

SERFF Tracking Number: TAPK-126013444 State: Arkansas
Filing Company: Manhattan Life Insurance Company State Tracking Number: 41420
Company Tracking Number:
TOI: L02I Individual Life - Endowment Sub-TOI: L02I.000 Life - Endowment
Product Name: Endowment Conversion
Project Name/Number: /

Filing at a Glance

Company: Manhattan Life Insurance Company

Product Name: Endowment Conversion

TOI: L02I Individual Life - Endowment

Sub-TOI: L02I.000 Life - Endowment

Filing Type: Form

SERFF Tr Num: TAPK-126013444

SERFF Status: Closed

Co Tr Num:

Co Status:

Author: Suzanne Heasley

Date Submitted: 01/29/2009

State: ArkansasLH

State Tr Num: 41420

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 02/04/2009

Disposition Status: Approved

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type:

Overall Rate Impact:

Filing Status Changed: 02/04/2009

State Status Changed: 02/04/2009

Corresponding Filing Tracking Number:

Filing Description:

See Attached Submission Letter

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Group Market Size:

Group Market Type:

Deemer Date:

Company and Contact

Filing Contact Information

(This filing was made by a third party - tallenpark)

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SERFF Tracking Number: TAPK-126013444 State: Arkansas
Filing Company: Manhattan Life Insurance Company State Tracking Number: 41420
Company Tracking Number:
TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment
Product Name: Endowment Conversion
Project Name/Number: /

Plano, TX 75074 (972) 398-3733[FAX]

Filing Company Information

Manhattan Life Insurance Company CoCode: 65870 State of Domicile: New York
225 Community Drive Group Code: Company Type:
Suite 11
Great neck, NY 11021 Group Name: State ID Number:
(888) 222-0843 ext. [Phone] FEIN Number: 13-1004640

SERFF Tracking Number: TAPK-126013444 State: Arkansas
Filing Company: Manhattan Life Insurance Company State Tracking Number: 41420
Company Tracking Number:
TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment
Product Name: Endowment Conversion
Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Manhattan Life Insurance Company	\$50.00	01/29/2009	25364074

SERFF Tracking Number: TAPK-126013444 State: Arkansas
Filing Company: Manhattan Life Insurance Company State Tracking Number: 41420
Company Tracking Number:
TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment
Product Name: Endowment Conversion
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	02/04/2009	02/04/2009

SERFF Tracking Number: TAPK-126013444 State: Arkansas
Filing Company: Manhattan Life Insurance Company State Tracking Number: 41420
Company Tracking Number:
TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment
Product Name: Endowment Conversion
Project Name/Number: /

Disposition

Disposition Date: 02/04/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TAPK-126013444 State: Arkansas
 Filing Company: Manhattan Life Insurance Company State Tracking Number: 41420
 Company Tracking Number:
 TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment
 Product Name: Endowment Conversion
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Authorizations		Yes
Form	endowmwnt		Yes

SERFF Tracking Number: TAPK-126013444 State: Arkansas
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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	WL-Conv08-AR	Policy/Cont endowmwnt ract/Fraternal Certificate	Initial		52	WLConv08 AR.pdf

The Manhattan Life Insurance Company

Home Office: 225 Community Drive, Suite 11, Great Neck, NY 11021
Administrative Office: Five Waterside Crossing, Third Floor, Windsor, CT 06095

READ THIS POLICY CAREFULLY!

It is a legal contract between You and the Company.

THE MANHATTAN LIFE INSURANCE COMPANY agrees to pay the Proceeds of this Policy to the Beneficiary when We receive proper written claim and due proof of the death of the Insured while this Policy is in force or to the Insured on the Maturity Date provided the Insured is then living and this Policy is in force. Our payment will be subject to the terms and provisions of this Policy.

This Policy is issued in consideration of the application for this Policy, a copy of which is attached, and in consideration of the payment of premiums as provided herein, for the full premium paying period as stated herein or until the prior death of the Insured.

NOTICE OF 30-DAY RIGHT TO EXAMINE POLICY

If You are not satisfied with this Policy, it may be cancelled on or before the thirtieth (30th) day after its receipt by delivering or mailing it to Our Administrative Office, to the agent through whom it was purchased or to any of Our agents. Immediately upon such delivery or mailing, this Policy will be treated as if it never existed. Any premium paid will be refunded within ten (10) days after We have received this Policy.

NOTICE

This Policy is valuable property. If anyone suggests replacing it, please contact Us first to be certain of Your rights and values.

When You write to Us, please give Us Your name, address and policy number. Please notify Us promptly of any changes. We will write to You at Your last known address.

In Witness Whereof, the **MANHATTAN LIFE INSURANCE COMPANY** has caused this Policy to be executed at its Home Office in Great Neck, New York to take effect on the Policy Date.



Secretary



President

ENDOWMENT LIFE INSURANCE POLICY

Proceeds payable on the Maturity Date or if the Insured dies while this Policy is in force
Premiums payable during the Insured's life
Non-Participating

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POLICY SCHEDULE

Form	Benefits Provided	Annual Premium	Payable
WL-CONV08	Endowment Life Insurance	[\$xxx.xx] *	for life

Owner:
[Doe, John E.]

Policy Date:
[March 1, 2008]

Maturity Date:
[March 1, 2073]

Issue Age:
[35 Male]

Policy No.:
[12345678]

Underwriting Class:
[Standard]

Annual
[\$xxx.xx] *

Semi-Annual
[\$xx.xx] *

Quarterly
[\$xx.xx] *

Monthly
[\$xx.xx] *

THIS POLICY

INSURES

[John E. Doe]

PROVIDES A BENEFIT OF

[\$100,000]
Face Amount

BENEFICIARY: As specified in the Application unless changed as provided in this Policy.

Minimum Guaranteed Interest Rate used to determine Guaranteed Policy Values:
5.00%

*Includes \$80 Annual Policy Fee

TABLE OF POLICY VALUES

NAME OF INSURED: [JOHN DOE]

POLICY NUMBER: [123456]

POLICY DATE: [MARCH 1, 2008]

ISSUE AGE: [35]

SEX: [MALE]

POLICY YEAR	CASH VALUE	REDUCED PAID-UP AMOUNT
1	[0.00]	[0.00]
2	[0.00]	[0.00]
3	[400.00]	[2,400.00]
4	[1,300.00]	[7,400.00]
5	[2,200.00]	[11,900.00]
6	[3,200.00]	[16,600.00]
7	[4,100.00]	[20,400.00]
8	[5,200.00]	[24,800.00]
9	[6,200.00]	[28,400.00]
10	[7,300.00]	[32,100.00]
11	[8,400.00]	[35,500.00]
12	[9,600.00]	[39,000.00]
13	[10,700.00]	[41,800.00]
14	[12,000.00]	[45,000.00]
15	[13,300.00]	[48,000.00]
16	[14,600.00]	[50,600.00]
17	[16,000.00]	[53,400.00]
18	[17,400.00]	[55,800.00]
19	[18,800.00]	[58,100.00]
20	[20,300.00]	[60,400.00]
Age 60	[29,900.00]	[71,900.00]
Age 65	[38,600.00]	[79,100.00]
Age 70	[47,700.00]	[84,600.00]

Non-Forfeiture Factor: [9.57915]

DEFINITIONS

You, Your

The Owner of this Policy.

We, Us, Our

The Manhattan Life Insurance Company.

The Insured

The person whose life is insured under this Policy, as shown in the Policy Schedule.

Face Amount

The amount of insurance shown in the Policy Schedule or on any endorsement to the Policy Schedule.

Age

The Insured's age on his last birthday.

Proceeds

The amount We are obligated to pay under the terms of this Policy.

Indebtedness

Unpaid policy loans and loan interest.

Cash Value

The amount shown in the Table of Policy Values for the age and sex at issue.

Cash Surrender Value

The Cash Value less any Indebtedness.

Loan Value

The amount which, with accrued interest, equals the Cash Value on the next premium due date or the next Policy Anniversary, if earlier, less Indebtedness.

Policy Date

The date this Policy takes effect, as shown in the Policy Schedule.

Policy Month

A period beginning each month on the day of the Policy Date and ending the next month on the day preceding the day of the Policy Date.

Policy Anniversary

The same day and month as Your Policy Date for each succeeding year Your policy stays in force.

Policy Year

A period of twelve months beginning each year on the month and day of the Policy Date.

Written Request

A request in writing signed by You. All correspondence should be sent to Our Administrative Office at Five Waterside Crossing, Third Floor, Windsor, CT 06095. We may also require that Your policy be sent in with Your request.

Payee

The designated recipient of the Proceeds under a Settlement Option.

Maturity Date

The date shown in the Policy Schedule. It is the date on which the Insured will be paid the Proceeds, if the Insured is then living, provided this Policy is still in force.

DEATH BENEFIT

Proceeds

If the Insured dies while this Policy is in force, We will pay the Proceeds to the Beneficiary. If the Insured is living on the Maturity Date, and this Policy is still in force, We will pay the Proceeds to the Insured.

The Proceeds are the sum of:

- (a) the Face Amount;
- (b) PLUS any insurance on the Insured's life that may be provided by riders to this Policy;
- (c) PLUS that portion of any premium paid which applies to a period beyond the policy month in which the Insured dies;
- (d) LESS any unpaid premium if death occurs during the Grace Period; and
- (e) LESS any outstanding Indebtedness.

We will pay the Proceeds to the Beneficiary within 30 days of the date We receive due proof of death and proper written claim. If We have not paid the proceeds within the time period shown above, We will pay interest of not less than 8% per year from the date of death to the payment date, or any higher rate as required by law, from the date of death to the payment date.

PREMIUMS AND REINSTATEMENT

Premiums must be paid to Us at Our Administrative Office. You may pay the first premium to Us at Our Administrative Office or to Our agent.

Premium Payments

The first premium must be paid no later than when this Policy is issued. There is no insurance unless this premium is paid while all statements and answers in all parts of the application remain correct.

Each premium after the first must be paid on or before its due date. The due dates of premiums after the first are measured from the Policy Date.

Grace Period

We will allow You thirty-one (31) days from the premium due date to pay each premium after the first. This period is called the Grace Period. This Policy will stay in force during the Grace Period. If You do not pay the premium due by the end of the Grace Period, this Policy will terminate on the day after the Grace Period ends.

A written notice will be sent to You at Your last known address as shown on Our records. If this Policy has been assigned, written notice will be sent to the assignee of record. The written notice will be sent at least 30 days prior to the date the grace period ends.

If the Insured dies during the Grace Period, We will pay the death benefit, but We will deduct from it the premium needed to cover the period from the beginning of the Grace Period to the end of the Policy Month in which the Insured died.

Automatic Premium Loan

If You so choose, any premium not paid before the end of its Grace Period will be automatically paid by Automatic Premium Loan (APL), charging the premium as a policy loan against this Policy if the policy loan and the loan interest do not exceed the Loan Value. Interest at the Policy Loan Interest rate will be charged on an APL from the premium due date. If the premium cannot be paid by APL, nonforfeiture options will apply. The option to have premiums paid by APL may be revoked by You at any time.

Reinstatement

If a Grace Period has ended without payment of the needed premium and this Policy has terminated, You may apply to reinstate it. To reinstate this Policy You must:

- (a) apply in writing within three (3) years after the end of the Grace Period;
- (b) provide due proof at Your expense, at Our underwriter's discretion that the Insured's health, occupation, and other risk factors have not materially changed since the Effective Date; and, if approved for reinstatement,
- (c) pay all overdue premiums plus 6% interest per year, compounded annually, from their due dates to the date of reinstatement; and

(d) pay or reinstate any Indebtedness, plus 6% interest per year compounded annually, thereon.

The date of reinstatement will be the first day of the Policy Month on or next following the date We approve Your application for reinstatement.

If a person other than the Insured is covered by an attached rider, such person's coverage will be reinstated according to that rider.

OWNERSHIP AND BENEFICIARY

Owner

The Owner of this Policy is shown in the Policy Schedule, unless stated otherwise in the application, or later changed. As Owner, You can exercise all rights under this Policy while the Insured is alive. You can change Ownership if You send Us a Written Request to do so. If a new Owner is named, any earlier designations will be void, unless specified otherwise.

Beneficiary

The Beneficiary is the person or persons named by You in the attached application (unless later changed by You) to receive the Proceeds when the Insured dies. If two (2) or more beneficiaries are alive when the Insured dies, We will pay them in equal shares unless You have chosen otherwise.

If We cannot determine whether a Beneficiary or the Insured died first in a common disaster, We will assume that the Beneficiary dies first. Proceeds will be paid on this basis unless otherwise provided.

If no Beneficiary is alive when the Insured dies, You will be the Beneficiary if living, otherwise Your estate.

Change

You may change the Beneficiary at any time unless the Beneficiary has been designated as irrevocable. To change the Owner or Beneficiary, send Us a Written Request while the Insured is alive. The change will take effect on the date the notice is signed (subject to Our receipt of the notice). The change will not apply to any payment made by Us before We recorded Your request.

Assignment

You may assign this Policy. We will not be bound by any assignment unless it is in writing, signed by You, and is recorded at Our Administrative Office. We are not responsible for the validity of any assignment. Any amount to be paid to an assignee will be paid in a single sum. Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of the assignment. The rights of any named Beneficiary are subordinate to those of any assignee, unless the Beneficiary was effectively named as an irrevocable Beneficiary prior to the assignment.

SURRENDER BENEFITS

Surrenders

While this Policy is in force, You may surrender it for its Cash Surrender Value by sending Us a Written Request and this Policy. The date of surrender will be the date We receive such request and policy or later if indicated. All coverage under this Policy will end on such date. The Cash Surrender Value will be determined from the date of surrender. However, if this Policy is surrendered within thirty (30) days after the due date of an unpaid premium, the Cash Surrender Value will not be less than the value on that premium due date. If this Policy is surrendered within thirty (30) days after a policy anniversary, the Cash Surrender Value will not be less than the value on that policy anniversary.

Nonforfeiture Options

If this Policy has a Cash Surrender Value, one of the following options may be chosen by Written Request. Such request must be made within sixty (60) days after the due date of an unpaid premium and before the Insured's death. The options available are:

- (1) **Paid-Up Insurance** -- This Policy is continued from the due date of the unpaid premium at a reduced amount of paid-up life insurance. The amount of coverage will be that which the Cash Surrender Value will provide when applied as a net single premium at the Insured's sex on page three (3) and attained age on the due date of the unpaid premium.

(2) **Cash Surrenders** -- This Policy ends and is surrendered in accordance with the Surrenders provision stated above.

Automatic Option

If no option is chosen within sixty (60) days of the due date of the unpaid premium, the automatic option will be: (1) if available; otherwise (2).

Surrender of Paid-Up Insurance

Paid-up insurance may be surrendered for a Cash Surrender Value. The Cash Surrender Value of Paid-Up Insurance will be the net single premium at the attained Age of the Insured on the surrender date. If the insurance is surrendered within thirty (30) days after a Policy Anniversary, the Cash Surrender Value will not be less than that on that anniversary. The date of surrender will be the date We receive the Written Request for surrender at Our Administrative Office. We may request this Policy be sent with Your Written Request.

Deferment

We may delay paying any values for up to six (6) months from the date of surrender. If We delay for ten (10) days or more, interest will be paid on such value at an effective annual rate of 3.5% per year or any higher rate We declare.

Riders

Any additional benefit riders attached to this Policy are disregarded in computing values of these options. Insurance provided under options (1) and (2) will not include such benefits.

Basis of Values

The guaranteed Policy Values applicable to this Policy are shown in the Table of Policy Values. Values shown apply only if this Policy is free from a policy loan. Values for policy years not shown will be furnished upon request. Values are shown for the end of a policy year when premiums were paid for the full policy year. If premiums were paid for a part of a policy year, values will be calculated on a consistent basis with allowance for the length of time premiums were paid.

All guaranteed minimum cash values, present values and net single premiums are calculated on the following basis:

1. Interest at 5.00% per year.
2. Mortality as provided in the Commissioners 2001 Standard Ordinary Mortality Tables, curtate; male or female whichever applicable, age last birthday.
3. On the assumption that death benefits are payable at the end of the policy year in which the Insured dies and that premiums are paid annually in advance.

The non-forfeiture values are at least equal to those required by law of the state in which this Policy is delivered. All policy values equal or exceed those required by the state in which this Policy is issued. A detailed statement of the method of computing these values has been filed with the insurance supervisory official of the state in which this Policy is issued.

Reserves

The Actuarial reserves are computed in accordance with the Commissioner's Reserve Valuation Method (CRVM), with interest at 4.00%, mortality tables based on the 2001 Commissioner's Standard Ordinary tables, for male or female, age last birthday, assuming deaths occur throughout the Policy Year and premiums are payable annually. The actuarial reserves are equal to or greater than those required by law of the state in which this Policy is delivered.

LOANS

Policy Loans

By sending Us a Written Request, You may obtain a policy loan. The policy must be assigned to Us; this is the only security needed. The most You can borrow at any time is the Loan Value.

Policy Loan Interest

Interest on a loan will never be greater than a rate of 7.4% per year in advance. Loan interest is payable each year on the policy anniversary. Interest not paid when due will then be added to the loan and bear interest at the same rate. Interest accrues on a daily basis. It constitutes an additional loan against this Policy.

Repayment

Any outstanding loans and loan interest may be repaid at any time before the Insured's death or within sixty (60) days after the Insured's death if:

- (a) the Proceeds of this Policy have not been paid in cash or applied under a payment option; and
- (b) this Policy is in full force with no premium in default or is in force as paid-up insurance.

Termination

This policy will terminate if all outstanding loans and loan interest exceed the Cash Value.

Deferment

We may delay paying values for up to six (6) months from the date We receive Your Written Request. If We delay for ten (10) days or more, interest will be paid at an effective annual rate of 3.5% or any higher rate that We declare. We cannot, however, defer payment of any values if the amount is to be used to pay a premium to Us.

GENERAL PROVISIONS

Entire Contract

The entire contract consists of this Policy, any supplemental applications and any riders or endorsements attached to this Policy. All statements made by, or by the authority of, the applicant for the issuance, reinstatement or renewal of this Policy shall be deemed representations and not warranties. No statement will be used to contest this Policy or to contest a claim under it, unless it appears in an application, is a material misrepresentation and could have been used to contest coverage under the group policy that provided coverage prior to this Policy.

Modifications

No agent has the authority to modify, change or waive any provision of this Policy. A modification will only be valid if it is in writing and approved either by Our President, a Vice President, the Secretary, an Assistant Secretary or a Registrar. We may request You submit this Policy for endorsement to show any change.

Incontestability

We will not contest this Policy after it has been in force during the Insured's life for two (2) years from the original policy's issue date.

If this Policy is reinstated, this provision will be measured from the reinstatement date and any contest will be based only on statements in the reinstatement application.

This provision does not apply to any provision for Waiver of Premiums or Accidental Death Benefits.

Suicide

If the Insured commits suicide within two (2) years from the original policy's issue date, the Proceeds will not be paid. Instead, the Beneficiary will receive an amount equal to the premiums paid. If the law of the state where this Policy is issued provides a shorter period, that law will govern.

If this Policy is reinstated, this provision does not begin anew.

Protection of Payments

Unless You and We agree to it, or unless otherwise provided in this Policy, no one entitled to receive benefits under this Policy may commute, pledge, sell or assign any part of such benefits. To the extent permitted by law, such benefits shall not be subject to the claims of any Payee's creditors or to legal process against any Payee.

Age or Sex

If the Insured's Age or sex is misstated in the application, the Face Amount will be adjusted. The adjusted amount will be the Face Amount the premium paid would have provided based on the Insured's correct Age or sex. The Age shown on page three (3) is the Insured's Age on his last birthday as of the Policy Date.

Nonparticipation

This policy does not participate in the distribution of Our surplus. As a result, no dividends will be paid under this Policy.

Unearned Premium Refund

Upon cancellation of this Policy by You, We will refund the unearned premiums for the remainder of the term for which premiums have been paid.

SETTLEMENT OPTIONS

GENERAL POLICY SETTLEMENT PROVISIONS

PAYEE. The Beneficiary is the Payee of the policy proceeds at the Insured's death; any contingent Beneficiary is the contingent Payee. If the Beneficiary is revocable, then the Payee is also revocable. If the Insured is living on the Maturity Date and this Policy is still in force, the Insured is the Payee.

PAYMENT OF POLICY PROCEEDS. If the policy proceeds are less than \$5,000, We will pay them to the Payee in one sum. If the policy proceeds are \$5,000 or more, We will pay them to the Payee in one sum, unless one of the optional methods of policy settlement is chosen.

CHOOSING AN OPTIONAL METHOD OF SETTLEMENT. At any time before the Insured's death, an optional method of policy settlement may be chosen. If the Insured dies and an option has not yet been chosen, then the Payee may choose an option. We must receive Written Notice informing Us of the option chosen. If the Payee is an executor, administrator, trustee, corporation, partnership or association, the options are available only with Our consent.

FREQUENCY OF PAYMENTS. If Option 1, 2 or 3 is chosen, We will make payments every 1 year, 6 months, 3 months or 1 month. The frequency of payments must be specified at the time the option is chosen. If Option 4 or 5 is chosen, We will make payments every 1 month. If any payment under an option would be less than \$50, We may make payments less frequently so that each payment is at least \$50.

FIRST PAYMENT. Depending on the frequency of payments specified, the first payment under Option 1 is payable 1 year, 6 months, 3 months or 1 month from the date of the Insured's death. The first payment under any other option is payable on the date of the Insured's death.

If the amount that could be purchased by a single premium of \$1,000 at Our regular annuity rates in effect at the time the first installment is payable is larger than the amount of the first monthly installment for each \$1,000 applied under Option 3, 4 or 5, We will pay the larger amount as the benefit under the option. We will furnish this amount upon request.

DEATH OF PAYEE. At the Payee's death, We will pay the amounts below in one sum to the Payee's estate, unless We are directed otherwise at the time the option is chosen:

1. Under Option 1, the amount which was left on deposit with Us to accumulate with interest plus any unpaid interest.
2. Under Option 2, 3 or 5, the commuted value of the amount payable at the Payee's death as provided under the option chosen. The commuted value will be based on interest at the rate which would have been used to compute the first installment of the installments remaining to be paid at the Payee's death.

PROTECTION AGAINST CREDITORS. Unless provided otherwise at the time an option is chosen, the Payee may neither commute, anticipate, assign, alienate nor otherwise encumber any payment under an option. Payments under any option are exempt from the claims of creditors and from legal process to the extent the law permits.

SETTLEMENT AGREEMENT. In exchange for this Policy, We will issue a settlement agreement stating the terms of the option chosen.

ADDITIONAL INTEREST EARNINGS. We may pay interest earnings beyond those guaranteed in Options 1 and 2. If We do, We will determine the amount of the additional interest earnings and how they are paid.

OPTIONAL METHODS OF POLICY SETTLEMENT

OPTION 1 - INTEREST PAYMENTS. We will hold the policy proceeds as principal and pay the interest to the Payee. The interest rate will be 3% per year compounded annually. We will pay the interest every 1 year, 6 months, 3 months or

1 month, as specified at the time this option is chosen. At the death of the Payee, We will make payment as stated in "Death of Payee."

OPTION 2 - INSTALLMENTS OF A SPECIFIED AMOUNT. We will pay the policy proceeds to the Payee in equal installments every 1 year, 6 months, 3 months or 1 month. The amount of the equal installment payments and the frequency of payments must be specified at the time this option is chosen. After each payment, We will add interest to that portion of the policy proceeds applied under this option which has not yet been paid as installments. The interest rate will be 3% per year compounded annually. Installments will be paid to the Payee until the amount applied under this option, including interest, is exhausted. The total of the installments paid each year must be at least 5% of the proceeds applied under this option. If the Payee dies before the amount applied is exhausted, We will pay the unpaid installments as stated in "Death of Payee."

OPTION 3 - INSTALLMENTS FOR A SPECIFIED PERIOD. We will pay the policy proceeds in equal installments to the Payee for the number of years specified at the time this option is chosen. Payments will be made every 1 year, 6 months, 3 months or 1 month, as specified at the time this option is chosen. The amount of the equal installments for each \$1,000 applied under this option is shown in the following table. These amounts are calculated at an interest rate of 3% per year compounded annually. If the Payee dies before the number of years specified ends, We will pay the unpaid installments as stated in "Death of Payee."

Number of years Specified	Amount of Installments		Number of Years Specified	Amount of Installments		Number of Years Specified	Amount of Installments	
	Annual	S.A.		Annual	S.A.		Annual	S.A.
1	\$1,000.00	\$503.70	8	\$138.31	\$ 67.67	15	\$81.33	\$40.96
2	507.39	255.57	9	124.69	62.81	16	77.29	38.93
3	343.23	172.89	10	113.82	57.33	17	73.74	37.14
4	261.19	131.56	11	104.93	52.85	18	70.59	35.56
5	211.99	106.78	12	97.54	49.13	19	67.78	34.14
6	179.22	90.27	13	91.29	45.98	20	65.26	32.87
7	155.83	78.49	14	85.95	43.29			

Number of years Specified	Amount of Installments		Number of Years Specified	Amount of Installments		Number of Years Specified	Amount of Installments	
	Quarterly	Monthly		Quarterly	Monthly		Quarterly	Monthly
1	\$252.78	\$84.47	8	\$34.96	\$11.68	15	\$20.56	\$6.87
2	128.26	42.86	9	31.52	10.53	16	19.54	6.53
3	86.76	28.99	10	28.77	9.61	17	18.64	6.23
4	66.02	22.06	11	26.52	8.86	18	17.84	5.96
5	53.59	17.91	12	24.66	8.24	19	17.13	5.73
6	45.30	15.14	13	23.08	7.71	20	16.50	5.51
7	39.39	13.16	14	21.73	7.26			

OPTION 4 - LIFE ANNUITY. We will pay equal monthly installments to the Payee for as long as he lives. The amount of each installment for each \$1, 000 applied under this option is shown in the table below. The values in the table are based on the Annuity 2000 Mortality Table at 3% interest.

Age * of Payee	Male	Female	Age * of Payee	Male	Female
40	\$3.56	\$3.39	63	\$5.45	\$4.98
41	3.60	3.43	64	5.60	5.11
42	3.65	3.47	65	5.77	5.25
43	3.70	3.51	66	5.95	5.40
44	3.75	3.55	67	6.14	5.55
45	3.80	3.60	68	6.34	5.73
46	3.86	3.64	69	6.55	5.91
47	3.92	3.69	70	6.78	6.11
48	3.98	3.74	71	7.03	6.32
49	4.04	3.80	72	7.29	6.55
50	4.11	3.86	73	7.56	6.80
51	4.18	3.92	74	7.86	7.07
52	4.26	3.98	75	8.18	7.37
53	4.34	4.05	76	8.52	7.68
54	4.42	4.12	77	8.88	8.03
55	4.51	4.19	78	9.27	8.40
56	4.60	4.27	79	9.69	8.80
57	4.70	4.35	80	10.13	9.23
58	4.81	4.44	81	10.60	9.71
59	4.92	4.54	82	11.11	10.22
60	5.04	4.64	83	11.65	10.77
61	5.16	4.75	84	12.22	11.37
62	5.30	4.86	85	12.84	12.01

*Use the Payee's age on the date of the Insured's death.

Amounts for other ages will be provided upon request.

OPTION 5 - LIFE ANNUITY WITH 10 YEAR PERIOD CERTAIN. We will pay equal monthly installments to the Payee for as long as he lives with a period certain of 10 years. If the Payee dies before the period certain ends, the period certain installments which have not been paid will be paid as stated in "Death of Payee." The amount of the equal monthly installments is shown in the table below. The amounts shown are for each \$1,000 applied under this option. The values in the table are based on the Annuity 2000 Mortality Table at 3% interest.

Age * of Payee	Male	Female	Age * of Payee	Male	Female
40	\$3.55	\$3.39	63	\$5.29	\$4.90
41	3.59	3.42	64	5.42	5.01
42	3.64	3.46	65	5.55	5.14
43	3.69	3.50	66	5.69	5.26
44	3.73	3.54	67	5.84	5.40
45	3.79	3.59	68	5.99	5.55
46	3.84	3.63	69	6.15	5.70
47	3.90	3.68	70	6.31	5.86
48	3.95	3.73	71	6.47	6.02
49	4.02	3.78	72	6.64	6.20
50	4.08	3.84	73	6.81	6.38
51	4.15	3.90	74	6.99	6.57
52	4.22	3.96	75	7.16	6.76
53	4.29	4.02	76	7.34	6.96
54	4.37	4.09	77	7.52	7.16
55	4.45	4.16	78	7.69	7.36
56	4.54	4.24	79	7.86	7.56
57	4.63	4.32	80	8.03	7.76
58	4.73	4.40	81	8.19	7.95
59	4.83	4.49	82	8.34	8.13
60	4.93	4.58	83	8.48	8.31
61	5.05	4.68	84	8.62	8.47
62	5.16	4.79	85	8.75	8.62

*Use the Payee's age on the date of the Insured's death.

Amounts for other ages will be provided upon request.

The Manhattan Life Insurance Company

Home Office: 225 Community Drive, Suite 11, Great Neck, NY 11021

Administrative Office: Five Waterside Crossing, Third Floor, Windsor, CT 06095

ENDOWMENT LIFE INSURANCE POLICY

Proceeds payable on the Maturity Date or if the Insured dies while this Policy is in force

Premiums payable during the Insured's life

Non-Participating

SERFF Tracking Number: TAPK-126013444 State: Arkansas
Filing Company: Manhattan Life Insurance Company State Tracking Number: 41420
Company Tracking Number:
TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment
Product Name: Endowment Conversion
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TAPK-126013444 State: Arkansas
Filing Company: Manhattan Life Insurance Company State Tracking Number: 41420
Company Tracking Number:
TOI: L021 Individual Life - Endowment Sub-TOI: L021.000 Life - Endowment
Product Name: Endowment Conversion
Project Name/Number: /

Supporting Document Schedules

Review Status:
Satisfied -Name: Flesch Certification 01/29/2009
Comments:
Attachment:
Readability certificate ar.pdf

Review Status:
Satisfied -Name: Application 01/29/2009
Comments:
Attachment:
Submission letter AR.pdf

Review Status:
Satisfied -Name: Authorizations 01/29/2009
Comments:
Attachments:
L&Eauthorization.pdf
MLICauthorizationform2008_08_04_15_19_53.pdf

Readability Certification

Insurance Company: The Manhattan Life Insurance Company

<u>Form Number</u>	<u>Description of Form</u>	<u>Score</u>
WL-Conv08-AR	Endowment Life Insurance Policy	51.6

I hereby certify that the above referenced form complies with the readability requirements of this State.

Mary Lou Rainey

Authorized Signature

Mary Lou Rainey

Name

Secretary

Title

January 29, 2009

Date



T. ALLEN PARK & ASSOCIATES, INC.

2325 Havard Oak Drive Plano, TX 75074
(972) 398-3733 Uheas@aol.com

January 29, 2009

Arkansas Department of Insurance

RE: The Manhattan Life Insurance Company NAIC # 65870

WL-Conv08-AR Endowment Life Policy

Dear Sir or Madam:

This filing is being submitted on behalf of The Manhattan Life Insurance Company. The above referenced form is submitted for your review and approval. This form is new and is not intended to replace any previously approved forms.

Form WL-Conv08-AR is an individual endowment life insurance policy. The application to be used with this policy is form number ML-SIUL-04, approved by your office on December 17, 2003. Form ARINS 08/08, the Arkansas Complaint Notice form approved by your office on September 28, 2008 will also be used in conjunction with this policy.

Similar forms were filed in the Company's domiciliary State of New York on January 29, 2009.

This form will not be illustrated.

The readability score is 51.6

Should you have any questions or need additional information, please do not hesitate to call me at (972) 398-3733.

Sincerely,

Suzanne Heasley, FLMI, CLU
Legal Assistant and Compliance Specialist

Dallas

Glenn A. Tobleman, F.S.A., F.C.A.S.
S. Scott Gibson, F.S.A.
Cabe W. Chadick, F.S.A.
Steven D. Bryson, F.S.A.
Michael A. Mayberry, F.S.A.
Gregory S. Wilson, F.C.A.S.
David M. Dillon, F.S.A.
Bonnie S. Albritton, F.S.A.
Brian D. Rankin, F.S.A.
Robert E. Gove, A.S.A.
Alexis M. Bash, A.S.A.
Sarah A. Hoover, A.S.A.
Wes R. Campbell, A.S.A.
Jacqueline B. Horstmann, A.S.A.
Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)



Kansas City

Gary L. Rose, F.S.A.
Terry M. Long, F.S.A.
David L. Batchelder, A.S.A.
Leon L. Langlitz, F.S.A.
Gary R. McElwain, FLMI
Christopher H. Davis, F.S.A.
Thomas L. Handley, F.S.A.
Anthony G. Proulx, F.S.A.
Karen E. Elsom, F.S.A.
Jill J. Humes, F.S.A.

London

Roger K. Ammin, F.S.A.
Timothy A. DeMars, F.S.A.
Scott E. Morrow, F.S.A.

October 9, 2008

Re: Filing Authorization

T. Allen Park & Associates, Inc.
9441 LBJ Freeway, Suite 102
Dallas, TX 75074

Re: Manhattan Life Insurance Company

To Whom It May Concern:

I hereby authorize Suzanne Heasley and Vicki Rowe to submit state filings of insurance forms/rates/products on behalf of Lewis & Ellis, Inc. regarding Manhattan Life Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such forms, rates and or products except as prohibited by law. This authorization is to be effective until revoked in writing by an authorized representative of Lewis & Ellis, Inc.

Sincerely,

A handwritten signature in cursive script that reads 'Michael A. Mayberry'.

Michael A. Mayberry, FSA, MAAA
Vice President & Principal
Lewis & Ellis, Inc.



MANHATTAN LIFE

August 4, 2008

Re: Filing Authorization
Lewis & Ellis, Inc.
2929 N. Central Expressway, Suite 200
P.O. Box 851857

Re: Manhattan Life Insurance Company

To Whom It May Concern:

We hereby authorize Lewis & Ellis, Inc. to submit state filings of insurance forms/rates/products on behalf of Manhattan Live Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such forms, rates and or products except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of Manhattan Life Insurance Company.

Sincerely,

MANHATTAN LIFE INSURANCE COMPANY



Signature of Company Officer/Representative