

SERFF Tracking Number: NWST-126166147 State: Arkansas
Filing Company: The Northwestern Mutual Life Insurance Company State Tracking Number: 42512
Company Tracking Number: 90-1890-09 (0409)
TOI: L07I Individual Life - Whole Sub-TOI: L07I.111 Single Premium - Single Life
Product Name: 90-1890-09 (0409)
Project Name/Number: 90-1890-09 (0409)/90-1890-09 (0409)

Filing at a Glance

Company: The Northwestern Mutual Life Insurance Company

Product Name: 90-1890-09 (0409)

SERFF Tr Num: NWST-126166147 State: Arkansas

TOI: L07I Individual Life - Whole

SERFF Status: Closed-Approved-
Closed State Tr Num: 42512

Sub-TOI: L07I.111 Single Premium - Single Life Co Tr Num: 90-1890-09 (0409)

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Addie Croeker, John
Kotarski, Debbie Orr, Mai Xiong

Disposition Date: 06/08/2009

Date Submitted: 06/01/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 90-1890-09 (0409)

Status of Filing in Domicile: Pending

Project Number: 90-1890-09 (0409)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

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: 06/08/2009

Explanation for Other Group Market Type:

State Status Changed: 06/08/2009

Deemer Date:

Created By: Addie Croeker

Submitted By: Addie Croeker

Corresponding Filing Tracking Number:

Filing Description:

We are submitting the above referenced form for your review and approval. This is a new form that we plan to introduce in the fourth quarter of 2009.

The Employer Sponsored GI/COLI Questionnaire, form 90-1890-09 (0409), will be used when simplified underwriting procedures are required in the Corporate Owned Life Insurance market.

Based on this information, your approval of the above referenced form is respectfully requested. If you have any

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questions or need additional information, please call me at (414) 665-7195 or e-mail me at mai-baoxiong@northwesternmutual.com.

Sincerely,
 Mai Bao Xiong
 Product Compliance Team Lead
 Actuarial Department

Company and Contact

Filing Contact Information

Mai Xiong, Product Compliance Specialist mai-baoxiong@northwesternmutual.com
 720 E Wisconsin Ave 414-665-7195 [Phone]
 Milwaukee, WI 53202 414-665-5006 [FAX]

Filing Company Information

The Northwestern Mutual Life Insurance Company CoCode: 67091 State of Domicile: Wisconsin
 720 East Wisconsin Avenue Group Code: 860 Company Type: Life
 Rm S845 Group Name: State ID Number:
 Milwaukee, WI 53202 FEIN Number: 39-0509570
 (414) 665-4224 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: \$20.00 per form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Northwestern Mutual Life Insurance Company	\$20.00	06/01/2009	28217013

SERFF Tracking Number: NWST-126166147 State: Arkansas
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TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
Product Name: 90-1890-09 (0409)
Project Name/Number: 90-1890-09 (0409)/90-1890-09 (0409)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/08/2009	06/08/2009

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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	Arkansas Certification		Yes
Form	Employer Sponsored GI / COLI Questionnaire		Yes

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Form Schedule

Lead Form Number: 90-1890-09 (0409)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	90-1890-09 (0409)	Application/ Enrollment Form	Employer Sponsored Initial GI / COLI Questionnaire			57.100	90-1890-09 (0409) AR.pdf

EMPLOYER SPONSORED GI / COLI QUESTIONNAIRE

Personal Information

INSURED (EMPLOYEE) _____ DATE OF BIRTH (MM/DD/YYYY) _____ SEX (M/F) _____ SOCIAL SECURITY # _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

NAME OF EMPLOYER _____

Authorization of Insurance

I understand that Employer is applying for, or requesting a material change to, a life insurance contract on my life (the "Contract"). I have read and understand the Notice provided above and, accordingly, make the following representations:

1. I consent to being insured under the Contract and to future increases in the face amount of the Contract not to exceed a maximum face amount of \$ _____ (Note that the maximum face amount may be higher than the actual face amount.)
2. I consent to the coverage provided by the Contract (as defined in 1. above) continuing after I terminate employment with Employer.
3. I understand that Employer will be a direct or indirect beneficiary of death proceeds payable under the Contract at my death.

Questions About the Insured

1. During the last 3 months, have you missed 3 or more days of work due to sickness or injury or worked less than full-time (30 hours per week)? If "yes", complete chart below Yes No

Dates	Details or Conditions Including Treatment and Results	Health Care Provider's Name, Address, City, State and Zip Code

2. In the last 10 years, have you used tobacco or any other type of product containing nicotine or a smoking cessation medication? If "yes", complete the chart below. Yes No

Type of Product	Date Last Used	Frequency Used Per Year
<input type="checkbox"/> Cigarettes		
<input type="checkbox"/> Nicotine patch or gum		
<input type="checkbox"/> Chew or snuff		
<input type="checkbox"/> Cigars or pipe		
<input type="checkbox"/> Other _____ <i>(includes smoking cessation medications)</i>		

The Insured consents to this application for life insurance in accordance with the terms of the employer's Life Insurance Program and declares that the answers and statements made on this application are correctly recorded, complete and true to the best of the Insured's knowledge and belief. Answers and statements brought to the attention of the agent are not considered information brought to the attention of the Company unless stated in the application. Statements in this application are representations and not warranties.

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.

Signature of INSURED (EMPLOYEE) _____

DATE (MM/DD/YYYY) _____

SIGNED AT (City & State) _____



NB-723-1

<i>SERFF Tracking Number:</i>	<i>NWST-126166147</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>90-1890-09 (0409)</i>		
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Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments: please see attached the Flesch Readability Cert</p> <p>Attachment: Flesch Readability Certification.pdf</p>		
<p>Bypassed - Item: Application</p> <p>Bypass Reason: n/a this is not a policy filing</p> <p>Comments:</p>		
<p>Bypassed - Item: Life & Annuity - Acturial Memo</p> <p>Bypass Reason: n/a for this filing</p> <p>Comments:</p>		
<p>Satisfied - Item: Arkansas Certification</p> <p>Comments:</p> <p>Attachment: AR Certification.pdf</p>		

READABILITY CERTIFICATION

I certify to the best of my knowledge and belief that the following forms meet the readability, legibility, and format requirements of any applicable laws and regulations of your state, and that the Flesch Readability Scores are as follows:

<u>Form Number</u>	<u>Flesch Readability Score</u>
90-1890-09 (0409)	57.1

THE NORTHWESTERN MUTUAL
LIFE INSURANCE COMPANY



Ted A. Matchulat
Director Product Compliance

6/1/2009

Date

THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

Re: 90-1890-09 (0409)

We hereby certify that we have carefully reviewed the form(s) submitted herewith and to the best of our knowledge and ability find:

- a. That said form(s) conform(s) to Regulation 19s10B and all applicable Arkansas Insurance Statutes and Department requirements.
- b. That said form(s) contain(s) no provision previously disapproved by the Insurance Department of Arkansas.



Ted A. Matchulat
Product Compliance Officer

06/01/2009

Date