

SERFF Tracking Number: *PHYS-126305068* State: *Arkansas*
 Filing Company: *Physicians Life Insurance Company* State Tracking Number: *43508*
 Company Tracking Number:
 TOI: *A10 Annuities - Other* Sub-TOI: *A10.000 Annuities - Other*
 Product Name: *ANNUITY APPLICATIONS WITH REPLACEMENT QUESTION*
 Project Name/Number: *ANNUITY APPLICATIONS WITH REPLACEMENT QUESTION/ANNUITY APPLICATIONS WITH REPLACEMENT QUESTION*

Filing at a Glance

Company: Physicians Life Insurance Company

Product Name: ANNUITY APPLICATIONS WITH REPLACEMENT QUESTION SERFF Tr Num: PHYS-126305068 State: Arkansas

TOI: A10 Annuities - Other SERFF Status: Closed-Approved- Closed State Tr Num: 43508

Sub-TOI: A10.000 Annuities - Other Co Tr Num: State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird

Author: Kathryn Gurnett Disposition Date: 09/16/2009
 Date Submitted: 09/15/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: ANNUITY APPLICATIONS WITH REPLACEMENT QUESTION Status of Filing in Domicile: Not Filed

Project Number: ANNUITY APPLICATIONS WITH REPLACEMENT QUESTION Date Approved in Domicile:

Requested Filing Mode: Review & Approval

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: 09/16/2009

Explanation for Other Group Market Type:

State Status Changed: 09/16/2009

Deemer Date:

Created By: Kathryn Gurnett

Submitted By: Kathryn Gurnett

Corresponding Filing Tracking Number:

Filing Description:

In response to recently revised Rule 97, the following applications are being filed to comply with the change in the replacement question:

New Form	Replaced Form
AA124-AR2	AA124-AR approved on January 8, 2009
AA125-F	AA118N approved on December 10, 2002

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The AA124-AR2 is a deferred annuity application and the AA125-F is a immediate annuity application. We will use these through our agency force for deferred and immediate annuities currently approved and any similar products approved in the future.

The Flesch score of these applications when scored with the base policy will always be more than the minimum required by Arkansas law.

We reserve the right to alter the format of the form submitted without re-filing due to future technology changes, i.e. paper size, font, font type, line ending or page ending changes. Be assured that any minimum font-size requirements will be met. Any changes to wording or content would be filed for prior approval.

Please contact me via SERFF, or at the e-mail address or phone number listed below if you have questions, or if additional information is needed.

Sincerely,

Kathryn R. Gurnett, MBA, CPCU, CLU, HIA, AAPA, LTCP, HIPAAP, AIRC, FLMI, CCP
Policy Approval and Compliance Coordinator
Government and Industry
Voice: (402) 633-1188
Fax: (402) 633-1096
E-mail: katie.gurnett@physiciansmutual.com

Company and Contact

Filing Contact Information

Kathryn Gurnett, Compliance Lead katie.gurnett@physiciansmutual.com
2600 Dodge Street 402-633-1188 [Phone]
Omaha, NE 68131 402-633-1096 [FAX]

Filing Company Information

Physicians Life Insurance Company CoCode: 72125 State of Domicile: Nebraska
2600 Dodge Street Group Code: 367 Company Type:
Omaha, NE 68131 Group Name: State ID Number:
(402) 633-1188 ext. [Phone] FEIN Number: 47-0529583

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Filing Fees

Fee Required? Yes
Fee Amount: \$40.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Life Insurance Company	\$40.00	09/15/2009	30562631

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/16/2009	09/16/2009

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Disposition

Disposition Date: 09/16/2009

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		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	DEFERRED ANNUITY APPLICATION		Yes
Form	IMMEDIATE ANNUITY APPLICATION		Yes

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Form Schedule

Lead Form Number: AA124-AR2

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AA124-AR2	Application/DEFERRED Enrollment Form	ANNUITY APPLICATION	Initial		40.000	AA124-AR2.pdf
	AA125-F	Application/IMMEDIATE Enrollment Form	ANNUITY APPLICATION	Initial		40.000	AA125-F.pdf

Physicians Life Insurance Company®

2600 Dodge, Omaha, Nebraska 68131

1-877-500-7542

DEFERRED ANNUITY APPLICATION

Annuity Plan	<input type="checkbox"/> Vista 7				
	<input type="checkbox"/> Vista Custom Direct	Guarantee Period:	<input type="checkbox"/> 5 Year	<input type="checkbox"/> 7 Year	<input type="checkbox"/> 10 Year
	<input type="checkbox"/> Vista Index Advantage	Index Period:	<input type="checkbox"/> 5 Year	<input type="checkbox"/> 7 Year	<input type="checkbox"/> 10 Year
	<input type="checkbox"/> Vista Index Accelerator	Index Period:	<input type="checkbox"/> 10 Year	<input type="checkbox"/> 15 Year	
Would you like Automatic Bank Withdrawals for Additional Premiums? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Estimated Premium Amount	<input type="checkbox"/> Transfer	<input type="checkbox"/> Rollover	<input type="checkbox"/> 1035 Exchange	<input type="checkbox"/> New Contribution
	(IRA directly to IRA)	(Employer plan to IRA or IRA indirectly to IRA)	(Life or non-qualified annuity to non-qualified annuity)	(or non 1035 Exchange)
\$				

Tax Plan	<input type="checkbox"/> Non-Qualified	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> Roth IRA
Tax Contribution Year if New IRA Contribution ()				

Owner/Applicant			Joint Owner/Applicant		
Full Name			Full Name		
Address			Address		
City	State	Zip	City	State	Zip
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth / /	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth / /
SSN or TIN			SSN or TIN		
Individual: Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			Individual: Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone Number ()			Phone Number ()		
E-mail Address			E-mail Address		

Annuitant (If other than owner or owner is not an individual)			Joint Annuitant (If other than joint owner or joint owner is not an individual)		
Full Name			Full Name		
Address			Address		
City	State	Zip	City	State	Zip
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth / /	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth / /
SSN			SSN		
Phone Number ()			Phone Number ()		
E-mail Address			E-mail Address		

Beneficiary(ies)	Name	% to receive	Relationship	SSN
Primary				
Contingent				

Replacement Do you have any existing life insurance or annuities? Yes No

Confinement Status Is the proposed Owner(s) currently a patient in a hospital, nursing home or extended care facility? Yes No

Terminal Illness Status Has the proposed Owner(s) been diagnosed with a terminal illness? Yes No

Home Health Care Status Is the proposed Owner(s) capable of performing at least 4 of the 5 activities of daily living (eating, dressing, bathing, transferring and toileting) and currently not receiving home health care services? Yes No

Signature To the best of my knowledge and belief, the statements and answers contained in this application are true and complete and the above Social Security and/or Taxpayer Identification numbers are correct. I hereby apply for the annuity specified above. I understand that the annuity contract will not go into effect until the premium is paid and the contract is issued.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

City _____ State _____ this _____ day of _____, _____

Owner's Signature

Joint Owner's Signature

Annuitant's Signature (If other than owner or owner is not an individual)

Joint Annuitant's Signature

Please make check payable to: **Physicians Life Insurance Company.**

AA124-AR2

Agent's Report I certify that I have accurately recorded in this application all information supplied by the applicant [and personally witnessed their signature]. To the best of my knowledge and belief, the policy applied for will will not replace any existing life insurance or annuities.

[I certify that only Company approved sales materials were used in connection with this sale and copies of all sales materials were left with the applicant.]

Signature of Agent		Signature of Agent	
Agent Name		Agent Name	
Date Signed		Date Signed	
NPN #		NPN #	
Percentage %		Percentage %	
Agent Phone #		Agent Phone #	
Agent Email		Agent Email	
Signature of Agent		Signature of Agent	
Agent Name		Agent Name	
Date Signed		Date Signed	
NPN #		NPN #	
Percentage %		Percentage %	
Agent Phone #		Agent Phone #	
Agent Email		Agent Email	

Physicians Life Insurance Company®

2600 Dodge, Omaha, Nebraska 68131

1-877-500-7542

IMMEDIATE ANNUITY APPLICATION

Annuity Plan

Life Income

Guarantee: (Check desired box below)

- Period Certain (# of years 5-30: _____)
 Installment Refund
 Cash Refund
 None (Life Only no Guarantee)

Joint Life Income (Survivor % _____ ; Joint Survivor % _____)

Guarantee: (Check desired box below)

- Period Certain (# of years 5-30: _____)
 None (Joint Life Only no Guarantee)

Period Certain Only (# of years 5-30: _____)

Temporary (# of years 5-30: _____)

Payment Mode: Monthly Quarterly Semi-annually Annually

Would you like the annual benefit increase option? Yes No If Yes, benefit increase option percentage (.25 – 6.00%)? _____ %

Estimated Premium Amount

\$ _____

Transfer (IRA directly to IRA) Rollover (Employer plan to IRA or IRA indirectly to IRA) 1035 Exchange (Life or non-qualified annuity to non-qualified annuity) New Contribution (or non 1035 Exchange)

Tax Plan

Non-Qualified Traditional IRA SEP IRA Roth IRA
 Tax Contribution Year if New IRA Contribution (_____)

Owner/Applicant

Joint Owner/Applicant

Full Name

Full Name

Address

Address

City State Zip

City State Zip

Male Female Date of Birth / /

Male Female Date of Birth / /

SSN or TIN

SSN or TIN

Individual:

Are you a U.S. citizen? Yes No

Individual:

Are you a U.S. citizen? Yes No

Phone Number (_____)

Phone Number (_____)

E-mail Address

E-mail Address

Annuitant

(If other than owner or owner is not an individual)

Joint Annuitant

(If other than joint owner or joint owner is not an individual)

Full Name

Full Name

Address

Address

City State Zip

City State Zip

Male Female Date of Birth / /

Male Female Date of Birth / /

SSN

SSN

Phone Number (_____)

Phone Number (_____)

E-mail Address

E-mail Address

Payee Information

(If different from Owner)

Full Name

Social Security Number

Address City State Zip

Beneficiary(ies)	Name	% to receive	Relationship	SSN
Primary				
Contingent				

Replacement Does the applicant(s) have any existing Life Insurance or Annuity contracts? Yes No

Signature To the best of my knowledge and belief, the statements and answers contained in this application are true and complete and the above Social Security and/or Taxpayer Identification numbers are correct. I hereby apply for the annuity specified above. I understand that the annuity contract will not go into effect until the premium is paid and the contract is issued.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

City _____ State _____ this _____ day of _____ , _____

Owner's Signature

Joint Owner's Signature

Annuitant's Signature (If other than owner or owner is not an individual)

Joint Annuitant's Signature

Please make check payable to: **Physicians Life Insurance Company.**

AA125-F

Agent's Report To the best of your knowledge, does the applicant(s) have any existing Life Insurance or Annuity contracts?
 Yes No
 If yes, indicate which type of contract and submit required replacement forms. Life Insurance Annuity
 I certify that only company approved sales material was used in connection with this sale, and copies of all sales materials used were left with the applicant.

Signature of Agent		Signature of Agent	
Agent Name		Agent Name	
Date Signed		Date Signed	
NPN #		NPN #	
Percentage %		Percentage %	
Agent Phone #		Agent Phone #	
Agent Email		Agent Email	
Signature of Agent		Signature of Agent	
Agent Name		Agent Name	
Date Signed		Date Signed	
NPN #		NPN #	
Percentage %		Percentage %	
Agent Phone #		Agent Phone #	
Agent Email		Agent Email	

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: READCERT AA124 & AA125.pdf Ar reg 19 cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application Comments: Please see form tab.		

PHYSICIANS LIFE INSURANCE COMPANY

OMAHA, NEBRASKA

Certification of Flesch

These form(s) have the following Flesch Readability Score:

<u>Form</u>	<u>Flesch Score</u>
AA125-F	40*
AA124-AR2	40*

*When scored with the base policy Flesch score will always be above that required by law.



Vice President
Physicians Life Insurance Company

September 15, 2009
Date

CERTIFICATION

RE: AA124-AR2, AA125-F

This is to certify that the above captioned filing complies with Arkansas Regulation 19 and all other applicable requirements of the Arkansas Insurance Department.

A handwritten signature in black ink that reads "Shawn Pollock". The signature is written in a cursive style. To the right of the signature is a vertical red line.

Date: September 15, 2009

Shawn Pollock
Vice President
Government and Industry