

SERFF Tracking Number: KCLF-126513344 State: Arkansas  
Filing Company: Kansas City Life Insurance Company State Tracking Number: 45000  
Company Tracking Number: A161  
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other  
Product Name: A161  
Project Name/Number: A161/A161

## Filing at a Glance

Company: Kansas City Life Insurance Company

Product Name: A161

TOI: A10 Annuities - Other

Sub-TOI: A10.000 Annuities - Other

Filing Type: Form

SERFF Tr Num: KCLF-126513344 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 45000

Co Tr Num: A161

Author:

Date Submitted: 02/25/2010

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 03/01/2010

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: 05/03/2010

State Filing Description:

## General Information

Project Name: A161

Project Number: A161

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/01/2010

Status of Filing in Domicile: Pending

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: 03/01/2010

Created By: Jennifer Penfield

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jennifer Penfield

Filing Description:

Kansas City Life Insurance Company is hereby filing A161-AR (Application for Annuity). This application is substantially similar to recently approved A159-AR (approved 12/26/2007 under tracking number KCLF-125387207). We have added a split-case signature line to page 2 and have added fraud language.

## Company and Contact

### Filing Contact Information

Jennifer Penfield, Compliance Analyst

3520 Broadway St

jpenfield@kclife.com

800-821-5529 [Phone] 8420 [Ext]

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PO Box 219139  
 Kansas City, MO 64121-2139

**Filing Company Information**

Kansas City Life Insurance Company	CoCode: 65129	State of Domicile: Missouri
P O Box 219139	Group Code: 588	Company Type: Life
Kansas City, MO 64121-9139	Group Name:	State ID Number:
(800) 821-5529 ext. [Phone]	FEIN Number: 44-0308260	

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation: \$50.00 per filing in MO  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kansas City Life Insurance Company	\$50.00	02/25/2010	34443004

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/01/2010	03/01/2010

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## Disposition

Disposition Date: 03/01/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>KCLF-126513344</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kansas City Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45000</i>
<i>Company Tracking Number:</i>	<i>A161</i>		
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<i>Project Name/Number:</i>	<i>A161/A161</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Form</b>	Application for Annuity		Yes

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## Form Schedule

Lead Form Number: A161

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	A161-AR	Application/ Enrollment Form Application for Annuity	Initial		45.300	A161-AR.pdf



Application for Annuity

Annuitant

Name, Address, Date of Birth, Social Security No., Home Phone No., Work Phone No., State of Birth

Owner

Name, Address, Tax ID or Social Security No., State of Birth, Date of Birth

Beneficiary

(with right to change). Complete the following beneficiary information if the Annuitant and the Owner are the same. Unless otherwise stated, benefits are payable equally to the named beneficiaries or to the surviving beneficiaries.

Primary Beneficiary, Contingent Beneficiary, Relationship to Annuitant

The Annuitant will be the Owner unless otherwise stated. Complete the following beneficiary information only for non-qualified annuities and if the Owner is other than the Annuitant.

Owner's Beneficiary, Owner's Contingent Beneficiary, Annuitant's Beneficiary, Annuitant's Contingent Beneficiary, Relationship to Owner/Annuitant

Plan

Plan Name, Flexible Premium, Single Premium, Annual Premium \$

Market: Non-qualified, 403(b), 401(k), 501(c)(3), SEP, IRA, ROTH IRA, SIMPLE IRA, Other, Pension Plan

Rollover: Yes, No, Amount of Transfer \$, Are any funds the result of a transfer from a Qualified Plan?

Billing Information

Premium Mode: Ann, SA, Qtly, Mo; Collection Type: PAC, GA, CB, FAP, Single

Send Notices and Statements to: Annuitant, Owner, Other (provide name and address)

Branch of Service for Government Allotment, Payor's SSN for GA

Special Requests

(Policy date, existing PAC or CB number, etc.)

Home Office Endorsements

\*\*Interest crediting will begin upon date of receipt of funds by the Home Office, Kansas City, MO

(Continued on next page)

## Replacement

1. Will any existing life or annuity contract be lapsed, reissued, surrendered, or converted (to reduce amount of premium or period of coverage including surrender options) if the proposed policy is issued? .....  Yes  No
2. Will the proposed policy be part of an Internal Revenue Code Section 1035 Exchange? .....  Yes  No

## Signatures

**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 civil fines and criminal penalties.**

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

City State Month Year

\_\_\_\_\_  
Annuitant's Signature (if under 15, parent/guardian signature)

\_\_\_\_\_  
Applicant's Signature (if other than Annuitant)

## Statement of Agent

To the best of my knowledge, the annuity applied for in this application  will  will not replace existing insurance.

\_\_\_\_\_  
Agent Code Signature of Writing Agent Agent Code Signature of Other Agent(s) (if split case)

\_\_\_\_\_  
Agency Code Agency

**All premium checks must be made payable to Kansas City Life Insurance Company. Do not make the check payable to the agent or leave the payee blank.**

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> AR cert.pdf		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> N/A <b>Comments:</b>		

**STATE OF ARKANSAS  
COMPLIANCE CERTIFICATION**

COMPANY NAME: Kansas City Life Insurance Company

FORM TITLE(S): Application for Annuity

FORM NUMBER(S): A161-AR

I hereby certify that to, the best of my knowledge and belief, the above form and submissions is in compliance with Regulation 19, Regulation 49, and all other laws, rules and regulations of the State of Arkansas.



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Marc S Bensing  
Assistant Vice President  
Kansas City Life Insurance Company

February 25, 2010