

SERFF Tracking Number: THRV-126316413 State: Arkansas  
Filing Company: Thrivent Financial for Lutherans State Tracking Number: 44054  
Company Tracking Number:  
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life  
Product Name: Replacement Face Pg SPWL  
Project Name/Number: /

## Filing at a Glance

Company: Thrivent Financial for Lutherans

Product Name: Replacement Face Pg SPWL SERFF Tr Num: THRV-126316413 State: Arkansas  
TOI: L071 Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num: 44054  
Closed

Sub-TOI: L071.111 Single Premium - Single Life Co Tr Num: State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird  
Author: Karen Guyette Disposition Date: 11/16/2009  
Date Submitted: 11/09/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Status of Filing in Domicile:  
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: 11/16/2009 Explanation for Other Group Market Type:  
State Status Changed: 11/16/2009  
Deemer Date: Created By: Karen Guyette  
Submitted By: Karen Guyette Corresponding Filing Tracking Number:  
Filing Description:  
In order to comply with Arkansas Rule 97 Life Insurance And Annuities Replacement, we are submitting for your review and approval the following form.

Replacement Face Page, Form L-SX-SPWLR (10)

This replacement face page will be used with Single Premium Whole Life Insurance Contract, form L-SX-SPWL (08), which was approved by your department on 5/22/2008 (State Tracking No. 39028).

This replacement face page will be used in place of the existing contract face page when the application for insurance indicates that a replacement is involved. The replacement face page contains the 30-day notice of right to return the

SERFF Tracking Number: THRV-126316413 State: Arkansas  
 Filing Company: Thrivent Financial for Lutherans State Tracking Number: 44054  
 Company Tracking Number:  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life  
 Product Name: Replacement Face Pg SPWL  
 Project Name/Number: /  
 contract.

## Company and Contact

### Filing Contact Information

Karen Guyette, Compliance Specialist II karen.guyette@Thrivent.com  
 625 Fourth Ave. South 800-847-4836 [Phone] 37251 [Ext]  
 Minneapolis, MN 55415 612-340-5040 [FAX]

### Filing Company Information

Thrivent Financial for Lutherans CoCode: 56014 State of Domicile: Wisconsin  
 4321 North Ballard Road Group Code: 2938 Company Type: Fraternal  
 Appleton, WI 54919-0001 Group Name: State ID Number:  
 (800) 847-4836 ext. [Phone] FEIN Number: 39-0123480  
 -----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: 1 form X \$20 = \$20  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Thrivent Financial for Lutherans	\$20.00	11/09/2009	31895748

SERFF Tracking Number: THRV-126316413

State: Arkansas

Filing Company: Thrivent Financial for Lutherans

State Tracking Number: 44054

Company Tracking Number:

TOI: L071 Individual Life - Whole

Sub-TOI: L071.111 Single Premium - Single Life

Product Name: Replacement Face Pg SPWL

Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/16/2009	11/16/2009

SERFF Tracking Number: *THR-126316413*

State: *Arkansas*

Filing Company: *Thrivent Financial for Lutherans*

State Tracking Number: *44054*

Company Tracking Number:

TOI: *L071 Individual Life - Whole*

Sub-TOI: *L071.111 Single Premium - Single Life*

Product Name: *Replacement Face Pg SPWL*

Project Name/Number: */*

## **Disposition**

Disposition Date: 11/16/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: THRV-126316413

State: Arkansas

Filing Company: Thrivent Financial for Lutherans

State Tracking Number: 44054

Company Tracking Number:

TOI: L071 Individual Life - Whole

Sub-TOI: L071.111 Single Premium - Single Life

Product Name: Replacement Face Pg SPWL

Project Name/Number: /

<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>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Form</b>	Replacement Face Page		Yes

SERFF Tracking Number: *THR-126316413* State: *Arkansas*  
 Filing Company: *Thrivent Financial for Lutherans* State Tracking Number: *44054*  
 Company Tracking Number:  
 TOI: *L071 Individual Life - Whole* Sub-TOI: *L071.111 Single Premium - Single Life*  
 Product Name: *Replacement Face Pg SPWL*  
 Project Name/Number: */*

## Form Schedule

### Lead Form Number: L-SX-SPWLR (10)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	L-SX-SPWLR (10)	Other	Replacement Face Page	Initial		57.000	Replacement Face Page L-SX-SPWLR (10).pdf

This certificate of membership and whole life insurance is a legal contract between you and Thrivent Financial for Lutherans. We issue this contract based on the Application signed by the applicant and the payment of the initial premium shown on page 3. Upon receiving due proof of the Insured's death, we will pay the Death Proceeds (see Section 5.1) to the beneficiary according to the provisions of this contract.

**Surrender of this contract for its Cash Surrender Value may result in a substantial penalty since the Cash Surrender Value may be less than the premium paid.**

**Right to Cancel. Please read this contract carefully.** You may cancel the contract for any reason before midnight of the 30th day after you first receive it. Do this by (1) mailing or delivering notice of cancellation to our Service Center or to the representative through whom you bought it, and (2) returning the contract. Notice given by mail and return of the contract by mail are effective on being postmarked, properly addressed and postage prepaid. If you cancel the contract, it will be deemed void from the beginning. Within 10 days after we receive notice of cancellation and the returned contract, we will refund the premium paid (with no deductions for any fees or charges).

Single Premium Whole Life Insurance.  
Eligible for annual dividends.  
Settlement options to provide income.

Service Center:  
Thrivent Financial for Lutherans  
[4321 North Ballard Road]  
[Appleton, WI 54919-0001]  
Telephone [(800) 847-4836]  
www.thrivent.com

Signed for the Society

President [  ]

Secretary [  ]

INSURED: [ JOHN DOE ]

AGE: [ 35 ] SEX: [ MALE ]

CONTRACT NUMBER: [ 1234567 ]

DATE OF ISSUE: [ JANUARY 1, 2010 ]

FACE AMOUNT: [ \$25,000 ]

SERFF Tracking Number: THRV-126316413

State: Arkansas

Filing Company: Thrivent Financial for Lutherans

State Tracking Number: 44054

Company Tracking Number:

TOI: L071 Individual Life - Whole

Sub-TOI: L071.111 Single Premium - Single Life

Product Name: Replacement Face Pg SPWL

Project Name/Number: /

## Supporting Document Schedules

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

AR SPWL Ctf of Compliance.pdf

AR SPWL Flesch Ctf.pdf

**Item Status:**

**Status**

**Date:**

**Bypassed - Item:** Application

**Bypass Reason:** N/A - no policy being submitted at this time.

**Comments:**

**Item Status:**

**Status**

**Date:**

**Bypassed - Item:** Life & Annuity - Acturial Memo

**Bypass Reason:** N/A - no policy being submitted at this time.

**Comments:**

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachment:**

AR SPWL Statement of Variability.pdf

**CERTIFICATION  
OF  
COMPLIANCE**

FORM NUMBER

**L-SX-SPWLR (10)**

FORM TITLE

**Replacement Face Page**

I certify that the above form submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance Department.

\_\_\_\_\_  
Signature of Officer

**David J. Christianson**

Name (Typed or Printed)

**Director, Contract Forms and Compliance**

Title

**November 5, 2009**

Date

ARKANSAS

Certification

I, David J. Christianson, an officer of Thrivent Financial for Lutherans, hereby certify that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms comply with the requirements of Arkansas Code Ann. 23-80-206.

Form

Flesch Score

**L-SX-SPWLR (10)**

**57**

11/5/2009

Date

---

David J. Christianson  
Director, Contract Forms and Compliance

## STATEMENT OF VARIABILITY

### **Contract Form L-SX-SPWLR (10)**

The following items have been bracketed to indicate that the information may be different in different replacement face pages or may be subject to change.

- Service Center address and telephone number may be changed.
- Officers' signatures will change if new officers are elected.
- Insured, Age, Sex, Contract Number, and Date of Issue are specific to each insured.
- Face Amount (\$10,000 minimum [except when owner of a universal life or variable universal life contract elects a paid-up insurance option, the minimum will be the amount of paid-up insurance purchased if less than \$10,000] – maximum is subject to financial underwriting, suitability and reinsurance)