

SERFF Tracking Number: AULD-126321522 State: Arkansas  
Filing Company: State Life Insurance Company State Tracking Number: 43618  
Company Tracking Number: I-21782  
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium  
Variable  
Product Name: Annuity Care PPA Mailer  
Project Name/Number: Annuity Care PPA Mailer/I-21782

## Filing at a Glance

Company: State Life Insurance Company

Product Name: Annuity Care PPA Mailer

TOI: A02I Individual Annuities- Deferred Non-  
Variable

Sub-TOI: A02I.003 Single Premium

Filing Type: Form

SERFF Tr Num: AULD-126321522 State: Arkansas

SERFF Status: Closed-Filed- State Tr Num: 43618  
Closed

Co Tr Num: I-21782

State Status: Filed-Closed

Reviewer(s): Linda Bird

Author: Ann Smith

Disposition Date: 09/29/2009

Date Submitted: 09/28/2009

Disposition Status: Filed-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: Annuity Care PPA Mailer

Project Number: I-21782

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/29/2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 09/29/2009

Created By: Ann Smith

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Ann Smith

Filing Description:

RE: The State Life Insurance Company

FEIN: 35-0684263 NAIC: 69116

Advertising Form:

I-21782 Annuity Care PPA Mailer – Institutional Advertisement

The above referenced institutional advertisement is being submitted for your review and approval. This form is new and does not replace any form currently in use by our company.

Our brokers will use this advertisement with prospective clients for State Life's annuity policies, form number SA35,

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(single premium fixed interest deferred annuity with long-term care benefits) approved by your department on May 6, 2009, SERFF Number AULD-126125411; form number SA34, (single premium fixed interest deferred annuity with long term care benefits) approved by your department on May 17, 2006, SERFF Number SERT-6NSL2A121 and rider form number R508 (Tax Qualified Endorsement), approved by your department on September 28, 2006, SERFF Number SERT-6TSLQU296.

This advertising piece is not yet approved by our domiciliary state, Indiana.

State Life has reviewed the form and believes, to the best of its knowledge, the form is both consistent with the laws and regulations of your state and in compliance with those laws and regulations. The form contains no unusual or possibly controversial items deviating from normal company or industry standards.

## Company and Contact

### Filing Contact Information

Ann Smith, Sr. Contract Analyst Ann.Smith@oneamerica.com  
 One American Square 317-285-4223 [Phone]  
 Indianapolis, IN 46206

### Filing Company Information

State Life Insurance Company CoCode: 69116 State of Domicile: Indiana  
 One American Square Group Code: 619 Company Type:  
 P.O. Box 406 Group Name: State ID Number:  
 Indianapolis, IN 46206 FEIN Number: 35-0684263  
 (877) 285-7660 ext. [Phone]

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation: \$25.00 per advertisement.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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State Life Insurance Company \$25.00 09/28/2009 30893575

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Linda Bird	09/29/2009	09/29/2009

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## **Disposition**

Disposition Date: 09/29/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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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	Yes
<b>Supporting Document</b>	Application	No	No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo	No	No
<b>Supporting Document</b>	Filing Fee	Yes	Yes
<b>Form</b>	Annuity Care Pre-Approach Letter	Yes	Yes



[January 1, 2010]

[Prospective client]  
[Address]  
[City, State, Zip]

Dear [Prospective client]:

Recently, a new law came into effect that could have a positive impact on how you plan your retirement. It is not often that “Uncle Sam” provides us with tax breaks, but for retirees and those near retirement, a real opportunity has been created to help prepare for one of retirement’s biggest risks.

This new federal legislation reformed many aspects of the tax code, but one specific part of it dealt with non-qualified annuities and long-term care protection. Specifically, it now allows for income tax-free withdrawals from qualifying deferred annuities to pay for long-term care expenses.

Deferred annuities have been around for many, many years and you may even own one, but this new provision opens up a new world of tax-advantaged options. If qualifying annuity owners ever need long-term care, there are ways they can access their accumulated value in a tax-advantaged way. If they never need care, well, then they can pass their annuity on to their named beneficiary—truly a “win-win” use of these dollars.

It is important to note that not all deferred annuities meet the requirements for these new tax-advantages, only certain qualifying annuities do. If the idea of utilizing such a solution to help protect against unexpected retirement health care expenses is appealing, give me a call today at [(xxx\_ xxx-xxxx)], or stop by my office. I can help you review your present portfolio and discuss available options.

Sincerely,

[Joe A. Producer]

Annuity Care is a single premium deferred annuity medically underwritten and issued by The State Life Insurance Company, Indianapolis, Indiana. State Life Policy Forms: SA34 ,SA35 and R508. Product not available in all states. Pension Protection Act provisions assume policyholders have a HIPAA tax-qualified policy.

*[Not a deposit • Not FDIC insured • Not guaranteed by any bank • Not insured by any federal government agency]*

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## Supporting Document Schedules

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

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> We believe an application is not applicable for this advertisement filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Filing Fee		
<b>Comments:</b>		
<b>Attachment:</b> AR Filing Fees.STL.pdf		

**STATE OF ARKANSAS**

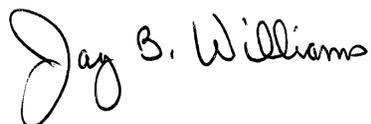
**CERTIFICATION**

CARRIER: THE STATE LIFE INSURANCE COMPANY

SUBMISSION: \_\_\_\_\_  
I-21782

DATE: \_\_\_\_\_  
September 28, 2009

I hereby certify that to the best of my knowledge and belief the above submission conforms to Arkansas Regulation 19 § 10B.



Jay B. Williams  
Name

Vice President, Corporate Compliance  
Title

ARKANSAS DEPARTMENT OF INSURANCE  
FILING CERTIFICATE

I-21782

Company Name: The State Life Insurance Company  
Company NAIC: 69116  
Company Contact Person: Ann Smith

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Insurance Department Use Only

Analyst:

Amount:

Route Slip:

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ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT  
LINE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

Rate/Form Filings

Life and/or Disability policy form filing and review, per  
each policy, contract, annuity form, per each insurer, per  
each filing. \_\_\_\_\_ x \$50= \_\_\_\_\_

Life and/or Disability - Filing and review of each rate  
filing or loss ratio guarantee filing, per each insurer. \_\_\_\_\_ x \$50= \_\_\_\_\_

Life and/or Disability Policy, Contract or Annuity Forms:  
Filing and review of each certificate, rider, endorsement or  
application if each is filed separately from the basic form. \_\_\_\_\_ x \$20= \_\_\_\_\_

Policy and contract forms, all lines, filing corrections in  
previously filed policy and contract forms. \_\_\_\_\_ x \$20= \_\_\_\_\_

Life and/or Disability: Filing and review of Insurer's  
advertising per each insurer. 1 x \$25= \$25.00

Amend Certificate of Authority

Review and processing of information to amend an Insurer's  
Certificate of Authority. \_\_\_\_\_ x \$400= \_\_\_\_\_

Filing to amend Certificate of Authority. \_\_\_\_\_ x \$100= \_\_\_\_\_