

SERFF Tracking Number: AEGB-126415360 State: Arkansas
Filing Company: Western Reserve Life Assurance Co. of Ohio State Tracking Number: 44387
Company Tracking Number: EXREQ 1109 AR
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: EXREQ 1109 AR
Project Name/Number: EXREQ 1109 AR/EXREQ 1109 AR

Filing at a Glance

Company: Western Reserve Life Assurance Co. of Ohio

Product Name: EXREQ 1109 AR

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: AEGB-126415360 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 44387

Co Tr Num: EXREQ 1109 AR

Author: Theresa Meyers

Date Submitted: 12/18/2009

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 12/21/2009

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: EXREQ 1109 AR

Project Number: EXREQ 1109 AR

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/21/2009

Deemer Date:

Submitted By: Theresa Meyers

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: 12/21/2009

Created By: Theresa Meyers

Corresponding Filing Tracking Number:
100002333, 10000234

Filing Description:

Attn.: Policy Examination Division (Individual Life)

RE: WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO NAIC #468-91413

Form Number: EXREQ 1109 AR – Exchange/Conversion Request Form

Dear Sir/Madam:

SERFF Tracking Number: AEGB-126415360 State: Arkansas
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Please find attached a copy of the above referenced form. This form is intended to replace form EXREQ 0505, which was approved by your Department on September 06, 2005. This form has been submitted in final printed form in which it will be distributed to Insureds. This form is subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, and adaptation to computer printing.

Exchange/Conversion Request Form - If an Insured/Policyowner makes a request to either exchange or convert their existing plan of insurance with Western Reserve Life Assurance Co. of Ohio for another available plan of insurance with us, we will require this form be filled out and submitted. If during the exchange/conversion process, the Insured/Policyowner desires anything other than a "like to like" exchange/conversion, a full application and normal underwriting requirements will be required and this form will be replaced accordingly. Examples of changes that would require a new application include changes to the face amount, rate class or adding additional riders and/or additional Insureds/Policyowners.

This form will be used with our life portfolio.

We would appreciate your review and approval of this form.

Sincerely,

WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO

Theresa Meyers
Policy Analyst
Contract Development
(319) 355-7520 (collect)
Fax #: (319) 355-2501
thmeyers@aegonusa.com

Company and Contact

Filing Contact Information

Theresa Meyers, Policy Analyst thmeyers@aegonusa.com
4333 Edgewood Rd. NE 319-355-7520 [Phone]
MS 2225 319-355-2501 [FAX]
Cedar Rapids, IA 52499

Filing Company Information

Western Reserve Life Assurance Co. of Ohio CoCode: 91413 State of Domicile: Ohio
4333 Edgewood Road NE Group Code: 468 Company Type:

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Cedar Rapids, IA 52499 Group Name: State ID Number:
(319) 355-7888 ext. [Phone] FEIN Number: 43-1162657

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: Retaliatory Fees \$50.00 per filing x 1 filing = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Western Reserve Life Assurance Co. of Ohio	\$50.00	12/18/2009	32905759

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/21/2009	12/21/2009

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Disposition

Disposition Date: 12/21/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: EXREQ 1109 AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	EXREQ 1109 AR	Application/Exchange/Conversion Enrollment Request Form	Initial		50.600	EXREQ 1109 AR.pdf



Western Reserve Life Assurance Co. of Ohio
 Mailing Address: [4333 Edgewood Road NE, Cedar Rapids, IA 52499]
 Administrative Office: [P.O. Box 5068, Clearwater, Florida 33758-5068]

**[Agents: Additional Administrative
 Forms May Be Required]**
Exchange/Conversion Request

I WISH TO EXCHANGE/CONVERT MY CURRENT POLICY NUMBER _____, FOR PRODUCT: _____

Insured: _____ Owner: _____

Insured's Address (Cannot be a P.O.Box): _____ Owner's Address (Cannot be a P.O.Box): _____

Social Security No.: _____ Phone No. _____ Social Security No.: _____ Phone No. _____

Birthdate: _____ Sex: Male Female Tax or Employer ID No.: _____

- Optional riders to be included
 - All riders currently in force on the original policy which are available in the new policy. (All riders may not be available in the new policy.)
 - Only the following in force riders: (Specify) _____
 - Do not carry over any optional riders to the new policy.

- Premiums Payable
 - Initial Planned Premium \$ _____
 - Electronic (bank draft) _____ Draft Date (1st thru 28th)
 - Direct Bill
 - Single Premium Annual Semi-annual Quarterly Monthly Other [_____]

For Variable Life Insurance complete the Premium Allocation Options form.

3. I understand that this form will be a part of the application for the policy. The contestable period and suicide provision will be based on the terms and effective date of my original policy and any reinstatements or increases in force. The information that may be considered contestable will include my original application, and any subsequent applications for reinstatement or increase on my original policy.

4. I understand that my existing policy with WRL will be cancelled and that the new WRL policy may be considered a replacement. In such event, I understand that completing a replacement form may be required. I understand any cash value on my original policy will be credited towards my new policy. I will be subject to the full surrender charge period under the new policy. If I cancel the new policy under the right to examine provision then any refund attributable to the cash value of my original policy will be returned to that policy. If I then elect a cash settlement it will be subject to any surrender charges under my original policy.

- Complete for Suitability for Variable Life Insurance Policy
 - A) Have you, the Insured, and Applicant/Owner, if other than the Insured, received the current Prospectus for the policy? Yes No
 - B) **Do you understand that the Death Benefit may be variable or fixed under specified conditions?** Yes No
 - C) **Do you understand that under the policy applied for (exclusive of any optional benefits), the entire amount of the policy cash value may increase or decrease depending upon the investment experience?** Yes No
 - D) With this in mind, is the policy in accordance with your insurance objectives and your anticipated financial needs? Yes No

- Death Benefit Option (Where Choice Available)
 - Universal Life: Level Increasing
 - Variable Universal Life: Option A Option B Option C (Option B to Age 70 then grade to Option A)

- Life Insurance Compliance Test (Where Choice Available)
 - Cash Value Accumulation Test (CVAT) Guideline Premium Test

- As the agent, your signature below confirms that the Owner intends to replace or change an existing life insurance policy.
 - A) Did you present, read and leave a copy of the Replacement Notice based on the Owner's current resident state when completing this form? Yes No
 - B) Did you present and leave the Owner only company approved sales material? Yes No

9. Additional Instructions _____

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed at _____ on _____ (date)

Signature of Insured (Child over age 15 must sign) _____ Insured or Owner's E-mail Address _____

Signature of Owner if other than the Insured (If business insurance, show title of officer and name of firm. If trust, show trustee's name) _____ Print Agent Name _____

Signature of parent or legal guardian of children age 15 and under _____ Agent # _____

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Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR - Rule and Regulation 19.pdf

Flesch Score.pdf

Item Status: **Status Date:**

Bypassed - Item: Application

Bypass Reason: N/A

Comments:

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability

Comments:

Attachment:

Statement of Variability.pdf

**Western Reserve Life Assurance Co. Of Ohio
Home Office: Columbus, Ohio**

**COMPLIANCE CERTIFICATION
RULE AND REGULATION 19
STATE OF ARKANSAS**

Form Number: EXREQ 1109 AR

Date: December 17, 2009

We certify that, to the best of our knowledge and belief, this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Insurance Division of the State of Arkansas.

Cheryl Bock, Director, Product Implementation

**WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO
FLESCH READABILITY CERTIFICATION**

Form Number (may vary by state)

Flesch Score

EXREQ 1109

50.6

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.



Cheryl Bock, Assistant Vice President

WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO
STATEMENT OF VARIABILITY
EXREQ 1109 – Exchange/Conversion Request Form

The variable items in this form are bracketed. No change in variability will be made which in any way expands the scope of the wording. Western Reserve Life Assurance Co. of Ohio reserves the right to correct at any time any and all typographical errors that do not impact benefits or intent of language.

- 1) **Mailing Address:** This may change to another location in the future.
- 2) **Administrative Office:** This may change to another location in the future.
- 3) **Agents:** Text may vary. The bracket shown in the upper right hand corner of this form is for administrative use only.
- 4) **Other:** List Bill and Government Allotment.