

SERFF Tracking Number: ALSB-126028431 State: Arkansas
Filing Company: Lincoln Benefit Life Company State Tracking Number: 41490
Company Tracking Number: PREV APPROVED FORMS - UL0810
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: PREV APPROVED FORMS - UL0810
Project Name/Number: PREV APPROVED FORMS - UL0810/PREV APPROVED FORMS - UL0810

Filing at a Glance

Company: Lincoln Benefit Life Company

Product Name: PREV APPROVED FORMS - UL0810 SERFF Tr Num: ALSB-126028431 State: Arkansas

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Accepted State Tr Num: 41490
Adjustable Life For Informational Purposes

Sub-TOI: L09I.001 Single Life Co Tr Num: PREV APPROVED State Status: Filed-Closed
FORMS - UL0810

Filing Type: Form

Reviewer(s): Linda Bird
Author: Karen Roberts Disposition Date: 02/13/2009
Date Submitted: 02/11/2009 Disposition Status: Accepted For
Informational Purposes
Implementation Date:

Implementation Date Requested: On Approval
State Filing Description:

General Information

Project Name: PREV APPROVED FORMS - UL0810
Project Number: PREV APPROVED FORMS - UL0810
Requested Filing Mode: Informational
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 02/13/2009

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: 02/13/2009
Created By: Karen Roberts
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Karen Roberts
Filing Description:
INFORMATIONAL FILING
Previously approved form 9005 for use with form UL0810

For your information, we are submitting an updated list of previously approved forms for use with Single Premium Adjustable Life Policy UL0810. The Department approved this policy on 2/28/2008, SERFF Tracking #ALSB-

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 125485483, State Tracking #38191.

The List of Previously Approved Forms initially provided in the Policy filing did not include form 9005, which is a Medical Exam.

Except for the addition mentioned above, the List of Previously Approved Forms remains unchanged relative to the previously-submitted version.

If you have any questions, please feel free to contact me at the address, phone, or e-mail provided. Thank you for your consideration of this matter.

Sincerely,

Karen M. Roberts
 Senior Product & Financial Analyst
 Contract Development and Filing

Company and Contact

Filing Contact Information

Karen Roberts, krobq@allstate.com
 3100 Sanders Rd, Suite M2A 847-402-8531 [Phone]
 Northbrook, IL 60062

Filing Company Information

Lincoln Benefit Life Company CoCode: 65595 State of Domicile: Nebraska
 2940 South 84th Street Group Code: 8 Company Type:
 Lincoln, NE 68506-4142 Group Name: State ID Number:
 (800) 525-2799 ext. [Phone] FEIN Number: 47-0221457

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation:

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Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|------------------------------|---------|----------------|---------------|
| Lincoln Benefit Life Company | \$20.00 | 02/11/2009 | 25642468 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-------------------------------------|------------|------------|----------------|
| Accepted For Informational Purposes | Linda Bird | 02/13/2009 | 02/13/2009 |

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Supporting Document Schedules

| | Item Status: | Status Date: |
|---|---------------------|---------------------|
| Bypassed - Item: Flesch Certification | | |
| Bypass Reason: Not required for this filing. | | |
| Comments: | | |

| | Item Status: | Status Date: |
|---|---------------------|---------------------|
| Bypassed - Item: Application | | |
| Bypass Reason: Not required for this filing. | | |
| Comments: | | |

| | Item Status: | Status Date: |
|--|---------------------|---------------------|
| Bypassed - Item: Health - Actuarial Justification | | |
| Bypass Reason: Not required for this filing. | | |
| Comments: | | |

| | Item Status: | Status Date: |
|---|---------------------|---------------------|
| Bypassed - Item: Outline of Coverage | | |
| Bypass Reason: Not required for this filing. | | |
| Comments: | | |

| | Item Status: | Status Date: |
|---|---------------------|---------------------|
| Satisfied - Item: Previously Approved Forms List | | |
| Comments: | | |
| Attachment: | | |
| LBL Previously Approved Forms List.pdf | | |

LINCOLN BENEFIT LIFE COMPANY

Previously Approved Forms To Be Used with Form UL0810

| Form # | Description |
|---------------|---------------------------------|
| UL0619 | Accelerated Death Benefit Rider |
| UL0252 | Accelerated Death Benefit Rider |
| 9005 | Medical Exam Form |