

SERFF Tracking Number: METF-126910514 State: Arkansas
Filing Company: Texas Life Insurance Company State Tracking Number: 47343
Company Tracking Number: 10M015 AMENDMENT
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Amendment to Application
Project Name/Number: /10M015 Amendment

Filing at a Glance

Company: Texas Life Insurance Company
Product Name: Amendment to Application
TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other
Filing Type: Form

SERFF Tr Num: METF-126910514 State: Arkansas
SERFF Status: Closed-Approved- State Tr Num: 47343
Closed
Co Tr Num: 10M015 AMENDMENT State Status: Approved-Closed
Reviewer(s): Linda Bird
Author: Jan Spoede Disposition Date: 11/22/2010
Date Submitted: 11/18/2010 Disposition Status: Approved-
Closed
Implementation Date:

Implementation Date Requested: On Approval
State Filing Description:

General Information

Project Name:
Project Number: 10M015 Amendment
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 11/22/2010

Deemer Date:
Submitted By: Jan Spoede
Filing Description:

Submission for Approval of the Amendment to the Application, Form Number, 10M015 Amendment

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: 11/22/2010
Created By: Jan Spoede
Corresponding Filing Tracking Number:

We are submitting the above referenced amendment to you for approval. We do not believe this form contains anything not customarily found in the industry for forms of this nature.

We are filing the Amendment to the Application for policy changes to accommodate all the policy changes required to reflect the underwriting needs of our company. All of the questions on this amendment may not necessarily be used all at one time. While the words of the questions won't change, the combinations of the questions might.

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This form does not have an officer title and signature because we will not be adding any changes or amendments after the effective date of the policy. The form does not contain a statement that the form provisions apply in lieu of any policy provisions to the contrary because the changes will go into affect before the policy's effective date.

There will be no charges or an administrative fee if there is a policy change

The form will be used with previously approved forms:

Policy Form PRFNG-NI-10, & applications 10M015 & 10M016 - Approved on March 25, 2010. The SERFF Filing # is: METF-126529364.

Policy Form PWLSEV-NI-10, Approved on August 8, 2005.

Company and Contact

Filing Contact Information

Jan Spoede, Senior Associate, Product Development
 P.O. Box 830 Waco, TX 76703
 jspoede@texaslife.com
 800-283-9233 [Phone] 6371 [Ext]
 254-745-6389 [FAX]

Filing Company Information

Texas Life Insurance Company P.O. Box 830 Waco, TX 76703
 (800) 283-9233 ext. [Phone]
 CoCode: 69396 Group Code: Group Name: FEIN Number: 74-0940890
 State of Domicile: Texas Company Type: Life State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: Our domiciliary state of Texas requires a fee of \$100.00 when an amendment is filed separately.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Texas Life Insurance Company	\$100.00	11/18/2010	42059315

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/22/2010	11/22/2010

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Disposition

Disposition Date: 11/22/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>METF-126910514</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Texas Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47343</i>
<i>Company Tracking Number:</i>	<i>10M015 AMENDMENT</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Amendment to Application</i>		
<i>Project Name/Number:</i>	<i>/10M015 Amendment</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Form	Amendment to Application		Yes

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Form Schedule

Lead Form Number: 10M015 Amendment

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	10M015	Policy/Cont Amendment to Amendmen t al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		55.800	Generic AppAmend 2010_Generic -1.pdf

Amendment to Application on Proposed Insured: **[(INSURED'S NAME HERE)]**
File Number: **[00100000]**

1. Within the past 12 months, has the proposed insured age 17 or older used tobacco in any form? Yes No

2. **During the last six months, has the proposed insured:** Yes No

- a. Been actively at work on a full time basis, performing usual duties? If "No", furnish details below.
- b. Been absent from work due to illness or medical treatment for a period of more than five consecutive working days? If "Yes", furnish details below.
- c. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation therapy, dialysis treatment, or treatment for alcohol or drug abuse? If "Yes", furnish details below.

3. **Within the past five years, has the proposed insured:**

- a. Consulted a physician, been observed at a hospital or clinic, or been advised to have a surgical operation?
- b. Had an X-ray, EKG, lab test, blood test, or any other medical test or study?
- c. Used heroin, cocaine, marijuana, PCP, or any other narcotic, hallucinogenic, sedative or legally controlled substance, except as prescribed by a physician?
- d. Been diagnosed or treated by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or the HIV (Human Immunodeficiency Virus) infection?

4. **Within the past ten years, has the proposed insured been diagnosed with or been treated for:**

- a. Heart or circulatory disease or abnormality, chest pain, shortness of breath, murmur, stroke, or high blood pressure?
- b. Alcohol or drug abuse, or disorder of the stomach, liver, intestines, or kidneys?
- c. Cancer, tumor, diabetes, or disorder of the blood?
- d. Asthma, lung disease, seizure, depression, or mental, psychiatric, or neurologic disorder?

5. Is any proposed insured taking any prescribed medication at regular intervals? If "Yes", indicate name of medication in Details below.

6. a. Height: Feet _____ Inches _____ b. Weight: _____ c. Birth State: _____

7. **Personal physician for the proposed insured (if none, enter "None")**

Physician	Address	City	State
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8. **Details, including date, diagnosis, type of treatment, and current condition**

Ques No.	Details	Name, Address and phone # of Physician(s)
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REPRESENTATIONS: I represent to the best of my knowledge and belief that all statements and answers in this Amendment to Application are complete, true and correctly recorded, and are made as a consideration for the insurance applied for. I understand that Texas Life Insurance Company will rely on my statements and answers as being true and complete in deciding whether to issue insurance on the proposed insured(s). Insurance is effective under the policy only when it is delivered to the owner, if the full first premium is paid in cash and all of the statements in the application and this Amendment to Application remain correct and complete.

X _____ Date

Signature (Insured's Name Here)

Date

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

10M015 Amendment_Read_Cert.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

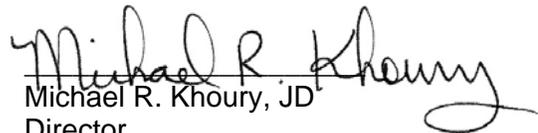
The form will be used with previously approved applications forms: 10M015 & 10M016 - Approved on March 25, 2010.
The SERFF Filing # is: METF-126529364.

TEXASLIFE

INSURANCE COMPANY

CERTIFICATION OF READABILITY
FORM: 10M015 Amendment

This is to certify that Texas Life Insurance Company Form 10M015 Amendment has achieved a Flesch Reading Ease Score of 55.80.


Michael R. Khoury, JD
Director
Compliance

Texas Life Insurance Company
Waco, Texas

Date: 17 November 2010