

SERFF Tracking Number: FRCS-126282740 State: Arkansas  
Filing Company: Investors Insurance Corporation State Tracking Number: 43365  
Company Tracking Number: 5241  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Replacement Forms  
Project Name/Number: LMG/94/94

## Filing at a Glance

Company: Investors Insurance Corporation

Product Name: Replacement Forms

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: FRCS-126282740 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 43365

Co Tr Num: 5241

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Bob Motley, Aaron Clark

Disposition Date: 08/28/2009

Date Submitted: 08/27/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: LMG/94

Project Number: 94

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/28/2009

Deemer Date:

Submitted By: Exselsa Cartwright

Filing Description:

We have been retained by Investors Insurance Corporation to file the enclosed form for approval in your state.

Our fee of \$50 has been sent by EFT on this same date.

This form is new and will not replace any currently on file with your Department.

Form IC1446F 0605 will be used to answer replacement questions at time of application.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Not being  
submitted to the domicile at this time.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/28/2009

Created By: Aaron Clark

Corresponding Filing Tracking Number:

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This form is for general use. The administrative office information is bracketed to indicate it may change at a future date.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

## Company and Contact

### Filing Contact Information

Aaron Clark, Technician aaron.clark@firstconsulting.com  
 1020 Central 800-927-2730 [Phone] 2835 [Ext]  
 Suite 201 816-391-2755 [FAX]  
 Kansas City, MO 64105

### Filing Company Information

(This filing was made by a third party - FC01)

Investors Insurance Corporation CoCode: 64939 State of Domicile: Delaware  
 Star Nine Building Group Code: 749 Company Type:  
 2970 Hartley Rd, Suite 300 Group Name: State ID Number:  
 Jacksonville, FL 32257 FEIN Number: 93-0465369  
 (800) 749-6992 ext. [Phone]

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation: \$50.00 per form times one form equals \$50.00. This is based on the domicile state of DE which charges \$50.00 per form.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Investors Insurance Corporation	\$50.00	08/27/2009	30168710

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/28/2009	08/28/2009

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## Disposition

Disposition Date: 08/28/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>FRCS-126282740</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Investors Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>43365</i>
<i>Company Tracking Number:</i>	<i>5241</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Replacement Forms</i>		
<i>Project Name/Number:</i>	<i>LMG/94/94</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Authorization		Yes
<b>Form</b>	Important Notice: Replacement of Life Insurance and Annuities		Yes

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## Form Schedule

**Lead Form Number: IC1446F 0605**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	IC1446F 0605	Application/ Important Notice: Enrollment Form	Replacement of Life Insurance and Annuities	Initial		52.100	IC1446F 0605.pdf



Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary, or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

**SPECIFIC REASON FOR REPLACING EXISTING POLICY WITH NEW PROPOSED POLICY:**

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**You SHOULD NOT take action to terminate, assign or alter your existing life insurance coverage until after you have been issued the new policy, examined it and have found it to be acceptable to you.**

Remember where a replacement is involved, the policy owner has the right to return the policy with thirty (30) days of delivery of the contract and receive a full refund of all premiums.

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

**PREMIUMS:**

Are they affordable?

Could they change?

Are they guaranteed on your current policy?

You're older — are premiums higher for the proposed new policy? On the old policy?

How long will you have to pay premiums on the new policy? On the old policy?

**POLICY VALUES:**

Does your current policy pay dividends?

New policies usually take longer to build cash values and to pay dividends.

Acquisition costs for the old policy may have been paid; you will incur costs for the new one.

What surrender charges do the policies have?

What expense and sales charges will you pay on the new policy?

Does the new policy provide more insurance coverage?

**INSURABILITY:**

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.

You may need a medical exam for a new policy.

Claims on most new policies for up to the first two years can be denied based on inaccurate statements.

Suicide limitations and contestable periods may begin anew on the new coverage.

**IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:**

How are premiums for both policies being paid?

How will the premiums on your existing policy be affected?

Will a loan be deducted from death benefits?

What values from the old policy are being used to pay premiums?

**IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:**

Will you pay surrender charges on your old contract?

Do you know the Guaranteed and Current Interest Rates for your current policy and the proposed new policy?

Have you compared the contract charges or other policy expenses?

**OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:**

What are the tax consequences of buying the new policy?

Is this a tax-free exchange? (See your tax advisor.)

Is there a benefit from favorable “grandfathered” treatment of the old policy under the federal tax code?

Will the existing insurer be willing to modify the old policy?

How does the quality and financial stability of the new company compare with your existing company?

***Statement of Policy Regarding Replacements***  
***Producers should not advise, suggest, or recommend that an existing life insurance policy or annuity contract be replaced unless it is in the interest of the customer.***

I certify that only insurer-approved sales materials were used in my sales presentation, and copies of all materials used were given to the applicant, and also sent to the Home Office for the policy file. I also attest that I have been made aware of the Company policy regarding replacements, and I believe this proposed replacement falls within that policy.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

This is to acknowledge that I have reviewed and jointly completed this Replacement Questionnaire with the agent proposing my new policy. After considering all of the factors that relate to my personal situation, I believe it to be in my best interest to replace my current policy with the proposed new policy.

I certify that the responses herein are, to the best of my knowledge, accurate (see acknowledgement).

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS TO PRODUCER:** All pages of this form are to be completed in their entirety when a new IIC policy is being issued to replace either another IIC or another company's policy.

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachments:</b> AR Readability Cert.pdf AR COC.pdf		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Not applicable for this filing. <b>Comments:</b>		
<b>Satisfied - Item:</b> Authorization <b>Comments:</b> <b>Attachment:</b> AUTH DIST.pdf		

**STATE OF ARKANSAS  
READABILITY CERTIFICATION**

**COMPANY NAME:** Investors Insurance Corporation

This is to certify that the form referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
IC1446F 0605	52.1



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Susan F. Powell, Executive Vice President

August 25, 2009

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Date

**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

**Company Name:** Investors Insurance Corporation

**Form Title:** Important Notice: Replacement of Life Insurance or Annuities

**Form Number:** IC1446F 0605

I hereby certify that to the best of my knowledge and belief, the above form and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.

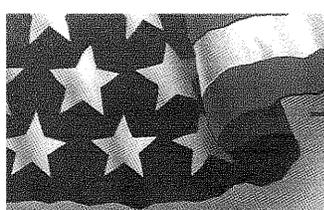


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Susan F. Powell  
Executive Vice President

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August 25, 2009  
Date



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# ANNUITY AND LIFE SERVICES

January 20, 2009

To: The Insurance Commissioner

## Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Investors Insurance Corporation

By: 

Title: Executive Vice President

P.O. Box 56050 • Jacksonville, Florida 32241-6050  
8380 Baymeadows Road, Suite 12 • Jacksonville, Florida 32256 • 904-260-6990 • 800-749-6992

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Investors Insurance Corporation • Investors Marketing Group  
Investors Marketing Group Insurance Services