

SERFF Tracking Number: IASL-126558248 State: Arkansas
 Filing Company: State Mutual Insurance Company State Tracking Number: 45263
 Company Tracking Number: SM 2001 CSO TABLE
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: State Mutual Insurance Company 2001 CSO Mortality Table Filing
 Project Name/Number: /

Filing at a Glance

Company: State Mutual Insurance Company

Product Name: State Mutual Insurance
 Company 2001 CSO Mortality Table Filing

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: IASL-126558248 State: Arkansas

SERFF Status: Closed-Accepted State Tr Num: 45263
 For Informational Purposes

Co Tr Num: SM 2001 CSO TABLE State Status: Filed-Closed

Author: Jeffrey McGinn Reviewer(s): Linda Bird
 Date Submitted: 03/25/2010 Disposition Date: 03/26/2010
 Disposition Status: Accepted For Informational Purposes
 Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/26/2010

Status of Filing in Domicile: Authorized

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: 03/26/2010

Created By: Jeffrey McGinn

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jeffrey McGinn

Filing Description:

The purpose of this informational filing is to notify the state of a revision to policy form, WL-65 (08/90), which was approved by your Department on November 20, 1990. Specifically, the Company is making the required change from the 1980 CSO Mortality tables to the 2001 CSO Mortality tables, for both cash values and reserves. Also, the interest rates used in calculating cash values and reserves are being updated to current levels.

The only section of the policy form which currently mentions the 1980 CSO Mortality tables is the Policy Specifications page. Attached you will find a revised Policy Specifications page, and an updated actuarial memorandum supporting reserves and cash values calculated using the 2001 CSO tables.

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This change will only apply to new business and it will not be retroactive. This policy form is not being actively marketed in any state. It will be used for conversions from term and other products. No policies have been issued using this form since January 1, 2009, when the 2001 CSO Mortality tables became mandatory.

Company and Contact

Filing Contact Information

Jeffrey McGinn, Compliance Analyst jeffrey.mcginn@iasadmin.com
 8545 126th Avenue North 727-584-0007 [Phone] 2389 [Ext]
 Suite 200 727-584-5613 [FAX]
 Largo, FL 33773-1502

Filing Company Information

(This filing was made by a third party - insuranceadministrativesolutions)

State Mutual Insurance Company	CoCode: 69132	State of Domicile: Georgia
One State Mutual Drive	Group Code: 986	Company Type:
Rome, GA 30165	Group Name:	State ID Number:
(706) 291-1054 ext. [Phone]	FEIN Number: 58-1449898	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Mutual Insurance Company	\$50.00	03/25/2010	35154390

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	03/26/2010	03/26/2010

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Disposition

Disposition Date: 03/26/2010

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		Yes
Supporting Document	Application		No
Supporting Document	Revised Policy Specification Pages		Yes
Supporting Document	Actuarial Basis Memorandum		No
Supporting Document	Third Party Authorization Letter		Yes

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Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification Comments: Certificate of Compliance is attached. Attachment: AR Certificate of Compliance.pdf</p>		
<p>Bypassed - Item: Application Bypass Reason: N/A Comments:</p>		
<p>Satisfied - Item: Revised Policy Specification Pages Comments: Attachment: SMLP95 RevPolSpecsPg.pdf</p>		
<p>Satisfied - Item: Third Party Authorization Letter Comments: Attachment: AuthorizationLtr.pdf</p>		

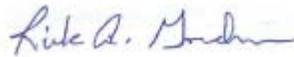
ARKANSAS COMPLIANCE CERTIFICATION

Name and Address of Insurer:

**State Mutual Insurance Company
One State Mutual Drive
P. O. Box 153
Rome, Georgia 30162-0153**

The Company has reviewed the enclosed form and certifies that, to the best of its knowledge and belief, this submission complies with the requirements of Regulation 19s 10B as well as applicable requirements of the Department. The Company further certifies compliance with Regulation 49, and Ark Code Ann. 23-79-138, and Bulletin 15-2009.

Signed for the Company by an Officer



Signature

Executive Vice President

Title

March 25, 2010

Date

SCHEDULE OF BENEFITS AND PREMIUMS

<u>BENEFIT DESCRIPTION</u>	<u>BENEFIT AMOUNT</u>	<u>ANNUAL PREMIUM</u>	<u>TYPE</u>	<u>DATE</u>
LIFE PAID UP AT AGE 95 - PAR	\$ 100,000	\$ 2,077.00	PAID UP	7/15/2050
	ANNUALLY	\$ 2,077.00		
	OR SEMI-ANNUALLY	\$ 1,080.04		
	OR QUARTERLY	\$ 550.41		
	OR MONTHLY - DIRECT BILL	\$ 186.93		
	OR MONTHLY - BANK DRAFT	\$ 178.21		

PREMIUM DUE DAY: DUE 15TH DAY OF EACH DUE MONTH.
 PREMIUM CLASS: MALE NON-SMOKER.
 LOAN INTEREST: VARIABLE.
 SUICIDE LIMITATION: 2 YEARS FROM DATE OF POLICY

INITIAL DEATH BENEFIT \$ 100,000

PLEASE READ THIS POLICY CAREFULLY

LIFE PAID UP AT 95
 WHOLE LIFE INSURANCE
 PROCEEDS PAYABLE AT DEATH
 PREMIUMS PAYABLE TO AGE 95

AMOUNT OF INSURANCE:	\$ 100,000	INSURED NAME:	JOHN N. DOE
DATE OF POLICY:	7/15/2010	INSURED AGE:	55 MALE
POLICY PLAN NUMBER:	19316	POLICY NUMBER:	TEST-193

TABLE OF GUARANTEED VALUES

POLICY YEAR END	ATTAINED AGE	CASH OR LOAN VALUE	GUARANTEED PAID UP INSURANCE	EXTENDED TERM	
				YEARS	DAYS
0	55	\$0.00	\$0.00	0	0
1	56	\$0.00	\$0.00	0	0
2	57	\$26.00	\$75.00	0	15
3	58	\$2,015.00	\$5,601.00	2	279
4	59	\$4,061.00	\$10,884.00	4	292
5	60	\$6,161.00	\$15,928.00	6	110
6	61	\$8,309.00	\$20,731.00	7	186
7	62	\$10,494.00	\$25,285.00	8	189
8	63	\$12,703.00	\$29,581.00	9	123
9	64	\$14,931.00	\$33,633.00	9	353
10	65	\$17,180.00	\$37,463.00	10	166
11	66	\$19,450.00	\$41,088.00	10	303
12	67	\$21,749.00	\$44,537.00	11	39
13	68	\$24,083.00	\$47,828.00	11	105
14	69	\$26,456.00	\$50,978.00	11	141
15	70	\$28,872.00	\$53,998.00	11	153
16	71	\$31,317.00	\$56,879.00	11	144
17	72	\$33,788.00	\$59,628.00	11	118
18	73	\$36,251.00	\$62,218.00	11	79
19	74	\$38,708.00	\$64,664.00	11	27
20	75	\$41,167.00	\$66,987.00	10	330

GUARANTEED VALUES BASED ON [2001 CSO MORTALITY] AND [5.0]% INTEREST
RESERVES BASED ON [2001 CSO MORTALITY] AND [4.0]% INTEREST - CRVM

DIVIDENDS BEGIN AT THE END OF THE SECOND YEAR.
PAID-UP ADDITIONS ALSO PARTICIPATE IN THE COMPANY SURPLUS.
INTEREST RATE ON DIVIDEND ACCUMULATIONS WILL NOT BE LESS THAN 3.0%.

LIFE PAID UP AT 95
WHOLE LIFE INSURANCE
PROCEEDS PAYABLE AT DEATH
PREMIUMS PAYABLE TO AGE 95

AMOUNT OF INSURANCE:	\$ 100,000	INSURED NAME:	JOHN N. DOE
DATE OF POLICY:	7/15/2010	INSURED AGE:	55 MALE
POLICY PLAN NUMBER:	19316	POLICY NUMBER:	TEST-193



OFFICE: 1-877-872-5500 (TOLL-FREE)
FAX: 1-727-373-4575

March 5, 2010

Ms. Darcey Shaffer, FLMI, ACS
Compliance Manager
Insurance Administrative Solutions, L.L.C.
8545 126th Avenue North, Suite 200
Largo, Florida 33773-1502

Re: Life and Health Filings for Rate Increases, Forms and Reporting Requirements for
State Mutual Insurance Company

Dear Ms. Shaffer:

This letter authorizes Insurance Administrative Solutions, L.L.C. to file on behalf of State Mutual Insurance Company, rate increases, forms and reporting requirements for the Company's Life and Health Insurance Policies with the State Insurance Departments. Insurance Administrative Solutions, L.L.C. may correspond with the State Insurance Departments regarding any questions they may have concerning the filings.

A copy of this letter is as valid as the original. This authorization will be valid for twelve months from the date of this letter.

Sincerely,

A handwritten signature in blue ink that reads 'Rick A. Gordon'.

Rick A. Gordon
Executive Vice President