

SERFF Tracking Number: MCHX-126324218 State: Arkansas
Filing Company: Harleysville Life Insurance Company State Tracking Number: 43628
Company Tracking Number: IA-055 (Ed. 08-09)
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: IA-005 (Ed. 08-09) Conversion Application Harleys
Project Name/Number: IA-005 (Ed. 08-09) Conversion Application Harleysville Life Insurance Company/IA-005 (Ed. 08-09) Conversion Application Harleysville Life Insurance Company

Filing at a Glance

Company: Harleysville Life Insurance Company

Product Name: IA-005 (Ed. 08-09) Conversion SERFF Tr Num: MCHX-126324218 State: Arkansas

Application Harleys

TOI: L08 Life - Other

SERFF Status: Closed-Approved- State Tr Num: 43628
Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num: IA-055 (ED. 08-09)

State Status: Approved-Closed

Filing Type: Form

Author: SPI McHughConsulting

Reviewer(s): Linda Bird

Date Submitted: 09/29/2009

Disposition Date: 09/30/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 10/27/2009

Implementation Date:

State Filing Description:

General Information

Project Name: IA-005 (Ed. 08-09) Conversion Application Harleysville Status of Filing in Domicile: Pending
Life Insurance Company

Project Number: IA-005 (Ed. 08-09) Conversion Application Harleysville Date Approved in Domicile:
Life Insurance Company

Requested Filing Mode: Review & Approval

Domicile Status Comments: This filing is being submitted concurrently to Harleysville's domicile state of Pennsylvania.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/30/2009

Explanation for Other Group Market Type:

State Status Changed: 09/30/2009

Deemer Date:

Created By: SPI McHughConsulting

Submitted By: SPI McHughConsulting

Corresponding Filing Tracking Number:

Filing Description:

HARLEYSVILLE LIFE INSURANCE COMPANY

NAIC # 64327, FEIN # 23-1580983

SERFF Tracking Number: MCHX-126324218 State: Arkansas
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Harleysville Life Insurance Company

Individual Life Form Filing

IA-005 (Ed. 08-09) - Conversion Application for Life Insurance

McHugh Consulting Resources, Inc. has been requested to file the attached form on behalf of Harleysville Life Insurance Company. We respectfully attach an authorization letter for your files.

We are attaching the above-captioned form for your review and approval for Harleysville Life Insurance Company. This form is new and is not intended to replace any existing form currently on file with your Department. Form IA-005 (Ed. 08-09) will be used for converting an existing, approved Harleysville Life term insurance plan to an approved universal life insurance or whole life insurance plan issued by Harleysville.

This filing is being submitted concurrently to Harleysville's domicile state of Pennsylvania.

Attached are any required certifications, transmittal forms and/or filing fees.

We trust the attached is found to be in order and look forward to receiving your favorable reply. Should you have any questions or if we may provide any additional information, please do not hesitate to contact the undersigned. Thank you for your consideration in this matter.

Company and Contact

Filing Contact Information

Lauren Regnery, Compliance Assistant mcr@mchughconsulting.com
McHugh Consulting Resources 215-230-7960 [Phone]
350 South Main Street, Suite 103 215-230-7961 [FAX]
Doylestown, PA 18901

Filing Company Information

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

Harleysville Life Insurance Company CoCode: 64327 State of Domicile: Pennsylvania
355 Maple Avenue Group Code: 253 Company Type: Life
Harleysville, PA 19438 Group Name: State ID Number:
(215) 393-6118 ext. [Phone] FEIN Number: 23-1580983

Filing Fees

SERFF Tracking Number: MCHX-126324218 State: Arkansas
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Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Life Insurance Company	\$20.00	09/29/2009	30928164

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Harleysville Life Insurance Company

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	09/30/2009	09/30/2009

SERFF Tracking Number: MCHX-126324218 *State:* Arkansas
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Disposition

Disposition Date: 09/30/2009

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	Application		Yes
Supporting Document	Flesch Certification		Yes
Supporting Document	AR Cert of Compliance with Rule 19		Yes
Supporting Document	09.22.09 Submission Letter		Yes
Supporting Document	Forms Listing		Yes
Supporting Document	Authorization Letter		Yes
Form	Conversion Application for Life Insurance		Yes

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Form Schedule

Lead Form Number: IA-005 (Ed. 08-09)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	IA-005 (Ed. 08-09)	Enrollment Form	Application for Life Insurance	Initial		53.000	IA-005 (Ed_08-09).PDF



Corporate Address:
Harleysville Life Insurance Company
 355 Maple Avenue, Harleysville, PA 19438
 Tel 800.222.1981 www.harleysvillegroup.com

Please mail forms to the
 Administrative Address:
Harleysville Life Insurance Company
 P.O. Box 253, Harleysville, PA 19438-0253

CONVERSION APPLICATION FOR LIFE INSURANCE

Section One: Primary Insured Information

1. Full Name of Proposed **Primary Insured**: _____ / _____
Last First M.I. Birth Date Birth State

Former Name (if applicable): _____ Male Female
Last First M.I.

Residence: _____
Street and Number or Rural Route Social Security Number

_____ City State Zip Code Telephone Number

Does the Proposed Primary Insured use products containing nicotine? Yes No

Beneficiary (Name and Relationship to Primary Insured):

Primary: _____ Contingent: _____

2. Name of Owner: _____
(Proposed Primary Insured, if not otherwise stated. If the owner is a Trust, complete information below.)

Owner's Social Security Number or Tax ID: _____

If the Owner is a Trust, Name of Trust: _____

Name of Trustee: _____ Date of Trust: _____

Trust Identification Number: _____

Owner Address: _____
Street and Number or Rural Route

_____ City State Zip Code

3. Billing Address: Residence (as listed in question 1) Owner (as listed in question 2) Other (please provide below)

_____ Street and Number or Rural Route

_____ Name City State Zip Code

Section Two: Plan of Insurance

4. A. **Universal Life** Amount of Insurance: \$ _____

UL Plan Name _____

Death Benefit Option: Option 1, Level Option 2, Increasing

No Lapse Guarantee Option: 10 years 20 years to Maturity

Planned Premium: \$ _____ Payable to Age: _____

Current Riders to Retain: Accidental Death Benefit Children's Term
 Waiver of Premium (Total Disability Premium Payment) Other _____
 Other Insured Amount \$ _____ (please complete Section Three: Other Insured)

B. **Whole Life** Amount of Insurance: \$ _____

Current Riders to Retain: Accidental Death Benefit Waiver of Premium [Children's Term] Other _____

Would you like the Automatic Premium Loan on your whole life policy? Yes No

Premium Payment Mode:

Annually Semi-Annually
 Quarterly Single Premium
 PAC _____ New PAC information on attached form
 _____ Use my existing PAC information
 * Pre-Authorized Check

PROPOSED INSURED'S STATEMENT

I (We) have read the above questions and answers, and hereby declare that to the best of my (our) knowledge and belief, they are complete and true, and that the Company may rely on the statements in the issuance of a policy.

SIGNED AT: _____
City and State

DATED ON: _____
Month, Day, Year

✓ _____
Signature of Primary Insured

✓ _____
Signature of Other Insured

✓ _____
Signature of Owner (if other than Insured or Applicant)

✓ _____
Signature of Applicant
 (if other than Insured or Insured is under Age 18)

AGENT CERTIFICATION	
I certify that I personally completed this form <input type="checkbox"/> Yes <input type="checkbox"/> No A completed Disclosure Statement (applicable in Pennsylvania) was given to the applicant.	
DATE: _____	✓ _____ Signature of Licensed Agent _____ Print Name of Licensed Agent _____ Florida Agent License Number

AGENT INFORMATION

NAME _____ **AGENCY CODE** _____

AGENCY _____ **PHONE** _____

ADDRESS _____

FAX NUMBER _____ **E-MAIL ADDRESS** _____

For Split Commissions:

Name of Agent	HLIC Code Number	1 st Year Commission Split	Renewal Commission Split	Production Credit Allocation
Total		100%	100%	100%

Instructions to Home Office Underwriter

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: See Forms Tab		

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: AR - READABILITY CERTIFICATION.PDF		

	Item Status:	Status Date:
Satisfied - Item: AR Cert of Compliance with Rule 19		
Comments:		
Attachment: AR Cert of Compliance with Rule 19.PDF		

	Item Status:	Status Date:
Satisfied - Item: 09.22.09 Submission Letter		
Comments:		
Attachment: 09_22_09 Submission Letter.PDF		

	Item Status:	Status Date:
Satisfied - Item: Forms Listing		

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Comments:

Attachment:

Forms Listing.PDF

Item Status:

Status

Date:

Satisfied - Item: Authorization Letter

Comments:

Attachment:

Authorization Letter.PDF

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Harleysville Life Insurance Company

This is to certify that the form(s) 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
IA-005 (Ed. 08-09)	53



Signed: _____

Name: Theodore A. Majewski

Title: President and Chief Operating Officer

Date: September 22, 2009

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: Harleysville Life Insurance Company

Form Number(s): IA-005 (Ed. 08-09)

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Theodore A. Majewski

Name

President and Chief Operating Officer

Title

September 22, 2009

Date

350 South Main Street Suite 103
Doylestown, PA 18901
Ph# 215-230-7960
Fax # 215-230-7961
Email:mcr@mchughconsulting.com
www.mchughconsulting.com

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McHugh Consulting Resources, Inc.

September 29, 2009

Jay Bradford
Insurance Commissioner
Arkansas Department of Insurance
Compliance - Life and Health
1200 West Third Street
Little Rock, AR 72201-1904

Sent via SERFF

Re: **HARLEYSVILLE LIFE INSURANCE COMPANY**
NAIC # 64327, FEIN # 23-1580983

Individual Life Form Filing

IA-005 (Ed. 08-09) – Conversion Application for Life Insurance

Dear Commissioner Bradford:

McHugh Consulting Resources, Inc. has been requested to file the attached form on behalf of Harleysville Life Insurance Company. We respectfully attach an authorization letter for your files.

We are attaching the above-captioned form for your review and approval for Harleysville Life Insurance Company. This form is new and is not intended to replace any existing form currently on file with your Department.

Form IA-005 (Ed. 08-09) will be used for converting an existing, approved Harleysville Life term insurance plan to an approved universal life insurance or whole life insurance plan issued by Harleysville.

This filing is being submitted concurrently to Harleysville's domicile state of Pennsylvania.

Attached are any required certifications, transmittal forms and/or filing fees.

We trust the attached is found to be in order and look forward to receiving your favorable reply. Should you have any questions or if we may provide any additional information, please do not hesitate to contact the undersigned. Thank you for your consideration in this matter.

Very truly yours,



Linda Boyce
Consultant

Attachment

HARLEYSVILLE LIFE INSURANCE COMPANY

Conversion Application for Life Insurance

FORMS LISTING

FORM NUMBER

IA-005 (Ed. 08-09)

FORM NAME

Conversion Application for Life Insurance

Harleysville Life Insurance
355 Maple Avenue
Harleysville, PA 19438-2297
www.harleysvillelife.com

Tel 800.222.1981
215.513.6400
Fax 215.513.6410



January 2, 2009

NAIC Company Code: 64327

Re: See Attached Forms Listing

Please accept this letter as authorization from Harleysville Life Insurance Company for McHugh Consulting Resources, Inc. to file any or all policy forms as well as actuarial materials as referenced on the attached form listing on behalf of Harleysville Life Insurance Company.

Sincerely,

A handwritten signature in black ink, appearing to read "Theodore A. Majewski", with a long horizontal flourish extending to the right.

Theodore A. Majewski
President and Chief Operating Officer
Harleysville Life Insurance Company