

SERFF Tracking Number: SFBL-126880947 State: Arkansas
Filing Company: Southern Farm Bureau Life Insurance company State Tracking Number: 47164
Company Tracking Number:
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: Immediate Annuities Replacement Endorsement
Project Name/Number: /X503

Filing at a Glance

Company: Southern Farm Bureau Life Insurance company

Product Name: Immediate Annuities SERFF Tr Num: SFBL-126880947 State: Arkansas

Replacement Endorsement

TOI: A10 Annuities - Other SERFF Status: Closed-Approved- State Tr Num: 47164
Closed

Sub-TOI: A10.000 Annuities - Other

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Hart Sullivan, Sarah Lee, Disposition Date: 11/01/2010

Terri Livingston

Date Submitted: 10/28/2010

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: X503

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: Mississippi is the domiciliary state and Mississippi is included in this filing.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 11/01/2010

Explanation for Other Group Market Type:

State Status Changed: 11/01/2010

Deemer Date:

Created By: Hart Sullivan

Submitted By: Hart Sullivan

Corresponding Filing Tracking Number:

Filing Description:

Re: Form X503 – Replacement Endorsement

Attached is the above-referenced form for your review. This is a new form and will not replace any existing form. This endorsement will be used in replacement situations on the Company's Immediate Annuities.

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Thank you for your consideration of this submission.

Company and Contact

Filing Contact Information

Hart Sullivan, hsullivan@sfbli.com
 1401 Livingston Lane 601-981-7422 [Phone] 1522 [Ext]
 Jackson, MS 39213 601-713-3071 [FAX]

Filing Company Information

Southern Farm Bureau Life Insurance company CoCode: 68896 State of Domicile: Mississippi
 1401 Livingston Lane Group Code: Company Type:
 Jackson, MS 39213 Group Name: State ID Number:
 (601) 981-7422 ext. [Phone] FEIN Number: 64-0283583

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Arkansas filing fee.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Southern Farm Bureau Life Insurance company	\$50.00	10/28/2010	41275519

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/01/2010	11/01/2010

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Disposition

Disposition Date: 11/01/2010

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		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Replacement Endorsement		Yes

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Form Schedule

Lead Form Number: Form X503

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	Form X503	Policy/Cont Replacement ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		54.800	X503_Replac ement Endorsement. pdf



SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

Post Office Box 78 • Jackson, Mississippi 39205 • 601-981-7422

Replacement Endorsement

The paragraph entitled "10-Day Right to Examine Policy" is hereby changed to read as follows:

30-DAY RIGHT TO EXAMINE POLICY

The Owner may return this policy to the Company or to its authorized agent within 30 days after receiving it. Upon return, this policy will be cancelled as of its date of issue. We will refund the full premium paid less any annuity payments we have already made.

A handwritten signature in black ink, appearing to read "J. Lewis". The signature is written in a cursive style with a large, looped initial "J".

Secretary

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Supporting Document Schedules

	Item Status:	Status Date:
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Satisfied - Item: Flesch Certification

Comments:

We certify that Form 850 (9/09), Notice of Agent AND Form X800-AR, Life & Health Guaranty Association Notice is included with each policy.

Also attached is the certification stating that this submission meets the provisions of Regulation 19 of the Arkansas Department of Insurance as well as the Flesch Certification for Form X503.

Attachments:

AR Certification.pdf

AR Flesch Certification_X503.pdf

SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

CERTIFICATION

I hereby certify that this filing meets the provisions of Regulation 19 as well as all applicable requirements of the Arkansas Insurance Department.

10-28-2010

Date

Walt Herrington

Walt Herrington, M.A.A.A

Manager, Product Development
Title

READABILITY COMPLIANCE CERTIFICATION

SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY
P.O. Box 78
Jackson, MS 39205

I have reviewed or supervised the review of the policy forms contained in this filing and hereby certify that they are in compliance with the applicable statutes, regulations, and bulletins of the state of Arkansas.

I also certify that to the best of my knowledge and belief that the policy forms are in compliance with the requirements of § 23-80-201 through 23-80-208, cited as the Life & Disability Insurance Policy Language Simplification Act.

I hereby certify the Flesch reading ease score(s) shown below. I also certify that the terms listed below are entitled to be excepted from the policy "test" in computing the Flesch reading ease score for the reasons stated.

Form Number and Title:

Flesch Score:

Form X503 – Replacement Endorsement

54.8

Excepted Terms:

Name and Address of Company
Number and Title of Contract
Table of Contents/Index
Schedule Page/Tables
Captions and Subcaptions

Reason Entitled to Exception:

Excepted as provided in your laws and regulations



Kenneth P. Johnston, FSA, MAAA
Vice President, Product Development

October 28, 2010