly premium multiplied by 12. If the initial modal premium is an annual premium it will be equal to the initial modal premium..

Initial Mode Premium

This section identifies the initial modal premium required for the issuance of a policy. The minimum annual amount is \$410.65 for a female non-tobacco user aged 50 and \$538.10 for a male non-tobacco user aged 50. The maximum annual modal premium is \$3,336.30 for a female tobacco user aged 85 and \$4,196.10 for a male tobacco user aged 85.

Name of Insured

This section identifies the individual whose life is insured.

Policy Number

This variable item identifies the policy number.

Policy Date

This item identifies the date of issue of the policy.

Premium Class

The premium classification identifies the tobacco use of the insured. It will be tobacco or non-tobacco.

Issue Age

The issue age for this product is age 50-85.

Sex

This variable item identifies the gender of the insured.

Death Benefit

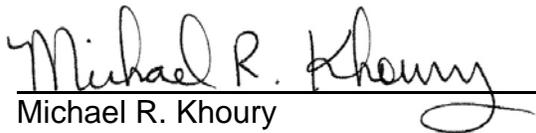
The minimum death benefit for this product is \$2,000 for issues ages 81-85 and \$3,000 for issue ages 50-80. The maximum death benefit is \$35,000.

Owner

This section identifies the individual that owns the life insurance policy.

Maturity Date

This date will vary by product and be the day on which the insured turns 100.



Michael R. Khoury
Director

4-06-09

Date