

SERFF Tracking Number: PRES-126228405 State: Arkansas
 Filing Company: Presidential Life Insurance Company State Tracking Number: 42987
 Company Tracking Number: WL2009RA
 TOI: L071 Individual Life - Whole Sub-TOI: L071.321 Current Assumption - Indeterminate Premium - Single Life
 Product Name: Simplified Issue Whole Life Application for Reinstatement
 Project Name/Number: Reinstatement Application/WL2009RA

Filing at a Glance

Company: Presidential Life Insurance Company

Product Name: Simplified Issue Whole Life SERFF Tr Num: PRES-126228405 State: Arkansas

Application for Reinstatement

TOI: L071 Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num: 42987
 Closed

Sub-TOI: L071.321 Current Assumption - Co Tr Num: WL2009RA State Status: Approved-Closed
 Indeterminate Premium - Single Life

Filing Type: Form Reviewer(s): Linda Bird

Authors: Diana Barbas, Reidlynn Disposition Date: 07/24/2009

Newton, Geralyn Farm, Chelsey

Ires-Cohen

Date Submitted: 07/14/2009 Disposition Status: Approved-
 Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Reinstatement Application

Status of Filing in Domicile: Pending

Project Number: WL2009RA

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: 07/24/2009

Explanation for Other Group Market Type:

State Status Changed: 07/24/2009

Deemer Date:

Created By: Reidlynn Newton

Submitted By: Reidlynn Newton

Corresponding Filing Tracking Number:

Filing Description:

The Simplified Issue Life Application for Reinstatement, form number WL2009RA, is being submitted for your review and approval.

It will be used with our Simplified Issue Whole Life policy, form WL2009P, which was approved by your Department on

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 4/20/2009.

Thank you for your consideration.

Company and Contact

Filing Contact Information

Reidlynn Newton, rnewton@presidentallife.com
 69 Lydecker Street 845-358-2300 [Phone] 217 [Ext]
 Nyack, NY 10960 845-358-0945 [FAX]

Filing Company Information

Presidential Life Insurance Company CoCode: 68039 State of Domicile: New York
 69 Lydecker Street Group Code: Company Type:
 Nyack, NY 10960 Group Name: State ID Number:
 (845) 358-2300 ext. 224[Phone] FEIN Number: 13-2570714

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Presidential Life Insurance Company	\$50.00	07/14/2009	29186123

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/24/2009	07/24/2009

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	WL2009RA	Application/ Enrollment Form	Simplified Issue Life Application for Reinstatement	Initial		46.800	WL2009RA (Reinstatement App).pdf

Presidential Life Insurance Company

69 Lydecker Street • Nyack, New York 10960

SIMPLIFIED ISSUE LIFE APPLICATION FOR REINSTATEMENT

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND PROPERLY SIGNED
(PLEASE PRINT)

Name of Owner _____

Name of Insured _____ Policy No. _____

**PLEASE ANSWER EACH QUESTION BELOW FOR THE INSURED COVERED BY THE POLICY.
EXPLAIN ANY "YES" ANSWERS; INDICATE DISORDER, DATE OF ONSET AND RECOVERY, NAME AND
ADDRESS OF PHYSICIAN, CLINIC OR HOSPITAL. (USE 'ADDITIONAL INFORMATION SECTION' IF NECESSARY
AND INDICATE QUESTION NUMBER.)**

I understand that said policy will not be reinstated until this application has been approved by the company at its Home office.
The following representations may be used as a basis for contest of a claim for not more than two (2) years after the date of
such representation.

1. Is the insured currently, or in the past 90 days, been hospitalized, bedridden, confined to a nursing facility, received hospice care or used oxygen to assist in breathing? YES NO
2. Within the past 90 days, has the insured had a heart attack, stroke, ALS (Lou Gehrig's disease) or received treatment (including surgery, radiation or chemotherapy) for internal cancer? YES NO
3. Has the insured been diagnosed by or received treatment from a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?.. YES NO
4. Has the insured been diagnosed with a terminal illness? YES NO
5. **In the past two (2) years, has the insured had, taken medication for or been treated for any of the following? (If yes, please circle the condition/conditions)** YES NO
 - Alcoholism Dementia Kidney Disease Multiple Sclerosis
 - Alzheimer's Disease Drug Abuse Leukemia Organic Brain Syndrome
 - Angina Pectoris Heart Attack Liver Disease Parkinson's Disease
 - Aneurysm Heart Disease Lung Disease Sickle Cell Anemia
 - Cirrhosis Heart Surgery Lupus Stroke
 - Congestive Heart Failure Internal Cancer Malignant Melanoma
- 5a. Has the insured had an amputation caused by disease, had or been advised to have surgery for a heart condition or blood vessel disease? YES NO
- 5b. Had a diagnostic test for which results have not been received? YES NO
- 5c. Uncontrolled high blood pressure OR uncontrolled diabetes? YES NO
- 5d. Both controlled high blood pressure AND insulin dependent diabetes? YES NO
- 5e. *(Applies to Insureds Age 25 and under only)* Cerebral Palsy, Cystic Fibrosis, Diabetes, Down's Syndrome, Multiple Sclerosis or Muscular Dystrophy? YES NO
6. Is the insured taking any medications? If yes, list medication(s) and usage(s) below and indicate insured who is taking: YES NO

Current Medications and Usages: _____

Describe illnesses or injuries:

_____ Date of onset: _____

Doctor's Name and Address: _____ Doctor's Phone # (____) _____

Date(s) of Hospitalization(s): _____

(Continued on next page)

<i>SERFF Tracking Number:</i>	<i>PRES-126228405</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Presidential Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42987</i>
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments: Please see the attached Readability Certification and Certification of Compliance. Thank you.		
Attachments: Readability Certification.pdf ARKANSAS-COMP.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Not applicable.		
Comments:		

READABILITY CERTIFICATION

I, Diana Barbas, an officer of Presidential Life Insurance Company, hereby certify that the Application for Reinstatement form listed below have a Flesch score of at least 45.0.



Signature

Diana Barbas

Name

First Vice President

Title

June 29, 2009

Date

Form Number

WL2009RA

Score

46.8

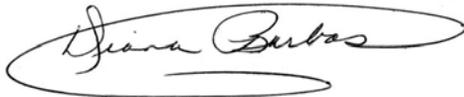
STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

CARRIER: Presidential Life Insurance Company

FORM TITLE(S): Simplified Issue Life Application for Reinstatement

FORM NUMBER(S): WL2009RA

I hereby certify that to the best of my knowledge and belief the above form submission meets the provisions of Regulation 19, Regulation 49, as well as all applicable requirements of the Arkansas Insurance Department.



Signature of Officer

Diana Barbas
Name

First Vice President
Title and/or Business Affiliation

July 14, 2009
Date