

SERFF Tracking Number:	AEGX-126558340	State:	Arkansas
Filing Company:	Transamerica Life Insurance Company	State Tracking Number:	45262
Company Tracking Number:	GR AR0055307F01		
TOI:	L04G Group Life - Term	Sub-TOI:	L04G.500 Other
Product Name:	Term Life		
Project Name/Number:	Term Life/GR AR0055307F01		

## Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: Term Life

SERFF Tr Num: AEGX-126558340 State: Arkansas

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved-  
Closed State Tr Num: 45262

Sub-TOI: L04G.500 Other

Co Tr Num: GR AR0055307F01

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: SPI ADMSLH

Disposition Date: 03/26/2010

Date Submitted: 03/25/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: Term Life

Status of Filing in Domicile: Authorized

Project Number: GR AR0055307F01

Date Approved in Domicile: 05/22/2002

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Discretionary

Filing Status Changed: 03/26/2010

Explanation for Other Group Market Type:

State Status Changed: 03/26/2010

Deemer Date:

Created By: SPI ADMSLH

Submitted By: SPI ADMSLH

Corresponding Filing Tracking Number:

Filing Description:

The attached filing is being submitted for your review and approval. These forms were previously approved by your department under SERFF Tracking # SERT-54JRAM975 on December 10, 2001. The prior approval was for the product to be marketed to eligible associations, employers and non-discretionary groups on a direct mail response basis or through licensed agents and brokers. As previously approved, the policy will be issued through an out of state trust. This filing is to request an expansion of your prior approval to include marketing these forms to financial institutions. Attached also is one new amendment rider form to be used with the previously approved product. This amendment allows the payment option of a monthly or lump sum benefit.

## Company and Contact

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**Filing Contact Information**

Karen Cooper-Coleman, Manager, Product kcooper-coleman@aegonusa.com  
 Filing & Compliance  
 520 Park Avenue 410-209-5262 [Phone]  
 Baltimore, MD 21201 410-209-5910 [FAX]

**Filing Company Information**

Transamerica Life Insurance Company CoCode: 86231 State of Domicile: Iowa  
 4333 Edgewood Road, N.E. Group Code: 468 Company Type: Life and Health  
 Cedar Rapids, IA 52499 Group Name: State ID Number:  
 (410) 685-5500 ext. [Phone] FEIN Number: 39-0989781

**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: \$20 per separate form filling  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$20.00	03/25/2010	35154938

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/26/2010	03/26/2010

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*Product Name:*              *Term Life*  
*Project Name/Number:*      *Term Life/GR AR0055307F01*

## **Disposition**

Disposition Date: 03/26/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45262</i>
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	List of Forms		Yes
<b>Form</b>	Amendment Rider		Yes

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## Form Schedule

Lead Form Number: TL3000ART

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	TL3000AR T	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendment Rider	Initial		40.000	TL3000ART.P DF

**TRANSAMERICA LIFE INSURANCE COMPANY**  
Administrative Office: [520 Park Avenue, Baltimore, MD 21201]

**AMENDMENT RIDER**

This Amendment Rider is a part of the Certificate to which it is attached. It is issued in consideration of the application and the continued payment of the required premium.

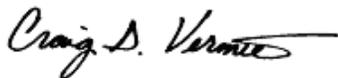
The following **PAYMENT OF CLAIMS** section is added to the **GENERAL PROVISIONS**:

**PAYMENT OF CLAIMS:** Benefits are payable in accordance with the beneficiary designation in effect at the time of payment. The Life Insurance Benefit will be paid in monthly installments unless the beneficiary elects to receive a lump sum or the proceeds are payable to an estate. If the beneficiary elects to receive a lump sum, we must receive a written notice of such election before any monthly installments have been paid.

Any lump sum payment will be a one time payment of the present value of the monthly installments of the Life Insurance Benefit determined by discounting each monthly installment of the Life Insurance Benefit from the date it would have been paid to the date you die at a rate determined by us but not to exceed the discount rate shown on the Certificate Schedule.

If the beneficiary survives the Insured but dies prior to all monthly installments having been paid to such beneficiary, the present value of the remaining unpaid monthly installments of the Life Insurance Benefit will be paid to the beneficiary's estate in a lump-sum amount in lieu of future monthly installments.

This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above. This Rider takes effect and ends concurrently with the Certificate to which it is attached.



Secretary



President

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Included on the attached list of previously forms.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> Readability Certification.PDF		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> List of Forms		
<b>Comments:</b> List of Previously Approved Forms		
<b>Attachment:</b> List of Forms.PDF		

## READABILITY CERTIFICATION

We hereby certify that the form listed below complies with the Life Policy Language Simplification Act as indicated by the Flesch scale analysis readability score(s).

FORM

FLESCH SCORE

TL3000ART

40

### TRANSAMERICA LIFE INSURANCE COMPANY

*Stephen M. Baloga, ASA*

BY: \_\_\_\_\_  
Stephen M. Baloga, A.S.A., M.A.A.A.  
Assistant Vice President and Actuary

DATE: March 25, 2010



# TRANSAMERICA LIFE INSURANCE COMPANY

AN IOWA STOCK COMPANY | ADMINISTRATIVE OFFICES: BALTIMORE, MARYLAND 21201

## Group Term Life Product Forms List

<b>Form Number</b>	<b>Type of Form</b>	<b>Prior Approval Information</b>
TL3000GCT	Contributory Certificate	Approved 12/10/01 FILE # SERT-54JRAM975
TL4000GCT	Non-Contributory Certificate	Approved 12/10/01 FILE # SERT-54JRAM975
TL3001RT	Accidental Death & Dismemberment Benefit Rider	Approved 12/10/01 FILE # SERT-54JRAM975
TL3002RT	Increase of Insurance Benefit Rider	Approved 12/10/01 FILE # SERT-54JRAM975
TL3003RT	Accelerated Benefits Rider	Approved 12/10/01 FILE # SERT-54JRAM975
TL3004RT	Waiver of Premium Benefit Rider	Approved 12/10/01 FILE # SERT-54JRAM975
TL3005RT	Common Carrier Accidental Death Benefit Rider	Approved 12/10/01 FILE # SERT-54JRAM975
TL3000GAT	Application	Approved 12/10/01 FILE # SERT-54JRAM975
TL3000GET	Enrollment Form	Approved 12/10/01 FILE # SERT-54JRAM975
TL4000GAT	Reinstatement Application	Approved 12/10/01 FILE # SERT-54JRAM975
TL3020GET	Enrollment Form	Approved 11/4/02 FILE # SERT-5FGKMQ137
TL3000ART	Amendment Rider	New Form