

SERFF Tracking Number: SECB-126914261 State: Arkansas
Filing Company: Security Benefit Life Insurance Company State Tracking Number: 47356
Company Tracking Number: V9101
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: PRS
Project Name/Number: /

Filing at a Glance

Company: Security Benefit Life Insurance Company

Product Name: PRS SERFF Tr Num: SECB-126914261 State: Arkansas
TOI: A03I Individual Annuities - Deferred Variable SERFF Status: Closed-Approved- State Tr Num: 47356
Variable Closed
Sub-TOI: A03I.002 Flexible Premium Co Tr Num: V9101 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: Greg Garhart Disposition Date: 11/22/2010
Date Submitted: 11/19/2010 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: 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: 11/22/2010 Explanation for Other Group Market Type:
State Status Changed: 11/22/2010
Deemer Date: Created By: Greg Garhart
Submitted By: Greg Garhart Corresponding Filing Tracking Number:
Filing Description:
V9101 (11-10) Application

Dear Sir or Madam:

We hereby submit the above-referenced Application for your review and approval. The Application is new and will not replace any other form currently on file. The Application will be used with Individual Flexible Premium Deferred Variable Annuity Contracts V6029 (11-00) and V6029 (11-00)U which were approved by your department on April 2, 2001.

Please note that certain portions of the Application have been bracketed. The Application may be used for qualified and

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 non-qualified contracts.

Your prompt attention to this matter is greatly appreciated.

Company and Contact

Filing Contact Information

Greg Garhart, Compliance Analyst II greg.garhart@securitybenefit.com
 One Security Benefit Place 800-888-2461 [Phone] 3203 [Ext]
 Topeka, KS 66636-0001 785-368-1391 [FAX]

Filing Company Information

Security Benefit Life Insurance Company CoCode: 68675 State of Domicile: Kansas
 One Security Benefit Place Group Code: 870 Company Type: Life
 Topeka, KS 66636 Group Name: State ID Number:
 (800) 888-2461 ext. 3203[Phone] FEIN Number: 48-0409770

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: flat
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Security Benefit Life Insurance Company	\$50.00	11/19/2010	42129182

SERFF Tracking Number: SECB-126914261 State: Arkansas
Filing Company: Security Benefit Life Insurance Company State Tracking Number: 47356
Company Tracking Number: V9101
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
Product Name: PRS
Project Name/Number: /

Correspondence Summary

Dispositions

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

SERFF Tracking Number: *SECB-126914261* *State:* *Arkansas*
Filing Company: *Security Benefit Life Insurance Company* *State Tracking Number:* *47356*
Company Tracking Number: *V9101*
TOI: *A031 Individual Annuities - Deferred Variable* *Sub-TOI:* *A031.002 Flexible Premium*
Product Name: *PRS*
Project Name/Number: */*

Disposition

Disposition Date: 11/22/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *SECB-126914261* *State:* *Arkansas*
Filing Company: *Security Benefit Life Insurance Company* *State Tracking Number:* *47356*
Company Tracking Number: *V9101*
TOI: *A031 Individual Annuities - Deferred Variable* *Sub-TOI:* *A031.002 Flexible Premium*
Product Name: *PRS*
Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Form	Application		Yes

SERFF Tracking Number: SECB-126914261 State: Arkansas
 Filing Company: Security Benefit Life Insurance Company State Tracking Number: 47356
 Company Tracking Number: V9101
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
 Product Name: PRS
 Project Name/Number: /

Form Schedule

Lead Form Number: V9101 (11-10)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	V9101 (11-10)	Application/ Enrollment Form	Application	Initial			Application V9101 (11-10) [bracketed].pdf

Issued by Security Benefit Life Insurance Company, Topeka, Kansas. *Questions? Call our National Service Center at 877-700-6847.*

Instructions

Complete the entire form to establish a new EliteDesigns® Variable Annuity Contract. Please type or print.

1. Choose Type of Annuity Contract

Please select the annuity type: Non-Qualified Roth IRA Traditional IRA

Initial Contribution \$ _____

For IRAs only: Current Year \$ _____ Prior Year \$ _____ Rollover \$ _____

2. Provide Annuitant Information

Name of Annuitant _____ Male Female
First MI Last

Mailing Address _____
Street Address City State ZIP Code

Residential Address _____
(if different from mailing address) Street Address City State ZIP Code

Social Security Number/Tax I.D. Number _____ Date of Birth _____
(mm/dd/yyyy)

Daytime Phone Number _____ Home Phone Number _____

3. Provide Contractowner Information

Same as Annuitant

Name of Contractowner _____ Male Female
First MI Last

Mailing Address _____
Street Address City State ZIP Code

Residential Address _____
(if different from mailing address) Street Address City State ZIP Code

Social Security Number/Tax I.D. Number _____ Date of Birth _____
(mm/dd/yyyy)

Daytime Phone Number _____ Home Phone Number _____

4. Provide Joint Owner Information

Name of Joint Owner _____ Male Female
First MI Last

Mailing Address _____
Street Address City State ZIP Code

Residential Address _____
(if different from mailing address) Street Address City State ZIP Code

Social Security Number/Tax I.D. Number _____ Date of Birth _____
(mm/dd/yyyy)

Daytime Phone Number _____ Home Phone Number _____

5. Provide Primary and Contingent Beneficiary(ies)

For additional Primary Beneficiaries, please attach a separate list to the end of this application.

	<i>Primary Beneficiary Name</i>	<i>DOB (mm/dd/yyyy)</i>	<i>Relationship to Owner</i>	<i>% of Benefit</i>
1.				
2.				
3.				
4.				

For additional Contingent Beneficiaries, please attach a separate list to the end of this application.

	<i>Contingent Beneficiary Name</i>	<i>DOB (mm/dd/yyyy)</i>	<i>Relationship to Owner</i>	<i>% of Benefit</i>
1.				
2.				

6. Provide Replacement Information

Do you currently have any existing annuity or insurance policies? Yes No

Does this proposed contract replace or change any existing annuity or insurance policy? Yes No

If Yes, please list the company and policy number.

Company Name _____ Policy Number _____

7. Choose Optional Return of Premium Death Benefit Rider

Return of Premium Death Benefit Rider.

8. Indicate Investment Directions

Refer to the Fund List sheet and indicate your investment preferences below.

Please indicate whole percentages totaling 100%

Percentage	Fund Name	Percentage	Fund Name
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____

Must Total 100%

Please Continue ➡

Registered Representative/Dealer Information

Will the Annuity being purchased replace any prior insurance or annuities of this or any other Company?

- No, to the best of my knowledge, this application is not involved in the replacement of any life insurance or annuity contract, as defined in applicable Insurance Department Regulations, except as stated in Statement above. I have complied with the requirements for disclosure and/or replacement.
- Yes. If Yes, please comment below. (Submit a copy of the Replacement Notice with this application and leave with the applicant a copy of any written material presented to the applicant.)

Comments: _____

Print Name of Representative _____

X _____
Signature of Representative _____ Date (mm/dd/yyyy)

Address _____
Street Address _____ City _____ State _____ ZIP Code _____

Daytime Phone Number _____ Email Address _____

Representative License I.D. Number _____

Print Name of Broker/Dealer _____

Mail to: Security Benefit • PO Box 750497 • Topeka, KS 66675-0497 or
Fax to: 1-785-368-1772
Visit us online at www.securitybenefit.com

State Fraud Disclosures

Any person who, with intent to defraud or knowing that he/she is facilitating fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. This state fraud disclosure applies to all jurisdictions except KS, MN and the states listed below.

AR and LA Only – 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 may be subject to fines and confinements in prison.

CO Only – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

CT Only – Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud, as determined by a court of competent jurisdiction.

D.C. Only – **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

KY, ME, NM, OH and WV Only – Any person who, knowingly and with intent to defraud any Insurance Company or other person, files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

OK Only – **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OR Only – Any person who, with intent to defraud or knowing that he/she is facilitating fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

RI Only – 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 fines and confinement in prison.

TN and WA Only – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VA Only – Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

VT Only – Any person who knowingly presents a false or fraudulent claim for the payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

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Product Name: PRS
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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Readability Certification.pdf

READABILITY CERTIFICATION

I hereby certify that the attached form meets or exceeds a Flesch Score of 40.0 as calculated by WORD.

SECURITY BENEFIT LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "Chris Swickard". The signature is written in a cursive style with a large initial "C".

Chris Swickard
Vice President, Associate General Counsel &
Assistant Secretary