

SERFF Tracking Number:	UFFL-126242234	State:	Arkansas
Filing Company:	United Home Life Insurance Company	State Tracking Number:	43042
Company Tracking Number:	200-608		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design
Product Name:	200-608		
Project Name/Number:	/		

Filing at a Glance

Company: United Home Life Insurance Company

Product Name: 200-608

TOI: L071 Individual Life - Whole

SERFF Tr Num: UFFL-126242234 State: Arkansas

SERFF Status: Closed-Approved-Closed
State Tr Num: 43042

Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Co Tr Num: 200-608

State Status: Approved-Closed

Filing Type: Form

Author: Karen Hynes

Reviewer(s): Linda Bird

Date Submitted: 07/24/2009

Disposition Date: 07/29/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 10/01/2009

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Informational

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: 07/29/2009

Explanation for Other Group Market Type:

State Status Changed: 07/29/2009

Deemer Date:

Created By: Karen Hynes

Submitted By: Karen Hynes

Corresponding Filing Tracking Number:

Filing Description:

Enclosed please find, for informational purposes, an updated actuarial memorandum and sample policy specifications for policy form 200-608 6-08 (AR), Modified Death Benefit Whole Life, previously approved by your department October 29, 2008. As previously approved, the death benefit contained in form 200-608 6-08 (AR) was reduced in the first two policy years, except in the case of accidental death, and the initial face amount increased 5% in policy years 6, 11, 16, and 21 and remained level thereafter. No earlier than October 1, 2009, due to increased expenses, we are eliminating the increase to the initial face amount for new issues only. The sample policy specifications included in the Forms Schedule tab reflect the updated death benefit pattern.

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I would appreciate your acknowledgement of this informational filing.

If you have any questions, or need any additional information, please feel free to contact me at 317-692-7465 or by email at karen.hynes@infarmbureau.com.

Company and Contact

Filing Contact Information

Karen Hynes, karen.hynes@infarmbureau.com
 225 S East 317-692-7465 [Phone]
 Indianapolis, IN 46202

Filing Company Information

United Home Life Insurance Company CoCode: 69922 State of Domicile: Indiana
 225 S. East St. Group Code: Company Type: LAH
 Indianapolis, IN 46202 Group Name: State ID Number:
 (317) 692-7465 ext. [Phone] FEIN Number: 35-0841899

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: AR imposes a filing fee of \$50.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Home Life Insurance Company	\$50.00	07/24/2009	29427741

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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		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Modified Death Benefit Whole Life		Yes

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 Product Name: 200-608
 Project Name/Number: /

Form Schedule

Lead Form Number: 200-608 6-08 (AR)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	200-608 6-08 (AR)	Schedule Pages	Modified Death Benefit Whole Life	Initial			Spec MNT 35 - AR.pdf

POLICY SPECIFICATIONS

Policy Date [10-31-2008]

Maturity Date [10-31-2094]

As of [10-31-2008]

INSURED
[DOE, JOHN]

Policy Number: [1234567]

*Initial Face Amount: [\$10,000]

Insured's Sex: [Male]

Age at Issue: [35]

Owner: See Application

SCHEDULE OF BENEFITS & PREMIUMS

Form No.	Basic Plan	Premium Payable
200-608 6-08 (AR)	Modified Death Benefit Whole Life [Male - Non-Tobacco]	[\$370.30 86 yrs]

Additional Benefits		
[200-575 6-08	Identity Theft Waiver of Premium Rider	None]
[200-576 6-08	Hospital Stay Waiver of Premium Rider	None]
[200-537 6-08	Common Carrier Accidental Death Benefit Rider (Benefit Amount: \$10,000)]	None

Premiums							
Monthly EFT	[\$34.44]	Quarterly	[\$99.98]	Semiannual	[\$196.26]	Annual	[\$370.30]

* This amount is reduced in the first two policy years. See Page 3B for Table of Face Amounts for all policy years.

MODIFIED DEATH BENEFIT WHOLE LIFE

Table of Annual Premiums and Values*

(Premiums include Base Policy, and if applicable, all ratings, riders and benefits)

Policy Year	Annual Premium**	Face Amount	Cash or Loan Value	Reduced Paid-Up Insurance
1	[\$370.30	[\$3,000.00	[\$0.00	[\$0
2	\$370.30	\$6,000.00	\$0.00	\$0
3	\$370.30	[\$10,000.00	\$71.10	\$442
4	\$370.30	\$10,000.00	\$153.60	\$915
5	\$370.30	\$10,000.00	\$239.50	\$1,368
6	\$370.30	\$10,000.00	\$329.10	\$1,802
7	\$370.30	\$10,000.00	\$422.00	\$2,215
8	\$370.30	\$10,000.00	\$518.40	\$2,609
9	\$370.30	\$10,000.00	\$618.10	\$2,984
10	\$370.30	\$10,000.00	\$721.20	\$3,342
11	\$370.30	\$10,000.00	\$827.50	\$3,681
12	\$370.30	\$10,000.00	\$937.40	\$4,004
13	\$370.30	\$10,000.00	\$1,051.00	\$4,313
14	\$370.30	\$10,000.00	\$1,169.30	\$4,609
15	\$370.30	\$10,000.00	\$1,292.50	\$4,894
16	\$370.30	\$10,000.00	\$1,420.30	\$5,166
17	\$370.30	\$10,000.00	\$1,552.70	\$5,427
18	\$370.30	\$10,000.00	\$1,689.00	\$5,675
19	\$370.30	\$10,000.00	\$1,829.50	\$5,911
20	\$370.30	\$10,000.00	\$1,973.60	\$6,136
21	\$370.30	\$10,000.00	\$2,120.50	\$6,347
22	\$370.30	\$10,000.00	\$2,270.80	\$6,548
23	\$370.30	\$10,000.00	\$2,424.20	\$6,739
24	\$370.30	\$10,000.00	\$2,582.00	\$6,921
25	\$370.30	\$10,000.00	\$2,744.00	\$7,095
26	\$370.30	\$10,000.00	\$2,909.60	\$7,260
27	\$370.30	\$10,000.00	\$3,078.10	\$7,417
28	\$370.30	\$10,000.00	\$3,248.40	\$7,565
29	\$370.30	\$10,000.00	\$3,420.20	\$7,705
30	\$370.30	\$10,000.00	\$3,593.50	\$7,836
31	\$370.30	\$10,000.00	\$3,768.40	\$7,961
32	\$370.30	\$10,000.00	\$3,945.50	\$8,080
33	\$370.30	\$10,000.00	\$4,125.30	\$8,193
34	\$370.30	\$10,000.00	\$4,307.90	\$8,301
35	\$370.30	\$10,000.00	\$4,493.90	\$8,405
36	\$370.30	\$10,000.00	\$4,682.10	\$8,504
37	\$370.30	\$10,000.00	\$4,872.20	\$8,599
38	\$370.30	\$10,000.00	\$5,061.40	\$8,687
39	\$370.30	\$10,000.00	\$5,250.20	\$8,771
40]	\$370.30]	\$10,000.00]	\$5,439.00]	\$8,851]

* The Cash Values and Reduced Paid-Up Amounts are shown as of the end of each policy year. They assume all premiums have been paid. Annual premiums are shown as of the beginning of each policy year.

**Premiums are guaranteed and not subject to change.

MODIFIED DEATH BENEFIT WHOLE LIFE

Table of Annual Premiums and Values*

(Premiums include Base Policy, and if applicable, all ratings, riders and benefits)

Policy Year	Annual Premium**	Face Amount	Cash or Loan Value	Reduced Paid-Up Insurance
[41	[\$370.30	[\$10,000.00	[\$5,627.50	[\$8,926
42	\$370.30	\$10,000.00	\$5,815.90	\$8,998
43	\$370.30	\$10,000.00	\$6,003.00	\$9,066
44	\$370.30	\$10,000.00	\$6,187.10	\$9,129
45	\$370.30	\$10,000.00	\$6,367.00	\$9,188
46	\$370.30	\$10,000.00	\$6,542.30	\$9,244
47	\$370.30	\$10,000.00	\$6,711.70	\$9,295
48	\$370.30	\$10,000.00	\$6,876.10	\$9,343
49	\$370.30	\$10,000.00	\$7,035.60	\$9,388
50	\$370.30	\$10,000.00	\$7,189.60	\$9,430
51	\$370.30	\$10,000.00	\$7,336.90	\$9,468
52	\$370.30	\$10,000.00	\$7,476.60	\$9,504
53	\$370.30	\$10,000.00	\$7,607.80	\$9,536
54	\$370.30	\$10,000.00	\$7,730.10	\$9,565
55	\$370.30	\$10,000.00	\$7,843.20	\$9,592
56	\$370.30	\$10,000.00	\$7,947.10	\$9,616
57	\$370.30	\$10,000.00	\$8,045.30	\$9,638
58	\$370.30	\$10,000.00	\$8,138.00	\$9,658
59	\$370.30	\$10,000.00	\$8,225.20	\$9,677
60	\$370.30	\$10,000.00	\$8,306.30	\$9,694
61	\$370.30	\$10,000.00	\$8,380.60	\$9,710
62	\$370.30	\$10,000.00	\$8,452.00	\$9,725
63	\$370.30	\$10,000.00	\$8,520.10	\$9,738
64	\$370.30	\$10,000.00	\$8,584.10	\$9,751
65	\$370.30	\$10,000.00	\$8,642.80	\$9,763
66	\$370.30	\$10,000.00	\$8,693.50	\$9,773
67	\$370.30	\$10,000.00	\$8,743.30	\$9,783
68	\$370.30	\$10,000.00	\$8,792.10	\$9,792
69	\$370.30	\$10,000.00	\$8,839.70	\$9,801
70	\$370.30	\$10,000.00	\$8,885.90	\$9,810
71	\$370.30	\$10,000.00	\$8,931.00	\$9,818
72	\$370.30	\$10,000.00	\$8,975.10	\$9,827
73	\$370.30	\$10,000.00	\$9,018.00	\$9,835
74	\$370.30	\$10,000.00	\$9,059.70	\$9,842
75	\$370.30	\$10,000.00	\$9,100.20	\$9,850
76	\$370.30	\$10,000.00	\$9,139.40	\$9,857
77	\$370.30	\$10,000.00	\$9,177.50	\$9,864
78	\$370.30	\$10,000.00	\$9,214.30	\$9,870
79	\$370.30	\$10,000.00	\$9,249.90	\$9,876
80]	\$370.30]	\$10,000.00]	\$9,284.40]	\$9,883]

* The Cash Values and Reduced Paid-Up Amounts are shown as of the end of each policy year. They assume all premiums have been paid. Annual premiums are shown as of the beginning of each policy year.

**Premiums are guaranteed and not subject to change.

Policy Number [1234567]

MODIFIED DEATH BENEFIT WHOLE LIFE

Table of Annual Premiums and Values*

(Premiums include Base Policy, and if applicable, all ratings, riders and benefits)

Policy Year	Annual Premium**	Face Amount	Cash or Loan Value	Reduced Paid-Up Insurance
[81	[\$370.30	[\$10,000.00	[\$9,318.40	[\$9,889
82	\$370.30	\$10,000.00	\$9,355.40	\$9,900
83	\$370.30	\$10,000.00	\$9,424.00	\$9,995
84	\$370.30	\$10,000.00	\$9,869.90	\$10,000
85	\$370.30	\$10,000.00	\$9,912.70	\$10,000
86]	\$370.30]	\$10,000.00]	\$10,000.00]	\$10,000]

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**Premiums are guaranteed and not subject to change.

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: N/A to this submission.		
Comments:		
	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: N/A to this submission.		
Comments:		