

SERFF Tracking Number: SEFL-126252005 State: Arkansas  
Filing Company: Assurity Life Insurance Company State Tracking Number: 43209  
Company Tracking Number: LIFE CHG  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Life CHG  
Project Name/Number: Life CHG/Life CHG

## Filing at a Glance

Company: Assurity Life Insurance Company

Product Name: Life CHG

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: SEFL-126252005 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 43209

Co Tr Num: LIFE CHG

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Kristi Hendrickson

Disposition Date: 08/17/2009

Date Submitted: 08/12/2009

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: Life CHG

Project Number: Life CHG

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/17/2009

Deemer Date:

Submitted By: Kristi Hendrickson

Filing Description:

Form No. Title

75-610-01155 Application for Changes to Life Policy

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 08/12/2009

Domicile Status Comments: Approved

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/17/2009

Created By: Kristi Hendrickson

Corresponding Filing Tracking Number:

We respectfully ask your review and approval of the above form. The form is new and has not been previously been submitted for review. Once approved, it will replace LA/U-32 (8/03) which was previously approved on September 22, 2003.

Form 75-610-01155 is an administrative form for individual life policyholders requesting changes to their current coverage. When evidence of insurability is required for the change, the policyholder will be required to complete Form

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75-859-05051. Form 75-859-05051 was approved by your department on August 10, 2009.

## Company and Contact

### Filing Contact Information

Kristi Hendrickson, Policy Filing Specialist policyfiling@assurity.com  
 1526 K Street 402-437-3452 [Phone]  
 Lincoln, NE 68508 402-437-3802 [FAX]

### Filing Company Information

Assurity Life Insurance Company	CoCode: 71439	State of Domicile: Nebraska
1526 K Street	Group Code: -99	Company Type: Life/Health
P.O. Box 82533	Group Name:	State ID Number:
Lincoln, NE 68501-2533	FEIN Number: 38-1843471	
(800) 276-7619 ext. [Phone]		

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurity Life Insurance Company	\$20.00	08/12/2009	29807921

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/17/2009	08/17/2009

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## **Disposition**

Disposition Date: 08/17/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>SEFL-126252005</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43209</i>
<i>Company Tracking Number:</i>	<i>LIFE CHG</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
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<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		Yes
<b>Form</b>	Application for Changes to Life Policy		Yes

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## Form Schedule

**Lead Form Number: 75-610-01155**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	75-610-01155	Application/ Enrollment Form	Application for Changes to Life Policy	Initial		50.000	75-610-01155 (08-10).pdf



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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> READ CERT.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application <b>Comments:</b> N/A		

**READABILITY CERTIFICATION**

I hereby certify the following forms were tested for readability using Microsoft® Word 2007 program and achieved the following test results:

**Company Name:** Assurity Life Insurance Company

**Type of Form:** Policy Change and Evidence of Insurability

<b>Form No.</b>	<b>Description</b>	<b>Flesch Score</b>
75-610-01155	Application for Changes to Health Policy	50.0



Signature

August 12, 2009

Date

Carol Watson  
Vice President, General Counsel  
Secretary