

SERFF Tracking Number: CEUL-126256764 State: Arkansas
Filing Company: The Manhattan Life Insurance Company State Tracking Number: 43135
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: STOLI Addendum
Project Name/Number: /

Filing at a Glance

Company: The Manhattan Life Insurance Company

Product Name: STOLI Addendum

SERFF Tr Num: CEUL-126256764 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved- State Tr Num: 43135

Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author:

Disposition Date: 08/07/2009

Date Submitted: 08/05/2009

Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

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:

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: 08/07/2009

Explanation for Other Group Market Type:

State Status Changed: 08/07/2009

Deemer Date:

Created By: Lloyd Kleiman

Submitted By: Lloyd Kleiman

Corresponding Filing Tracking Number:

Filing Description:

This is an Addendum to our applications as part of the steps we are taking to prevent STOLI.

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

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 Product Name: STOLI Addendum
 Project Name/Number: /
 The Manhattan Life Insurance Company CoCode: 65870 State of Domicile: New York
 2727 Allen Parkway Group Code: Company Type:
 Suite 500 Group Name: State ID Number:
 Houston, TX 77019-2100 FEIN Number: 13-1004640
 (713) 529-0045 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Manhattan Life Insurance Company	\$20.00	08/05/2009	29650591

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/07/2009	08/07/2009

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Disposition

Disposition Date: 08/07/2009

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
Supporting Document	Cover Letter		Yes
Supporting Document	Statement of Variability		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-09	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

ADDENDUM TO APPLICATION FOR LIFE INSURANCE COVERAGE

- Central United Life Insurance Company }
 The Manhattan Life Insurance Company } Hereafter, referred to as the Company.
 Family Life Insurance Company }
-

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

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Flesch score MLIC.pdf		
Bypassed - Item: Application Bypass Reason: this is an addendum Comments:		
Satisfied - Item: Cover Letter Comments: Attachment: STOLICvrLtr_MLIC_AR.pdf		
Satisfied - Item: Statement of Variability Comments: Attachment: Statement of Variability.pdf		

MANHATTAN LIFE

CERTIFICATION

I, Mary Lou Rainey, Secretary for The Manhattan 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

Readability Score

APADD-09

42.38

DATE: 8/4/09

Mary Lou Rainey

Mary Lou Rainey, Secretary

The Manhattan Life Insurance Company
10700 Northwest Freeway
Houston, Texas 77019
Email: rcoleman@culins.com

Phone: 713-529-0045
Toll Free: 800-669-9030 ext. 5261
Fax: 713-821-6551



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MANHATTAN LIFE

Lloyd Kleiman
Compliance Analyst

8/5/09

Arkansas Insurance Department
1200 West 3rd 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 lkleiman@manhattanlife.com.

Sincerely,
Lloyd Kleiman
Compliance Analyst

10700 Northwest Freeway
Houston, Texas 77092
Email: lkleiman@manhattanlife.com

Phone: 713-529-0045, ext. 5184
Toll Free: 800-669-9030 ext. 5184
Fax: 713-821-6551



**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.