

SERFF Tracking Number: UNSA-126118901 State: Arkansas  
Filing Company: USAA Life Insurance Company State Tracking Number: 42131  
Company Tracking Number:  
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: Level Term  
Project Name/Number: LTV Informational Filing/

## Filing at a Glance

Company: USAA Life Insurance Company

Product Name: Level Term

TOI: L04I Individual Life - Term

Sub-TOI: L04I.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life

Filing Type: Form

SERFF Tr Num: UNSA-126118901 State: Arkansas

SERFF Status: Closed-Accepted State Tr Num: 42131

For Informational Purposes

Co Tr Num:

State Status: Filed-Closed

Author: Betty Drzymalla

Date Submitted: 04/17/2009

Reviewer(s): Linda Bird

Disposition Date: 04/22/2009

Disposition Status: Accepted For  
Informational Purposes

Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name: LTV Informational Filing

Project Number:

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/22/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments: Filing not required.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 04/22/2009

Created By: Betty Drzymalla

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Betty Drzymalla

Filing Description:

Informational Level Term Filing

## Company and Contact

### Filing Contact Information

Betty Drzymalla, Compliance Analyst

9800 Fredericksburg Road

Betty.Drzymalla@usaa.com

800-531-8000 [Phone] 89647 [Ext]

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B-1-E, Operations Compliance 47195 210-498-6675 [FAX]  
 San Antonio, TX 78288

**Filing Company Information**

USAA Life Insurance Company	CoCode: 69663	State of Domicile: Texas
9800 Fredericksburg Road	Group Code: 200	Company Type: Life
San Antonio, TX 78288	Group Name:	State ID Number:
(800) 531-8000 ext. [Phone]	FEIN Number: 74-1472662	

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USAA Life Insurance Company	\$50.00	04/17/2009	27255622

SERFF Tracking Number: UNSA-126118901

State: Arkansas

Filing Company: USAA Life Insurance Company

State Tracking Number: 42131

Company Tracking Number:

TOI: L041 Individual Life - Term

Sub-TOI: L041.213 Specified Age or Duration -

Fixed/Indeterminate Premium - Single Life

Product Name: Level Term

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	04/22/2009	04/22/2009

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*State: Arkansas*

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*Fixed/Indeterminate Premium - Single Life*

*Product Name: Level Term*

*Project Name/Number: LTV Informational Filing/*

## **Disposition**

Disposition Date: 04/22/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.



SERFF Tracking Number: UNSA-126118901 State: Arkansas  
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 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
 Product Name: Level Term  
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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Flesch Certification		
<b>Bypass Reason:</b> Informational filing only- there are no forms being filed.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Informational filing only- there are no forms being filed.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo		
<b>Bypass Reason:</b> Informational filing only- there are no forms being filed.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> LEVEL TERM INFORMATIONAL FILING		

**Comments:**  
**Attachments:**  
 ARKANSAS CERTIFICATE OF COMPLIANCE.pdf  
 CONSENT TO SUBMIT RATES AND.pdf  
 Cover Letter.pdf  
 Fee Schedule.pdf  
 LT 5 Series 8 5 Premiums.xls

**USAA LIFE INSURANCE COMPANY**

**CERTIFICATION**

DATE: 4/17/2009

This is to certify that the attached rates for Form Number LLT49047AR 01-05, to the best of our knowledge, complies with the Arkansas Rule and Regulation 19 – Unfair Sex Discrimination in the sale of insurance.

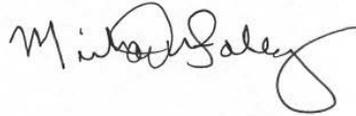
A handwritten signature in black ink, appearing to read "Russell A. Evenson". The signature is written in a cursive style with a large, stylized initial 'R'.

Russell A. Evenson  
President  
USAA LIFE INSURANCE COMPANY

CONSENT TO SUBMIT RATES AND/OR  
COST BASES FOR APPROVAL

The USAA Life Insurance Company of San Antonio, Texas does hereby consent and agree that all premium rates and/or cost bases both “maximum” and “current or projected,” used in relation to policy form number LLT49047AR 01-05 must be filed with the Insurance Commissioner for the State of Arkansas (“Commissioner”) at least sixty (60) days prior to their proposed effective. Such rates and/or cost bases shall be deemed effective after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

USAA Life Insurance Company

A handwritten signature in black ink, appearing to read "Michael Saley". The signature is written in a cursive style with a large, looping initial "M".

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Assistant-Vice President, USAA Life Insurance Company



9800 Fredericksburg Road  
San Antonio, Texas 78288

April 17, 2009

DEPARTMENT OF INSURANCE  
1200 W THIRD ST  
LITTLE ROCK, AR 72201-1904

**Informational Rate Filing**

RE: USAA Life Insurance Company  
Ratechange – Term Life Insurance  
NAIC #200-69663  
FEIN #74-1472662

<u>Form Number</u>	<u>Description</u>	<u>Status</u>
LLT49047AR 01-05	Level Term Life Insurance	NEW

Dear Commissioner:

Enclosed is a new schedule of premium rates for the Level Term Series V policy, LLT49047AR 01-05, approved by your department on March 16, 2005.

These rates will replace our existing rates for newly-issued policies only. Existing policies issued prior to implementation of the rate change will not be impacted by the rate change and will retain the previous rate.

For any questions or concerns, please contact Betty Drzymalla at 1-800-531-8000, extension 8-9647. You may dial direct at 210-498-9647. Fax is available at 210-498-0083 and Betty's email account is [Betty.Drzymalla@USAA.com](mailto:Betty.Drzymalla@USAA.com).

Sincerely,

Betty Drzymalla  
USAA Life Insurance Company  
Enclosures



ARKANSAS INSURANCE DEPARTMENT

1200 West Third Street
Little Rock Arkansas 72201-1904
501-371-2600

Mike Pickens
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: USAA LIFE INSURANCE COMPANY
Company NAIC Code: 69663
Company Contact Person & Telephone # 800-531-8000 EXT. 89647
Form Number(s): LLT49047AR 01-05

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\* INSURANCE DEPARTMENT USE ONLY \*
\* ANALYST: AMOUNT: ROUTE SLIP: \*

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing. \* x \$50 = \*\*Retaliatory

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer. LIFE INFORMATIONAL RATE FILING. \* 1 x \$50 = \$50 \*\*Retaliatory

Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form. \* x \$20 = \*\*Retaliatory

Policy and contract forms, all lines, filing corrections in previously filed policy and contract forms. \* x \$20 = \*\*Retaliatory

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer. \* x \$25 = \*\*Retaliatory

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to  
amend an Insurer's Certificate of Authority.

\* \_\_\_\_\_ x \$400 = \_\_\_\_\_

Filing to amend Certificate of Authority.

\*\*\* \_\_\_\_\_ x \$100 = \_\_\_\_\_

\*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER  
RULE  
AND REGULATION 57.

\*\*THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER  
ARK.  
CODE ANN. 23-63-102, RETALIATORY TAX.

\*\*\*THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN, 23-61-401.

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Attachment "LT 5 Series 8 5 Premiums.xls" is not a PDF document and cannot be reproduced here.