

SERFF Tracking Number: CEUL-126497354 State: Arkansas
Filing Company: The Manhattan Life Insurance Company State Tracking Number: 44821
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Manhattan Annual Illustration Certification
Project Name/Number: /

Filing at a Glance

Company: The Manhattan Life Insurance Company

Product Name: Manhattan Annual Illustration SERFF Tr Num: CEUL-126497354 State: Arkansas

Certification

TOI: L08 Life - Other

SERFF Status: Closed-Accepted State Tr Num: 44821

For Informational Purposes

Sub-TOI: L08.000 Life - Other

Co Tr Num:

State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Genetha Roberson

Disposition Date: 02/17/2010

Date Submitted: 02/11/2010

Disposition Status: Accepted For

Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 02/17/2010

Explanation for Other Group Market Type:

State Status Changed: 02/17/2010

Deemer Date:

Created By: Genetha Roberson

Submitted By: Genetha Roberson

Corresponding Filing Tracking Number:

Filing Description:

Manhattan Annual Illustration Certification

Company and Contact

Filing Contact Information

Genetha Roberson, Compliance Analyst

GRoberson@manhattanlife.com

10700 NW Freeway

713-821-6435 [Phone]

Houston, TX 77092

713-821-6551 [FAX]

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Filing Company Information

The Manhattan Life Insurance Company CoCode: 65870 State of Domicile: New York
2727 Allen Parkway Group Code: Company Type:
Suite 500 Group Name: State ID Number:
Houston, TX 77019-2100 FEIN Number: 13-1004640
(713) 529-0045 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Manhattan Life Insurance Company	\$0.00	02/11/2010	

SERFF Tracking Number: CEUL-126497354 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		02/17/2010	02/17/2010

SERFF Tracking Number: CEUL-126497354 State: Arkansas
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Product Name: Manhattan Annual Illustration Certification
Project Name/Number: /

Disposition

Disposition Date: 02/17/2010

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	Cover Letter		No
Supporting Document	Illustration Certification		No
Supporting Document	Officer's Appointment		No
Supporting Document	Transmittal		No

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: Not applicable with this filing		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Not applicable with this filing		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments:		
Attachment: ARMLIC-ILLCERT2010Ltr.pdf		

	Item Status:	Status Date:
Satisfied - Item: Illustration Certification		
Comments:		
Attachment: MLICILLACT10.pdf		

	Item Status:	Status Date:
Satisfied - Item: Officer's Appointment		
Comments:		
Attachment: MLICOfficerActApptLtr.2010.pdf		

SERFF Tracking Number: CEUL-126497354 State: Arkansas
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Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Manhattan Annual Illustration Certification
Project Name/Number: /

Item Status:

**Status
Date:**

Satisfied - Item: Transmittal

Comments:

Attachment:

ARMLICAnnIIITransmittal.2010.pdf

MANHATTAN LIFE

February 3, 2010

The Honorable Jay Bradford
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

RE: **Manhattan Life Insurance Company**
NAIC Number **65870**
FEIN Number **13-1004640**

Dear Commissioner Ridling:

This letter is written in regards to the above referenced filing.

Enclosed please find our illustration actuary certification from our Appointed Illustration Actuary. In addition, we certify the following:

- (1) The illustration formats meet the requirements of the rules or regulation of the state in which they are used;
- (2) The illustration scales used in insurer-authorized illustrations are those scales certified by the illustration actuary; and
- (3) The company has provided its agents with information about the expense allocation methodology used by the company in its illustrations (the GRET table).

If you have any questions regarding this matter, please feel free to contact Genetha Roberson at 1-800-669-9030, extension 6435 or email at groberso@manhattanlife.com.

Sincerely,



Dan George
President

cc: Michael Mayberry

Dallas

Glenn A. Tobleman, F.S.A., F.C.A.S.
 S. Scott Gibson, F.S.A.
 Cabe W. Chadick, F.S.A.
 Michael A. Mayberry, F.S.A.
 Steven D. Bryson, F.S.A.
 Gregory S. Wilson, F.C.A.S.
 David M. Dillon, F.S.A.
 Bonnie S. Albritton, F.S.A.
 Brian D. Rankin, F.S.A.
 Sarah A. Hoover, F.S.A.
 Wesley R. Campbell, F.S.A.
 Jacqueline B. Lee, F.S.A.
 Robert E. Gove, A.S.A.
 J. Finn Knox-Seith, A.S.A.
 Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)

**Kansas City**

Gary L. Rose, F.S.A.
 Terry M. Long, F.S.A.
 David L. Batchelder, A.S.A.
 Leon L. Langlitz, F.S.A.
 Gary R. McElwain, FLMI
 Christopher H. Davis, F.S.A.
 Thomas L. Handley, F.S.A.
 Anthony G. Proulx, F.S.A.
 Karen E. Elsom, F.S.A.
 Jill J. Humes, F.S.A.

London / Kansas City

Roger K. Annin, F.S.A.
 Timothy A. DeMars, F.S.A.
 Scott E. Morrow, F.S.A.

**ANNUAL CERTIFICATION
 FOR
 MANHATTAN LIFE INSURANCE COMPANY
 LIFE INSURANCE ILLUSTRATION**

I, Michael A. Mayberry, F.S.A., M.A.A.A., am a consulting actuary, associated with the firm of Lewis & Ellis, Inc., Actuaries & Consultants. I have been appointed as the illustration actuary by the board of directors of Manhattan Life Insurance Company in their board meeting dated December 12, 2008.

I am a member in good standing of the American Academy of Actuaries. I meet its qualification standards for public statements of actuarial opinion, and I have not been found by the Commissioner to fail such tests of qualification. I am familiar with the standard of practice regarding life insurance policy illustrations.

My analysis and opinion are limited to illustrations prepared on the following policies and riders containing non-guaranteed elements:

Policy/Rider Form Number	Policy or Rider	Product Name	Product Description
ML 1150-1	Policy	ParFlex	Traditional Fixed Premium Participating Whole Life Insurance
ML-4051-1	Rider	Unisex ParFlex	Unisex Endorsement to ParFlex for New York Business Sales
ML 2080	Rider	1 Year Term Rider	ART Rider on Primary Insured
ML 2100	Rider	Primary Insured Term Rider	15 Year Term Rider on Primary Insured
ML 2105	Rider	Additional Insured Term Rider	15 Year Term Rider on Other Insured
ML 2135	Rider	Participating Paid Up Rider	Single/Annual Premium Participating Paid Up Insurance Rider
ML 2080 A NY	Rider	Unisex 1 Year Term	Unisex ART Rider on Primary



Mailing Address: Post Office Box 851857 • Richardson, Texas 75085-1857
 2929 N Central Expressway, Suite 200 • Richardson, TX 75080 • 972-850-0850 • FAX: 972-850-0851



		Rider	Insured for New York Business Sales
ML 1200	Policy	Shared Life	Traditional Fixed Premium Participating First to Die Joint Whole Life Insurance
ML 2080	Rider	1 Year Term Rider	ART Rider on Primary Insured
ML 2100	Rider	Primary Insured Term Rider	15 Year Term Rider on Primary Insured
ML 2105	Rider	Additional Insured Term Rider	15 Year Term Rider on Other Insured
ML 1075	Policy	Low Premium Term (LPT)	Non-Guaranteed Premium 1, 10, and 15 Year Renewable Term
ML 1075-A	Policy	Unisex Low Premium Term (LPT)	Unisex Non-Guaranteed Premium 1, 10, and 15 Year Renewable Term for NY Business Sales
ML 4053-1	Rider	Low Premium Term (LPT)	LPT Endorsement Extending Coverage to age 100 for Non-New York Sales
ML 1275	Policy	SecureTerm	Non-Guaranteed Premium 1, 10, and 15 Year Renewable Term
ML 1250	Policy	Life\$en\$e	Flexible Premium Universal Life Insurance
ML 2150	Rider	Spouse Term Rider	ART Rider on Spouse
ML 86-1050	Policy	Universal Lifestyle 87	Flexible Premium Universal Life Insurance (NJ Sales Only)
ML-86-2005 NJ	Rider	Spouse Term Rider	ART Rider on Spouse
PDUL01	Policy	Payroll Deduction Universal Life	Flexible Premium Adjustable Life Insurance Policy
SIUL01	Policy	Simplified Issue Universal Life	Flexible Premium Adjustable Life Insurance Policy
RSIUL02	Policy	Simplified Issue Universal Life	Flexible Premium Adjustable Life Insurance Policy
MTERM03 95	Policy	Term to Age 95	Individual Indeterminate Premium Term Life
MPRTERM03 95	Policy	Term to Age 95 (Payroll version)	Individual Indeterminate Premium Term Life
SIUL08	Policy	Simplified Issue Universal Life	Flexible Premium Adjustable Life Insurance Policy
RSIUL08	Policy	Simplified Issue Universal Life	Flexible Premium Adjustable Life Insurance Policy
MTERM03 08/08	Policy	Term to Age 95	Individual Indeterminate Premium Term Life



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MPRTERM03 08/08	Policy	Term to Age 95 (Payroll version)	Individual Indeterminate Premium Term Life
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I hereby certify that the disciplined current scales used in illustrations by Manhattan Life Insurance Company for these plans are in conformity with the Actuarial Standard of Practice No. 24 for Compliance with the NAIC Model Regulation on Life Insurance Illustrations promulgated by the Actuarial Standards Board, and that the illustrated scales used in insurer-authorized illustrations meet the requirements of this regulation.

- a. For business issued in the last five years, the currently payable scale has not been reduced for reasons unrelated to experience changes.
- b. There are not any inconsistencies between illustrated non-guaranteed elements for new policies and similar in-force policies.
- c. Illustrated non-guaranteed elements for new and in-force policies are consistent with the non-guaranteed element amounts actually credited or charged to the same or similar forms.
- d. The 2010 Life Insurance Illustrations Generally Recognized Expense Table prepared by the Society of Actuaries and adopted by the NAIC was used in allocating overhead expenses for all illustrations.

I have relied upon data and other information supplied by said insurer in making this certification. I have reviewed the data and other information for reasonableness and consistency with reported Company results.

LEWIS & ELLIS, INC., Actuaries & Consultants



Michael A. Mayberry, F.S.A.,M.A.A.A.

P. O Box 851857
Richardson, Texas 75085-1857
(972) 850-0850

February 3, 2010



Mailing Address: Post Office Box 851857 • Richardson, Texas 75085-1857
2929 N Central Expressway, Suite 200 • Richardson, TX 75080 • 972-850-0850 • FAX: 972-850-0851



MANHATTAN LIFE

Mary Lou Rainey
Secretary

February 3, 2010

TO: Commissioner of Insurance

RE: **Appointment of Illustration Actuary**
Manhattan Life Insurance Company
NAIC Number 65870
FEIN Number 13-1004640

Dear Mr./Ms. Commissioner:

This letter serves to notify you that the Board of Directors of Manhattan Life Insurance Company selected Michael A. Mayberry, FSA, MAAA of Lewis & Ellis, Inc., Actuaries and Consultants as our Illustration Actuary. This action was taken by the Board of Directors on December 12, 2008. Per state mandate, Mr. Mayberry meets the requirements of a qualified actuary.

Please do not hesitate to contact me should you have any questions.

Sincerely,



Mary Lou Rainey
Secretary

Manhattan Life Insurance Company
10700 Northwest Freeway
Houston, Texas 77092

Phone: 713-821-6448
Toll Free: 800-669-9030 ext. 6448
Fax: 713-821-6472
Email: mrainey@manhattanlife.com



Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Manhattan Life Insurance Company 10700 Northwest Freeway Houston, TX 77092	NY		1117	65870	13-1004640	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Genetha Roberson Manhattan Life Insurance Company 10700 Northwest Freeway Houston, TX 77092	(713) 821-6435	(713) 821-6551	groberso@manhattanlife.com

5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input checked="" type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	MLICILLACT10
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7.	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance (TOI)	
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10.	Sub-Type of Insurance (Sub-TOI)	
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11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate X FILING OTHER THAN FORM OR RATE: Please explain: <u>Illustration Actuary Certification</u> SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____
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12.	Filing Submission Date	02/03/2010	
13.	Filing Fee (If required)	Amount _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Date _____ Check Number _____
14.	Date of Domiciliary Approval		
15.	Filing Description:		
<p>In accordance with the life illustration regulation, we are submitting the Annual Illustration Certification for Manhattan Life Insurance Company.</p> <p>This filing applies to the plans of insurance subject to the Life Insurance Illustration Regulation for this state.</p> <p>The following items are included with this filing:</p> <ul style="list-style-type: none"> • Company letter of information • Certification by Illustration Actuary • Actuarial appointment letter by an Officer of the Company 			

16.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>Genetha Roberson</u> Title <u>Compliance Analyst</u></p> <p>Signature <u></u> Date: <u>February 3, 2010</u></p>	