

SERFF Tracking Number: RSLI-126242099 State: Arkansas  
Filing Company: Reliance Standard Life Insurance Company State Tracking Number: 43061  
Company Tracking Number: LRS-6422-8 ED. 07/09  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: Group Term Life  
Project Name/Number: Premiums Provision/LRS-6422-8 Ed. 07/09

## Filing at a Glance

Company: Reliance Standard Life Insurance Company

Product Name: Group Term Life

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: RSLI-126242099 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 43061

Co Tr Num: LRS-6422-8 ED. 07/09 State Status: Approved-Closed

Author: Disposition Date: 07/29/2009

Date Submitted: 07/27/2009 Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

## General Information

Project Name: Premiums Provision

Project Number: LRS-6422-8 Ed. 07/09

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/29/2009

Deemer Date:

Submitted By: Marc Vergillo

Filing Description:

NAIC NO: 07468381

FEIN NO: 36-0883760

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 07/29/2009

Created By: Marc Vergillo

Corresponding Filing Tracking Number:

RE: Reliance Standard Life Insurance Company

Group Term Life Insurance

Policy Form: LRS-6422 Ed. 2/84, et al.

Submitting:

Premiums Provision

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 Policy Page: LRS-6422-8 Ed. 07/09

Attached please find the above-referenced Group Term Life policy page for your review and approval.

This form is new and is intended to replace policy form LRS-6422-8 Ed. 03/82 which was previously approved by your department on May 19, 1999. The revisions are being made to provide for more flexibility and options when there is a change to the policyholders benefit volume.

There is no impact on the Group Term Life rates/premiums as a result of these revisions. Certain portions of these forms are bracketed to indicate variability. Rest assured that those portions bracketed as a variable will never be less than that which is proscribed by law.

Also attached please find the required certifications.

We trust you will find this submission in order. Should you need anything additional, please let me know. We trust this submission meets with your satisfaction and approval can be extended.

## Company and Contact

### Filing Contact Information

Marc Vergillo, Compliance Specialist marc.vergillo@rsli.com  
 2001 Market Street 800-351-7500 [Phone] 3621 [Ext]  
 Suite 1500 267-256-3546 [FAX]  
 Philadelphia, PA 19103-7090

### Filing Company Information

Reliance Standard Life Insurance Company CoCode: 68381 State of Domicile: Illinois  
 2001 Market Street Group Code: Company Type:  
 Suite 1500 Group Name: State ID Number:  
 Philadelphia, PA 19103-7090 FEIN Number: 36-0883760  
 (800) 351-7500 ext. [Phone]

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes

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 Fee Explanation: Illinois is state of domicile for Reliance Standard Life Insurance Company. Illinois filing fee is \$50.00 per form. Filing 1 form at \$50.00 per form = \$50.00  
 Per Company: No

| COMPANY                                  | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|--|---------|----------------|---------------|
| Reliance Standard Life Insurance Company | \$50.00 | 07/27/2009     | 29451744      |

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## Correspondence Summary

### Dispositions

| Status          | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 07/29/2009 | 07/29/2009     |

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## Disposition

Disposition Date: 07/29/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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| Schedule            | Schedule Item                       | Schedule Item Status | Public Access |
|---------------------|-------------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification                |                      | Yes           |
| Supporting Document | Application                         |                      | No            |
| Form                | Group Term Life Premium Policy Page |                      | Yes           |

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## Form Schedule

**Lead Form Number: LRS-6422-8 Ed. 07/09**

| Schedule Item Status | Form Number          | Form Type                | Form Name                           | Action  | Action Specific Data | Readability | Attachment              |
|----------------------|----------------------|--------------------------|-------------------------------------|---------|----------------------|-------------|-------------------------|
|                      | LRS-6422-8 Ed. 07/09 | Policy/Cont ract/Fratern | Group Term Life Premium Policy Page | Initial |                      | 56.500      | LRS-6422-8 Ed. 0709.pdf |
|                      |                      | al                       |                                     |         |                      |             |                         |
|                      |                      | Certificate:             |                                     |         |                      |             |                         |
|                      |                      | Amendmen                 |                                     |         |                      |             |                         |
|                      |                      | t, Insert                |                                     |         |                      |             |                         |
|                      |                      | Page,                    |                                     |         |                      |             |                         |
|                      |                      | Endorseme                |                                     |         |                      |             |                         |
|                      |                      | nt or Rider              |                                     |         |                      |             |                         |

## PREMIUMS

**PREMIUM PAYMENT:** All premiums are to be paid by you to us, or to an authorized agent, on or before the due date. The premium due dates are stated on the Policy face page.

**PREMIUM RATE:** The premium due will be the rate per \$1,000 of benefit multiplied by the entire amount of benefit volume then in force. We will furnish to you the premium rate on the Policy effective date and when it is changed. We have the right to change the premium rate:

- (1) on any premium due date after the Policy is in force for [twelve (12) months]; or
- (2) when the extent of coverage is changed by amendment; or
- (3) on any premium due date after the Policy is in force for [twelve (12) months] if the entire amount of the benefit volume changes by [1-25]% or more from the entire amount of benefit volume on the Policy effective date.

We will not change the premium rate due to (1) above more than once in any [twelve (12) month] period. We will tell you in writing at least [31 days] before the date of a change due to (1) above.

**GRACE PERIOD:** You may pay the premium up to [31 days] after the date it is due. The Policy stays in force during this time. If the premium is not paid during the grace period, the Policy will be cancelled at the end of the grace period. You will still owe us the premium up to the date the Policy is cancelled.

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## Supporting Document Schedules

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

Please see Certifications attached.

**Attachments:**

Consumer Information Notice Certification.pdf

Readability Certification.pdf

Rule and Reg 19 Certification.pdf

Rule and Reg 49 Certification.pdf

**Item Status:**

**Status  
Date:**

**Bypassed - Item:** Application

**Bypass Reason:** N/A-This is a form filing for a Group Term Life product.

**Comments:**

CERTIFICATION OF COMPLIANCE

I certify that we comply with ACA 23-79-138 regarding consumer information notices.



Charles Denaro  
Charles Denaro  
Vice President, Secretary

Date: July 27, 2009

CERTIFICATION OF COMPLIANCE

I certify that we comply with ACA 23-80-206 regarding readability.



Charles Denaro  
Vice President, Secretary

Date: July 27, 2009

CERTIFICATION OF COMPLIANCE

I certify that we comply with Rule and Regulation 19.

A handwritten signature in cursive script, reading "Charles Denaro", is positioned above a horizontal line.

Charles Denaro  
Vice President, Secretary

Date: July 27, 2009

CERTIFICATION OF COMPLIANCE

I certify that we comply with Rule and Regulation 49.



Charles Denaro  
Vice President, Secretary

Date: July 27, 2009