

SERFF Tracking Number: CEUL-126187361 State: Arkansas  
Filing Company: Central United Life Insurance Company State Tracking Number: 42651  
Company Tracking Number:  
TOI: L03I Individual Life - Special Sub-TOI: L03I.000 Individual Life - Special  
Product Name: STOLI Addendum  
Project Name/Number: /

## Filing at a Glance

Company: Central United Life Insurance Company

Product Name: STOLI Addendum

SERFF Tr Num: CEUL-126187361 State: Arkansas

TOI: L03I Individual Life - Special

SERFF Status: Closed-Approved-  
Closed State Tr Num: 42651

Sub-TOI: L03I.000 Individual Life - Special

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Lloyd Kleiman

Disposition Date: 06/16/2009

Date Submitted: 06/12/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/16/2009

Explanation for Other Group Market Type:

State Status Changed: 06/16/2009

Deemer Date:

Created By: Lloyd Kleiman

Submitted By: Lloyd Kleiman

Corresponding Filing Tracking Number:

Filing Description:

This is an addendum to our applications in order to take the necessary steps in preventing STOLI cases.

## Company and Contact

### Filing Contact Information

Lloyd Kleiman,

LKleiman@manhattanlife.com

10700 Northwest Freeway

713-529-0045 [Phone] 5184 [Ext]

Houston, TX 77092

### Filing Company Information

SERFF Tracking Number: CEUL-126187361 State: Arkansas  
 Filing Company: Central United Life Insurance Company State Tracking Number: 42651  
 Company Tracking Number:  
 TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special  
 Product Name: STOLI Addendum  
 Project Name/Number: /

Central United Life Insurance Company CoCode: 61883 State of Domicile: Arkansas  
 Wortham Tower Group Code: Company Type:  
 2727 Allen Parkway Group Name: State ID Number:  
 Suite 500 FEIN Number: 42-0884060  
 Houston, TX 77019-2100  
 (713) 529-0045 ext. [Phone]

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### Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Central United Life Insurance Company	\$50.00	06/12/2009	28541117

SERFF Tracking Number: CEUL-126187361 State: Arkansas  
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Company Tracking Number:  
TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special  
Product Name: STOLI Addendum  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/16/2009	06/16/2009

*SERFF Tracking Number:* CEUL-126187361      *State:* Arkansas  
*Filing Company:* Central United Life Insurance Company      *State Tracking Number:* 42651  
*Company Tracking Number:*  
*TOI:* L031 Individual Life - Special      *Sub-TOI:* L031.000 Individual Life - Special  
*Product Name:* STOLI Addendum  
*Project Name/Number:* /

## **Disposition**

Disposition Date: 06/16/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CEUL-126187361 State: Arkansas  
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 Company Tracking Number:  
 TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special  
 Product Name: STOLI Addendum  
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Cover Letter		Yes
Form	Addendum to Application		Yes

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	APADD-ML09	Application/ Addendum to Enrollment Application Form	Initial			Addendum to Application.pdf

Please check the box next to your insurance company's name.

- Central United Life Insurance Company       The Manhattan Life Insurance Company  
 Family Life Insurance Company

10700 Northwest Freeway, Houston, Texas 77092

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## ADDENDUM TO APPLICATION FOR LIFE INSURANCE COVERAGE

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- Central United Life Insurance Company }  
 The Manhattan Life Insurance Company } Hereafter, referred to as the Company.  
 Family Life Insurance Company }
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This document serves as an addendum to the life insurance application, and must be submitted prior to a policy being issued. All responses to the questions below will be considered part of the application.

This addendum is to be completed, signed and submitted prior to the issuance of any permanent life insurance policy(ies) (including conversions from term policies within the first five years of policy issue) if:

- The Proposed Insured(s) actual age(s) is [65] or older at the time the applied for policy is issued;
- A policy with a face amount of [\$500,000] or greater is being applied for; and
- The policy applied for will not be owned by a qualified retirement plan.

Please answer the following questions either yes or no, and provide details for any yes answers in the space below.

1.  Yes  No      Has anyone offered or provided to anyone any inducement - such as cash or other compensation in relation to the applied for life insurance policy? If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
2.  Yes  No      Is there any plan to sell or transfer any interest in the applied for life insurance policy? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3.  Yes  No      Will premiums for the applied for life insurance policy be borrowed? If yes, please explain (including details of loan guarantee, if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4.  Yes  No      If you answered yes to question 3, can the loan be repaid by the transfer of the applied for policy to the lender or any other person affiliated with the lender? If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
5.  Yes  No      If you answered yes to question 3, will the amount of any loan or loans, or the borrower's payment obligation, on termination of the financing exceed the amount needed to pay life insurance policy premiums, loan interest, and loan fees? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that any arrangement for borrowing funds for the payment of policy premiums is a matter between the lender and the borrower. The Company is not a party to any such arrangement and will not become a party to any such arrangement.**

I also understand that neither The Company nor any person acting on its behalf has furnished legal or tax advice upon which I/We may rely. The financing of life insurance premiums involves important tax and other considerations. The Company strongly recommends that you seek advice from your own qualified advisors.

It is represented that the statements and answers given in this supplement to the application are true, complete and correctly recorded. It is agreed that this supplement shall be part of the application to The Company for insurance on the life of the Proposed Insured, and shall be the basis for any policy issued on this application. I understand that the statements and answers given in the Addendum are material to The Company's decision to issue any policy applied for, and that The Company would not issue the policy being applied for if the statements and answers given on the subject matters covered in this Addendum are not true, complete and correctly reported.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposed Insured(s) Date

\_\_\_\_\_  
Proposed Owner(s) Signature Date  
(if different from Insured(s))

\_\_\_\_\_  
Witness Date

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> Cert Flesch score.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> not a policy		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo		
<b>Bypass Reason:</b> addendum		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachment:</b> Statement of Variability.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter		
<b>Comments:</b>		
<b>Attachment:</b> STOLICvtLtr_LK_AR_CUL.pdf		

CENTRAL UNITED LIFE

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CERTIFICATION

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I, Mary Lou Rainey, Secretary for Central United Life Insurance Company, hereby certify that the following form(s) has the following readability score as calculated by the Flesch Reading Ease Test set forth by your state, and meets the minimum reading ease requirements set forth by the state of Arizona.

**FORM**

**APADD-ML09**

**Readability Score**

**42.38**

**DATE: 6/12/09**

*Mary Lou Rainey*

Mary Lou Rainey, Secretary

Central United Life Insurance Company  
10700 Northwest Freeway  
Houston, Texas 77092



**CENTRAL UNITED LIFE INSURANCE COMPANY  
THE MANHATTAN LIFE INSURANCE COMPANY  
FAMILY LIFE INSURANCE COMPANY  
Administrative Office  
10700 Northwest Freeway  
Houston, TX 77092  
Phone: 800/669-9030**

**STATEMENT OF VARIABILITY**

**AGE:** The age is bracketed as a variable item. The range of variability is from birth to age 120. While STOLI is a practice primarily involving the elderly, we want to have the ability to adjust this item if future trend shows the ages involved in this practice vary up or down. We will initially require the Addendum to the Application at ages 65 & older (if dollar threshold for face amount is met). We do not anticipate making a change to the age field.

**FACE AMOUNT** (requirement for completion of Addendum to Application): The face amount is bracketed as a variable item. The range of variability is \$100,000 to \$1,000,000. Again, the practice of STOLI typically occurs with high-dollar face amounts. We will only revise the dollar amount if trend shows practice occurs with face amounts higher or lower than the reflected amount. We do not anticipate making a change to the face amount.

# CENTRAL UNITED

6/11/2009

**Arkansas Insurance Department  
1200 West 3<sup>rd</sup> Street  
Little Rock, Arkansas 72201-1904**

RE: Stranger-Owned Life Insurance (STOLI)

Dear **Hon. Julie Benafield Bowman**,

As part of the steps The Manhattan Insurance Group {Central United Life Insurance Company, Manhattan Life Insurance Company, and Family Life Insurance Company} are taking in preventing STOLI, we are requesting your approval of the enclosed Addendum to Application for Life Insurance Coverage.

You will also find a copy of our Statement of Variability enclosed for your review.

When required, this addendum will always be part of the full application and will be used in conjunction with our previously approved applications.

If you have any questions or require additional assistance regarding this, please call me at 800-669-9030, ext. 5184 or you can email me at [kleiman@manhattanlife.com](mailto:kleiman@manhattanlife.com).

Sincerely,

Lloyd Kleiman  
Compliance Analyst

Enclosure(s)