

SERFF Tracking Number: AEGB-126865850 State: Arkansas
Filing Company: Western Reserve Life Assurance Co. of Ohio State Tracking Number: 47077
Company Tracking Number: APE56 1109W
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Personal Supplement to Application for Life Insurance (Info Filing)
Project Name/Number: Personal Supplement to Application for Life Insurance (Info Filing)/APE56 1109W

Filing at a Glance

Company: Western Reserve Life Assurance Co. of Ohio

Product Name: Personal Supplement to Application for Life Insurance (Info Filing) SERFF Tr Num: AEGB-126865850 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Accepted State Tr Num: 47077

For Informational Purposes

Sub-TOI: L08.000 Life - Other

Co Tr Num: APE56 1109W

State Status: Filed-Closed

Filing Type: Form

Author: Kathie Allen

Reviewer(s): Linda Bird

Date Submitted: 10/18/2010

Disposition Date: 10/20/2010

Disposition Status: Accepted For

Informational Purposes

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Personal Supplement to Application for Life Insurance (Info Filing) Status of Filing in Domicile: Pending

Project Number: APE56 1109W

Date Approved in Domicile:

Requested Filing Mode: Informational

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: 10/20/2010

Explanation for Other Group Market Type:

State Status Changed: 10/20/2010

Deemer Date:

Created By: Kathie Allen

Submitted By: Kathie Allen

Corresponding Filing Tracking Number:

10000233; 10000234

Filing Description:

INFORMATIONAL FILING -- ADDITIONAL USE OF PREVIOUSLY APPROVED FORM

Personal Supplement to Application for Life Insurance APE56 1109W: The Department approved this form for use with our large issue term life, universal life and index universal life insurance policies on December 3, 2009 under SERFF Tracking Number AEGB-126399791.

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This is to advise you that we also intend to use form APE56 1109W with our approved variable life insurance policies.

Company and Contact

Filing Contact Information

Kathie Allen, Kathie.Allen@Transamerica.com
 1150 S. Olive St 505-206-5139 [Phone]
 Los Angeles, CA 90015

Filing Company Information

Western Reserve Life Assurance Co. of Ohio CoCode: 91413 State of Domicile: Ohio
 4333 Edgewood Road NE Group Code: 468 Company Type:
 Cedar Rapids, IA 52499 Group Name: State ID Number:
 (319) 355-7888 ext. [Phone] FEIN Number: 43-1162657

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Western Reserve Life Assurance Co. of Ohio	\$0.00	10/18/2010	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		10/20/2010	10/20/2010

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Disposition

Disposition Date: 10/20/2010

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Informational Copy of Previously Approved Application Supplement APE56 1109W		Yes

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Informational Copy of Previously Approved Application Supplement APE56 1109W	
Comments:		
Attachment:		
APE56 1109W.pdf		



Western Reserve Life Assurance Co. of Ohio
 Administrative Office: [4333 Edgewood Road NE
 Cedar Rapids, IA 52499]

**Personal Supplement to
 Application for
 Life Insurance**

File # _____

Name of Proposed Insured: _____ Date of Birth: _____

Name of Additional Proposed Insured: _____ Date of Birth: _____

Section A. PURPOSE OF INSURANCE

1. Personal 2. Business
- Income Keyperson
 - Estate Planning Stock Repurchase
 - Buy-Sell
 - Creditor Amount of Loan \$ _____
 - Yes No Is Insurance required by the Creditor?

3. How was the amount of insurance arrived at? _____

(If applying for personal insurance, proceed to questions 7, 8, 9 & 10.)

Section B. BUSINESS INFORMATION

4. Yes No Are other Corporate Officers or partners insured or being insured?
 Give details and explanation _____

5. Percent of corporation or partnership owned by Proposed Insured? ____ % Additional Proposed Insured? ____ %

6. Corporation or Partnerships:

	Estimated Current Year	Past Year
Net Worth \$		
Gross Sales \$		
Net Income \$		

Current estimated market value of the business \$ _____

FINANCIAL INFORMATION

If a joint policy is being applied for, complete questions 7 through 10 jointly for both the Proposed Insured and the Additional Proposed Insured.

7.

	Estimated Current Year	Past Year		Estimated Current Year	Past Year
ANNUAL INCOME					
Earned Income			ASSETS		
Annual Salary or Wages	\$	\$	Cash	\$	\$
Bonuses	\$	\$	Real Estate	\$	\$
Other Earned Income	\$	\$	Stocks & Bonds	\$	\$
Total Earned Income	\$	\$	Autos	\$	\$
			Personal	\$	\$
Unearned Income			Business Equity	\$	\$
Dividends & Interest	\$	\$	Other	\$	\$
Net Real Estate Income	\$	\$	Total Assets	\$	\$
Net Business Investment Income	\$	\$			
Other:	\$	\$	LIABILITIES		
Other:	\$	\$	Mortgages	\$	\$
Total Unearned Income	\$	\$	Business	\$	\$
			All Other Personal	\$	\$
TOTAL ANNUAL INCOME	\$	\$	Total Liabilities	\$	\$

8. Estimated Net Worth \$ _____

9. Yes No At this time are you currently in bankruptcy or have you been the subject of any voluntary or involuntary bankruptcy proceeding pending within the past 12 months? If yes, please provide full details including Chapter 7, 11, or 13, date filed, and date of discharge and dismissal, if any.

10. Yes No Do you have a prepared financial statement? If yes, please attach a copy.

It is represented that the statements and answers given in this supplement to the application are true, complete and correctly recorded. It is agreed that this supplement shall be a part of the application to the Company for insurance on the life of the Proposed Insured and any Additional Proposed Insured, and shall be the basis for any policy issued on this application.

Signed at _____ on _____, _____

Signature of Proposed Insured

Signature of Witness

Signature of Additional Proposed Insured

Signature of Witness

AGREEMENT OF OWNER IF OTHER THAN PROPOSED INSURED

The Owner agrees to be bound by all statements, answers, and agreements made by the Proposed Insured and any Additional Proposed Insured in this supplement to the application.

Signed at _____ on _____, _____

Signature of Owner

Signature of Witness

If Owner is a corporation, an authorized officer, other than the Proposed Insured, must sign as owner, give Corporate title and full name of Corporation. Corporation Name: _____