

SERFF Tracking Number: LBLI-126153051 State: Arkansas
Filing Company: Liberty Life Insurance Company State Tracking Number: 42417
Company Tracking Number: RBCMBN
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: NAIC mode replacement update
Project Name/Number: RBCMBN /RBCMBN

Filing at a Glance

Company: Liberty Life Insurance Company

Product Name: NAIC mode replacement update SERFF Tr Num: LBLI-126153051 State: Arkansas

TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num: 42417
Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num: RBCMBN

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Julie Duncan, Dianne
Harris

Disposition Date: 05/20/2009

Date Submitted: 05/15/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: 06/18/2009

Implementation Date:

State Filing Description:

General Information

Project Name: RBCMBN

Project Number: RBCMBN

Requested Filing Mode: File & Use

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/20/2009

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: 05/20/2009

Created By: Dianne Harris

Corresponding Filing Tracking Number:

RBCMPN(06-09)AR

Deemer Date:

Submitted By: Dianne Harris

Filing Description:

Submission of Application Forms for Informational Purposes

Form Number:

RBCMPN(06-09)AR

Dear Sir or Madam:

<i>SERFF Tracking Number:</i>	<i>LBLI-126153051</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42417</i>
<i>Company Tracking Number:</i>	<i>RBCMBN</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>NAIC mode replacement update</i>		
<i>Project Name/Number:</i>	<i>RBCMBN /RBCMBN</i>		

Liberty Life Insurance Company has prepared the above-referenced filing for your information. The referenced application will replace the previously approved application, listed below, as it contains the same content and questions. We request that all other material, including original bracketed material, remain as is currently on file in your department. The only changes to the form is the replacement question and form number. The changes are the result of your adoption of the Life Insurance and Annuities Replacement Model Regulation of the National Association of Insurance Commissioners.

RBCMPG(01-09)AR 2-04-09

All changes are highlighted.

To the best of my knowledge and belief, these forms comply with the statutory and regulatory requirements of your state. These forms contain no unusual or possible controversial items from normal company or industry standards. If you have any questions, please contact me at 864-609-8350 or by email at libertydoresponses@rbc.com Attn: Dianne Harris. We will begin using this form upon receiving your acknowledgement of this filing.

Company and Contact

Filing Contact Information

Dianne Harris, Compliance Analyst	dianne.k.harris@rbc.com
2000 Wade Hampton Blvd	864-609-1198 [Phone]
Greenville, SC 29615	864-609-1039 [FAX]

Filing Company Information

Liberty Life Insurance Company	CoCode: 61492	State of Domicile: South Carolina
2000 Wade Hampton Blvd	Group Code:	Company Type:
Greenville, SC 29602	Group Name:	State ID Number:
(864) 609-4815 ext. [Phone]	FEIN Number: 44-0188050	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	1 form a \$20 = \$20
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Life Insurance Company	\$20.00	05/15/2009	27926375

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/20/2009	05/20/2009

SERFF Tracking Number: *LBLI-126153051* State: *Arkansas*
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Company Tracking Number: *RBCMBN*
TOI: *L08 Life - Other* Sub-TOI: *L08.000 Life - Other*
Product Name: *NAIC mode replacement update*
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Disposition

Disposition Date: 05/20/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>LBLI-126153051</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42417</i>
<i>Company Tracking Number:</i>	<i>RBCMBN</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Form	Application		Yes

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Form Schedule

Lead Form Number: RBCMBN

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	RBCMPG(01-09)AR	Application/ Enrollment Form	Other	Other Explanation: Update to NAIC Model Replacement Reg		RBCMPN(06-09)AR.pdf



Liberty Life Insurance Company
Decreasing Term Life Insurance Application

PO Box 19099, Greenville, SC 29602-9099

Questions? Contact us at: 1-866-578-5840

MORTGAGE INFORMATION

Reference Number	Insurance Term	Mortgage Amount \$	Initial Insurance Amount \$	Loan Term	Loan Interest Rate	Loan Closing Date
Mortgage Property Address Street			City	State	Zip	Loan Officer Loan Officer ID

FIRST APPLICANT (Please Print)

SECOND APPLICANT (Please Print)

First Name	Middle Initial	Last Name	First Name	Middle Initial	Last Name
Residence Address Street			Residence Address Street		
City		State	Zip	City	
State		Zip	Mailing Address (if different)		
City		State	Zip	City	
State		Zip	Mailing Address (if different)		
City		State	Zip	City	
State		Zip	Mailing Address (if different)		
Date of Birth	Social Security Number	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth	Social Security Number	<input type="checkbox"/> Female <input type="checkbox"/> Male
Home Phone Number		Business Phone Number	Home Phone Number		Business Phone Number
Email Address			Email Address		
State of Birth			State of Birth		
First Applicant's Beneficiary			Second Applicant's Beneficiary		
Relationship of First Applicant's Beneficiary			Relationship of Second Applicant's Beneficiary		

	FIRST APPLICANT		SECOND APPLICANT	
	YES	NO	YES	NO

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1) In the past 12 months, have you used any tobacco or nicotine products? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) In the past 5 years, have you been tested for; received any treatment, medical advice, or consultation for; been diagnosed with; required follow-up for; or had any known indication of: | | | | |
| • disease or disorder of the heart, blood, or blood vessels; high blood pressure; stroke or TIA (transient ischemic attack); cancer; tumor; asthma or any lung or respiratory disease or disorder; | | | | |
| • diabetes; disease or disorder of the kidney, bladder, prostate, or reproductive organs; hepatitis or any disease or disorder of the liver, pancreas, stomach or digestive system; arthritis or any disease or disorder of the muscles, connective tissues, or bones; | | | | |
| • alcohol or drug abuse; anxiety, depression or other mental or nervous disorder; seizures, multiple sclerosis, paralysis, or any other disease or disorder of the nervous system; or Alzheimer's disease or any other form of dementia? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Have you been diagnosed as having AIDS, AIDS Related Complex (ARC) or any other disorder of your immune system, or have you had a positive HIV test? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Do you have any existing life insurance or annuity contracts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If "yes", give company name and amount:

First Applicant: _____

Second Applicant: _____

First Name	Middle Initial	Last Name	Reference Number
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The Applicant(s) represent(s) that the following are the complete details to “Yes” answers in Questions 1 and 2:

Premium Payment Method:

- Credit Card
- Checking / Savings Account

Premium Amount: _____ Frequency: _____

Acknowledgement - By signing below, each person applying for coverage represents and agrees to the following. The statements and answers made in this application are true and complete and are made to obtain the insurance applied for. It is understood that insurance will take effect only if Liberty Life Insurance Company (the “Company”) accepts this application and issues a policy and if, on the date of issue, (1) the first premium has been paid, (2) you are alive, (3) all conditions used to determine your insurability remain as stated in the application, and (4) the mortgage loan to which the proposed insurance applies is in effect. No one except the Company’s Home Office officers can make, change or discharge any insurance contract, or bind the Company by making any promises about any policy benefits applied for. You acknowledge receipt of the insurance/credit disclosures provided with this application.

Authorization to Obtain and Disclose Information - I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other health care provider, pharmacy or pharmacy benefit manager, insurance company or reinsurer, the Medical Information Bureau, Inc. (the “MIB”), consumer reporting agency, employer, mortgage loan broker, financial institution, or other organization, institution or person to give to the Company’s insurance administrators, underwriting personnel, claims personnel, investigators, legal counsel, and reinsurers the following information about me: information on my mortgage loan; past and present physical, mental, drug and/or alcohol conditions; other insurance coverage; prescribed drugs; employment; avocations; general reputation; and other personal characteristics. I understand that the Company will collect this information for the purpose of determining eligibility for insurance. I further understand and agree that the Company may disclose all or some of my information to the MIB and the Company’s insurance administrators, reinsurers, agents, and other persons or organizations performing business or legal services in connection with my application. This authorization is valid for 24 months and a photographic copy is as valid as the original. I understand that I am entitled to receive a copy of this authorization upon request and that I have the right to revoke this authorization by notifying the Company in writing, subject to state law and the rights of anyone who has relied on this authorization. However, that revocation might cause the Company to reject this application.

NOTICE: 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.

FIRST APPLICANT’S SIGNATURE	DATE
X	/ /

SECOND APPLICANT’S SIGNATURE	DATE
X	/ /

Agent: Does the Proposed Insured have any existing life insurance or annuity contracts? Yes No
 (If “yes”, complete the required state replacement form.)

AGENT’S SIGNATURE	DATE
	/ /

AGENT’S PRINTED NAME

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: Not Applicable - Filing to update replacement question due to your state's adoption of the NAIC Model replacement regulation.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Not Applicable - Filing to update replacement question due to your state's adoption of the NAIC Model replacement regulation.		
Comments:		