

SERFF Tracking Number: THRV-126316682 State: Arkansas
Filing Company: Thrivent Financial for Lutherans State Tracking Number: 44053
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.103 Fixed/Indeterminate Premium - Joint
(Last Survivor)
Product Name: Replacement Face Pg SWL
Project Name/Number: /

Filing at a Glance

Company: Thrivent Financial for Lutherans
Product Name: Replacement Face Pg SWL
TOI: L071 Individual Life - Whole

SERFF Tr Num: THRV-126316682 State: Arkansas
SERFF Status: Closed-Approved- State Tr Num: 44053
Closed

Sub-TOI: L071.103 Fixed/Indeterminate
Premium - Joint (Last Survivor)
Filing Type: Form

Co Tr Num: State Status: Approved-Closed
Reviewer(s): Linda Bird
Author: Karen Guyette Disposition Date: 11/16/2009
Date Submitted: 11/09/2009 Disposition Status: Approved-
Closed
Implementation Date:

Implementation Date Requested: On Approval
State Filing Description:

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 11/16/2009

Status of Filing in Domicile:
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: 11/16/2009
Created By: Karen Guyette
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Karen Guyette
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-JX-SWLR (10)

This replacement face page will be used with Survivor Whole Life Insurance with Additional Protection Contract, form L-JX-SWL (08), which was approved by your department on 5/22/2008 (State Tracking No. 39029).

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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 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	31898307

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Correspondence Summary

Dispositions

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

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Disposition

Disposition Date: 11/16/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: L-JX-SWLR (10)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	L-JX-SWLR (10)	Other	Replacement Face Page	Initial		55.000	Replacement Face Page L-JX-SWLR (10).pdf



This certificate of membership and survivor 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 applicants and the payment of the initial premium shown on page 3. Upon receiving due proof of the death of both Insureds, we will pay the Death Proceeds (see Section 6.1) to the beneficiary according to the provisions of this contract.

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 all premiums paid (with no deductions for any fees or charges).

Survivor Whole Life Insurance With Additional Protection.
Life insurance payable upon death of second Insured to die.
(No amount payable at death of first Insured to die.)
Premiums payable as shown on page 3.
Additional premium option.
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]
INSURED: [JANE DOE]
CONTRACT NUMBER: [1234567]
INITIAL INSURANCE AMOUNT: [\$100,000]

AGE: [35] SEX: [MALE]
AGE: [35] SEX: [FEMALE]
JOINT AGE: [36]
DATE OF ISSUE: [JANUARY 1, 2010]

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Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments:</p> <p>Attachments:</p> <p>AR SWL Ctf of Compliance.pdf</p> <p>AR SWL Flesch Ctf.pdf</p>		
<p>Bypassed - Item: Application</p> <p>Bypass Reason: N/A - no policy being submitted at this time.</p> <p>Comments:</p>		
<p>Bypassed - Item: Life & Annuity - Acturial Memo</p> <p>Bypass Reason: N/A - no policy being submitted at this time.</p> <p>Comments:</p>		
<p>Satisfied - Item: Statement of Variability</p> <p>Comments:</p> <p>Attachment:</p> <p>AR SWL Statement of Variability.pdf</p>		

**CERTIFICATION
OF
COMPLIANCE**

FORM NUMBER

L-JX-SWLR (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-JX-SWLR (10)

55

11/5/2009

Date

David J. Christianson
Director, Contract Forms and Compliance

STATEMENT OF VARIABILITY

Contract Form L-JX-SWLR (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, Joint Age, and Date of Issue are specific to each insured.
- Initial Insurance Amount is the sum of the Face Amount plus the Additional Protection.