

SERFF Tracking Number:	FEMC-126864478	State:	Arkansas
Filing Company:	Federated Life Insurance Company	State Tracking Number:	47219
Company Tracking Number:	L-1060 ED. 10-10		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	L-1060(10-10)		
Project Name/Number:	L-1060(10-10)/		

## Filing at a Glance

Company: Federated Life Insurance Company

Product Name: L-1060(10-10)

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: FEMC-126864478 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 47219

Co Tr Num: L-1060 ED. 10-10

State Status: Filed-Closed

Author: Carolyn Kanne

Date Submitted: 11/04/2010

Reviewer(s): Linda Bird

Disposition Date: 11/05/2010

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: L-1060(10-10)

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/05/2010

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: 11/05/2010

Created By: Carolyn Kanne

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Carolyn Kanne

Filing Description:

Form L-1060 Ed. 10-10 replaces form L-1060 Ed. 11-09, previously approved by your department 11/3/09. We are refiling this form due to formatting changes necessary for a new business administration system. No changes were made to the previously approved text of this form; only format and form number have been changed.

This form is used for the general public age 65 or over to ensure compliance with insurable interest laws, and it becomes part of the policy. The form has been printed in 10-point type with language to comply with standard readability regulations. The Flesch Scale analysis score for this form is 56.8.

## Company and Contact

SERFF Tracking Number: FEMC-126864478 State: Arkansas  
 Filing Company: Federated Life Insurance Company State Tracking Number: 47219  
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 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: L-1060(10-10)  
 Project Name/Number: L-1060(10-10)

**Filing Contact Information**

Carolyn Kanne, Life Product Compliance crkanne@fedins.com  
 Specialist  
 121 East Park Square 800-533-0472 [Phone]  
 PO Box 328 507-444-4812 [FAX]  
 Owatonna, MN 55060

**Filing Company Information**

Federated Life Insurance Company	CoCode: 63258	State of Domicile: Minnesota
121 East Park Square	Group Code: 7	Company Type:
PO Box 328	Group Name:	State ID Number:
Owatonna, MN 55060	FEIN Number: 41-6022443	
(800) 533-0472 ext. [Phone]		

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$125.00  
 Retaliatory? Yes  
 Fee Explanation: State of domicile charges \$125 per submission  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federated Life Insurance Company	\$125.00	11/04/2010	41546229

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/05/2010	11/05/2010

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## Disposition

Disposition Date: 11/05/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>FEMC-126864478</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Federated Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47219</i>
<i>Company Tracking Number:</i>	<i>L-1060 ED. 10-10</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>L-1060(10-10)</i>		
<i>Project Name/Number:</i>	<i>L-1060(10-10)/</i>		

<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		No
<b>Supporting Document</b>	Cover Letter		Yes
<b>Form</b>	Senior Market Ownership and Premium Questionnaire		Yes

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## Form Schedule

**Lead Form Number: L-1060 Ed. 10-10**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	L-1060 Ed. 10-10	Application/ Senior Market Enrollment Ownership and Form Premium Questionnaire	Initial		56.800	L-1060 Ed. 10-10.pdf

Policy Number:

**Federated Life Insurance Company  
Owatonna, Minnesota**

**Senior Market Ownership and Premium Questionnaire**

Insured Name:

Date:

1. Have you had a conversation with any person about selling or transferring this proposed policy to a third party?
2. Have you been offered any money or other payment in connection with this application?
3. Will there be anyone providing money toward the premium on this policy other than you or the policyowner?  
If yes, who and what is their relationship to you?
4. Do you intend to borrow any money to pay the premiums on this policy?  
If yes,
  - a. Who are you borrowing from?
  - b. When does the loan need to be repaid?
  - c. Is there security or collateral for the loan other than the policy itself? (details if yes)
5. Have you ever sold a life insurance policy that you owned to a third party?  
Have any life insurance policies on your life been sold to a third party?
6. In the last two years, have you completed a medical exam for purposes other than routine health maintenance, such as a life expectancy evaluation?  
If yes, who recommended this examination?

I hereby declare that my statements and answers contained above are correctly recorded, complete, and true to the best of my knowledge and belief. I agree that they will form a part of my application and become a part of any contract of insurance issued as a result of that application.

Date: \_\_\_\_\_ Place \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Proposed Insured

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## Supporting Document Schedules

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

AR cert for rule 19.pdf

CO-60.pdf

**Item Status:**

**Status**

**Date:**

**Bypassed - Item:** Application

**Bypass Reason:** Not applicable

**Comments:**

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Cover Letter

**Comments:**

**Attachment:**

AR Letter.pdf

FEDERATED LIFE INSURANCE COMPANY

Owatonna, Minnesota

November 4, 2010

CERTIFICATE OF COMPLIANCE

Arkansas

L-1060 Ed. 11-09 Senior Market Ownership and Premium Questionnaire

This submission meets the provisions of Rule and Regulation 19, as well as all applicable requirements of the Arkansas Insurance Department.

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Jeanne H. Hankerson  
First Vice President – Director of Compliance

FEDERATED LIFE INSURANCE COMPANY

Owatonna, Minnesota

CERTIFICATE OF COMPLIANCE

Arkansas

Flesch Score

This is to certify that the attached Individual Life Forms No. (listed above) have achieved a Flesch Reading Ease Score of (shown above) and comply with the requirements of Arkansas Stat. Ann. § 66-3251, cited as the Life and Disability Insurance Policy Language Simplification Act.

The guidelines of Bulletin 11-83 have been reviewed and this submission is in compliance with these guidelines.

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121 East Park Square  
P.O. Box 328 • Owatonna, MN 555060  
Phone: (507) 455-5200 • 800-533-0472

November 4, 2010

Mr. Dan Honey  
Compliance – Life & Health  
Department of Insurance  
1200 West Third St.  
Little Rock, AR 72201-1904

INDIVIDUAL LIFE FILING:  
L-1060 Ed. 10-10 SENIOR MARKET OWNERSHIP AND PREMIUM QUESTIONNAIRE

Dear Mr. Honey:

Attached is a copy of the above listed form, submitted for your review and approval for use in Arkansas. This form replaces form L-1060 Ed. 11-09, previously approved by your department on 11/3/09. We are refiling this form due to formatting changes necessary for a new business administration system. No changes were made to the previously approved text of this form; only format and form number have been changed.

This form is used for the general public age 65 or over to ensure compliance with insurable interest laws, and it becomes part of the policy. The form has been printed in 10-point type with language to comply with standard readability regulations. The Flesch Scale analysis score for this form is 56.8.

We reserve the right to alter the format of the form submitted and attached without refiling 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 and approved prior to use.

We respectfully request your review and approval of this filing for use in Arkansas.

Sincerely,

A handwritten signature in cursive script that reads "Carolyn Kanne".

Carolyn Kanne, FLMI, ACS, AIRC  
Compliance Analyst  
(800) 533-0472, ext. 5214  
Federated Life Insurance Company  
Email: crkane@fedins.com  
NAIC #007-63258