

SERFF Tracking Number: STFL-126461825 State: Arkansas
Filing Company: State Farm Life Insurance Company State Tracking Number: 45061
Company Tracking Number: SFL10206
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: WMD Universal Life / 10206
Project Name/Number: WMD Universal Life / 10206/WMD Universal Life / 10206

Filing at a Glance

Company: State Farm Life Insurance Company

Product Name: WMD Universal Life / 10206

TOI: L09I Individual Life - Flexible Premium
Adjustable Life

Sub-TOI: L09I.001 Single Life

Filing Type: Form

SERFF Tr Num: STFL-126461825

SERFF Status: Closed-Approved-
Closed

Co Tr Num: SFL10206

Author: Rhonda Brackman

Date Submitted: 03/01/2010

State: Arkansas

State Tr Num: 45061

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 03/04/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: 07/25/2010

State Filing Description:

General Information

Project Name: WMD Universal Life / 10206

Project Number: WMD Universal Life / 10206

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/04/2010

Deemer Date:

Submitted By: Rhonda Brackman

Filing Description:

NAIC #: 69108

FEIN #37-0533090

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: This form was filed
with the Illinois Department of Insurance on
February 8, 2010; approval is pending.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 03/04/2010

Created By: Rhonda Brackman

Corresponding Filing Tracking Number:

Dear Sir or Madam:

Enclosed for your consideration is the following new individual life insurance form:

SERFF Tracking Number: STFL-126461825 State: Arkansas
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10206 Waiver of Monthly Deduction Benefit Rider

Form 10206 provides a waiver of monthly deduction benefit if the Insured is totally disabled as defined in the form. The issue ages are 0-59. Form 10206 can be attached to form 08030, Flexible Premium Adjustable Life Insurance Policy, which was approved by your Department on October 17, 2007 under SERFF Tracking Number STFL-125309485.

This form will replace form 08206, which was approved by your Department on October 17, 2007, under SERFF Tracking Number STFL-125310676. Form 10206 will provide a limited waiver benefit for total disabilities starting on and after the policy anniversary when the Insured is age 60 and before the policy anniversary when the Insured is age 65.

The life insurance application that will be used with this form will be 1000704 AR.1, Application for Individual Life Insurance, which was submitted to your Department on March 1, 2010, under SERFF Tracking Number STFL-126423717; approval is pending.

This form was filed with the Illinois Department of Insurance on February 8, 2010; approval is pending.

This form will be marketed exclusively through State Farm agents.

The effective date for this form is July 25, 2010.

Company and Contact

Filing Contact Information

Rhonda Brackman, Analyst - Contracts & Compliance rhonda.brackman.aim3@statefarm.com
1 State Farm Plaza 309-766-6896 [Phone]
Bloomington, IL 61710-0001 309-766-8483 [FAX]

Filing Company Information

State Farm Life Insurance Company CoCode: 69108 State of Domicile: Illinois
1 State Farm Plaza Group Code: Company Type:
Bloomington, IL 61710-0001 Group Name: State ID Number:
(309) 766-4541 ext. [Phone] FEIN Number: 37-0533090

Filing Fees

SERFF Tracking Number: STFL-126461825 State: Arkansas
Filing Company: State Farm Life Insurance Company State Tracking Number: 45061
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Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: 1 form @ \$50.00 = \$50.00
(via EFT Voucher ID# 14518903)
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Life Insurance Company	\$50.00	03/01/2010	34512117

SERFF Tracking Number: STFL-126461825 State: Arkansas
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Adjustable Life
Product Name: WMD Universal Life / 10206
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/04/2010	03/04/2010

SERFF Tracking Number: STFL-126461825 *State:* Arkansas
Filing Company: State Farm Life Insurance Company *State Tracking Number:* 45061
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TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: WMD Universal Life / 10206
Project Name/Number: WMD Universal Life / 10206/WMD Universal Life / 10206

Disposition

Disposition Date: 03/04/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: STFL-126461825 State: Arkansas
 Filing Company: State Farm Life Insurance Company State Tracking Number: 45061
 Company Tracking Number: SFL10206
 TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life
 Adjustable Life
 Product Name: WMD Universal Life / 10206
 Project Name/Number: WMD Universal Life / 10206/WMD Universal Life / 10206

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		Yes
Supporting Document	Sample Specification Pages 3&4		Yes
Supporting Document	Regulation 19 Certification		Yes
Form	Waiver of Monthly Deduction Benefit Rider		Yes

SERFF Tracking Number: STFL-126461825 State: Arkansas
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Form Schedule

Lead Form Number: 10206

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	10206	Policy/Cont Waiver of Monthly ract/Fratern Deduction Benefit al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			10206 WMD UL 20100201 FINAL_brack eted.pdf

WAIVER OF MONTHLY DEDUCTION BENEFIT RIDER
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General. This Rider is part of this Policy. It is based on the Application for this Rider and the deduction of the Monthly Charge for this Rider. Only certain policy provisions are a part of this Rider. They are "Definitions," "Ownership," "Death Benefit and Death Benefit Options," "Grace Period," "Reinstatement," "Monthly Deduction," "The Contract," "Assignment," and "Error in Age or Sex." The provisions of this Rider apply in lieu of any other Policy provisions to the contrary. This Rider does not increase Cash Value or Loan Value of this Policy.

Monthly Charge for This Rider. The Monthly Charge is (1) times (2) where:

(1) is the total Monthly Deduction to which this Benefit applies before the Monthly Charge for this Rider is added, and

(2) is the Monthly Charge for this Rider per dollar of Monthly Deduction.

The Monthly Charges per dollar of Monthly Deduction are shown on page 4.

Waiver of Monthly Deduction Benefit. We will waive Monthly Deductions for this Policy as defined below if the Insured becomes totally disabled while this Rider is in force and such Total Disability has existed for 6 continuous months during the lifetime of the Insured as follows:

- (1) If the Insured becomes totally disabled prior to the Policy Anniversary when the Insured is age 60, We will waive those Monthly Deductions until the Policy Anniversary when the Insured is age 65 as long as the Total Disability continues. If the Insured is totally disabled as defined below on the Policy Anniversary when the Insured is age 65, We will waive all future Monthly Deductions.
- (2) If the Insured becomes totally disabled on or after the Policy Anniversary when the Insured is age 60 and prior to the Policy Anniversary when the Insured is age 62, We will waive those Monthly Deductions until the Policy Anniversary when the Insured is age 65 as long as the Total Disability continues. We will not waive any Monthly Deduction on or after the Policy Anniversary when the Insured is age 65.
- (3) If the Insured becomes totally disabled on or after the Policy Anniversary when the Insured is age 62 and prior to the Policy Anniversary when the Insured is age 65, We will waive those Monthly Deductions until the third Policy Anniversary after Total Disability starts as long as the Total Disability continues. We will not waive any Monthly Deduction on or after the third Policy Anniversary after Total Disability starts.

We will only waive Monthly Deductions on Deduction Dates on and after Total Disability starts. Any Monthly Deductions made after the Total Disability starts will be added to the Account Value, with interest; however, no Monthly Deduction will be included which was deducted more than one year prior to the date We receive notice of the claim. If Death Benefit Option 1 is in effect, it will be automatically changed to Death Benefit Option 2. The change in Death Benefit Option will be effective the date We start to waive Monthly Deductions. On the Policy Anniversary when the Insured is age 121, the Death Benefit Option will automatically be changed to Death Benefit Option 1.

Any increase in the Surrender Charges that would occur while the Total Disability continues will be waived.

A recurrence of a Total Disability for which We had been waiving Monthly Deductions will be deemed a continuation of the prior period of Total Disability if the recurrence:

- (1) results from the same injury or disease that caused the previous Total Disability;
- (2) starts within 6 months of the date the previous Total Disability ended; and
- (3) starts while this Rider is still in force.

Such recurrent Total Disability will not be subject to a new requirement that the Total Disability must first exist for 6 continuous months during the Insured's lifetime.

WAIVER OF MONTHLY DEDUCTION BENEFIT RIDER (CONTINUED)

Total Disability Defined. Total Disability is a condition caused by injury or disease. During the first 24 months after Total Disability starts, this condition must prevent the Insured from performing substantially all of the work of the Insured's regular occupation. After the first 24 months after Total Disability starts, the condition must prevent the Insured from performing substantially all of the work in any occupation for which the Insured is, or becomes, reasonably qualified based upon education, training, or experience. The Insured's total and irrecoverable loss, caused by injury or disease, of any of the following will be considered Total Disability even if the Insured is able to work:

- (1) sight in both eyes.
- (2) use of both hands.
- (3) use of both feet.
- (4) use of one hand and one foot.

Disabilities Not Covered. We will not waive Monthly Deductions if Total Disability:

- (1) starts before the Effective Date of this Rider unless such disability was disclosed in the Application,
- (2) starts before the Policy Anniversary when the Insured is age 5,
- (3) results from an intended self-injury, or
- (4) results from any act due to war whether or not the Insured is in the military service. "War" means declared or undeclared war or conflict involving the armed forces of one or more countries, governments, or international organizations.

Notice and Proof of Total Disability. We must receive notice of a claim and due proof of Total Disability while the Insured is alive and totally disabled. If this is not done, You should submit such notice and proof as soon as reasonably possible. We may also require You to submit proof of the Insured's continuing Total Disability at reasonable intervals, but no more frequently than once every 30 days during the first 24 months after Total Disability starts. If You do not submit proof when We require it, no further Monthly Deductions will be waived. Failure to give such proof will not invalidate or diminish any claim if it can be shown that proof was given as soon as was reasonably possible. We will not require proof more than once a year after the Total Disability has lasted more than 2 years. We will not require proof after the Policy Anniversary when the Insured is age 65.

Premium Payments. If the Insured's Total Disability starts during a Grace Period, before We will approve a claim, a premium must be paid which is large enough to cover the Monthly Deductions plus any increase in the Surrender Charge from the start of the Grace Period through the Policy Month in which Total Disability starts.

Premiums, sufficient to keep this Policy in force until We approve the claim, are payable.

Termination. This Rider will terminate on the Policy Anniversary when the Insured is age 65. We will terminate this Rider before that date when this Policy terminates by surrender or lapse or by Your Request.

You may terminate this Rider by Request. This Rider will terminate the date We receive Your Request. We will revise pages 3 and 4 of this Policy to show this change.

Termination will not affect any claim for Total Disability which starts before termination.

WAIVER OF MONTHLY DEDUCTION BENEFIT RIDER (CONTINUED)

Incontestability. We will not contest this Rider after it has been in force during the lifetime of the Insured for 2 years from the Effective Date of this Rider unless the Insured becomes totally disabled within that period. We will not contest any reinstatement of this Rider after it has been in force during the lifetime of the Insured for 2 years from the Effective Date of any reinstatement unless the Insured becomes totally disabled within that period. Any contest will be based on material statements contained in the Application.

Effective Date of This Rider. This is the Policy Date unless a different date for this Rider is shown on page 3.

State Farm Life Insurance Company

[*Kim M. Brunner*]
Secretary

[*Edward Bruner Jr.*]
President

SAMPLE

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SERFF Tracking Number: STFL-126461825 State: Arkansas
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Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification
Comments:
 See Flesch Certification for the form being submitted.
Attachment:
 ARFLESCH 10206.pdf

Item Status: **Status Date:**

Satisfied - Item: Application
Comments:
 The life insurance application that will be used with this form will be 1000704 AR.1, Application for Individual Life Insurance, which was submitted to your Department on March 1, 2010 under SERFF Tracking #STFL-126423717; approval is pending.
Attachment:
 AR Life App_1000704 AR.1_bracketed.pdf

Item Status: **Status Date:**

Satisfied - Item: Outline of Coverage
Comments:
 Health forms not applicable to this filing submission.

Item Status: **Status Date:**

Satisfied - Item: Sample Specification Pages 3&4
Comments:
 See attached sample specification pages 3&4, displaying the new rider information.
Attachment:
 08030 WMD UL Rider Pg 3 & 4 FINAL Bracketed.pdf

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Adjustable Life
Product Name: WMD Universal Life / 10206
Project Name/Number: WMD Universal Life / 10206/WMD Universal Life / 10206

Item Status:

**Status
Date:**

Satisfied - Item: Regulation 19 Certification

Comments:

See attached Regulation 19 Certification.

Attachment:

ARREG19 10206.pdf

STATE OF ARKANSAS

CERTIFICATE

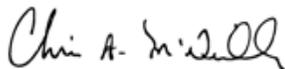
This is to certify that the attached forms have achieved a Flesch Reading Ease Score indicated below and comply with the requirements of Ark. Stat. Ann. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form #

Flesch Score

10206

42



Chris A McNeilly

Assistant Secretary

Title

February 24, 2010

Date



Application for Individual Life Insurance

1. Type of Application *(Check one)*

- a. New Business
- b. Change of Plan/Added Benefits Universal Life Increase Existing Plan Number(s): _____
 Term Conversion with Increase in Amount Select Term Re-entry

2. Proposed Insured 1 *(Print name in full)*

<input checked="" type="radio"/> Mr Last Name		First Name		Middle Initial	
a. <input type="radio"/> Ms [Doe]		[John]		[J]	
b. Mailing Address		City		State	ZIP Code
[123 Main St.]		[Bloomington]		[IL]	[61701]
c. Social Security or Tax Identification Number		Driver's License Number		State	Sex
[000-00-0000]		[D000-0000-0000]		[IL]	[M]
				Birth Date (mm/dd/yyyy)	Age
				[08-22-1974]	[35]
d. Marital Status		Height	Weight	State of Birth	United States or Canadian Citizen?
[Married]		[5 10]	[195]	[IL]	Yes <input checked="" type="radio"/> No <input type="radio"/>
e. Occupation		Employer's Name			
[Attorney]		[Self]			
Do job duties involve work in one of the following occupation categories: amusement, sports, construction, explosives, diving, liquor, logging, mining, gas, or oil? <i>(If yes, explain exact duties.)</i>					Yes <input type="radio"/> No <input checked="" type="radio"/>

f.

3. Proposed Insured 2 *(Additional Insured or Payor, print name in full)*

<input checked="" type="radio"/> Mr Last Name		First Name		Middle Initial	
a. <input type="radio"/> Ms [Doe]		[Jane]		[A]	
b. Social Security or Tax Identification Number		Driver's License Number		State	Sex
[000-00-0000]		[D000-0000-0000]		[IL]	[F]
				Birth Date (mm/dd/yyyy)	Age
				[06-07-1974]	[35]
c. Marital Status		Height	Weight	State of Birth	United States or Canadian Citizen?
[Married]		[5 6]	[130]	[IL]	Yes <input checked="" type="radio"/> No <input type="radio"/>
d. Occupation		Employer's Name			
[Attorney]		[Self]			
Do job duties involve work in one of the following occupation categories: amusement, sports, construction, explosives, diving, liquor, logging, mining, gas, or oil? <i>(If yes, explain exact duties.)</i>					Yes <input type="radio"/> No <input checked="" type="radio"/>

e.

4. Applicant/Owner *(Complete 4 if not Proposed Insured 1, print name in full)*

Last Name		First Name		Middle Initial	Social Security or Tax Identification Number
a. [Doe]		[Jane]		[A]	[000-00-0000]
b. Mailing Address		City		State	ZIP Code
[123 Main St.]		[Bloomington]		[IL]	[61701]

Successor Owner *(Required unless the Applicant/Owner is a Trust or Corporation)*

Last Name		First Name		Middle Initial
c. [Doe]		[Jill]		[A]

9. Universal Life / Second to Die

a. **Initial Basic Amount:** \$ _____ Universal Life Second to Die

b. **Death Benefit:** (Complete for new policy only.) If no option is chosen, policy provisions determine the option.

Option 1 - Basic Amount Option 2 - Basic Amount plus Account Value

c. **Riders/Benefits applied for:** (Check Ratebook for availability of riders.)

Waiver of Monthly Deduction (PI 1 only) Yes No

Universal Life ONLY

- Guaranteed Insurability Option \$ _____
- Children's Term Rider _____ Units
- Level Term (PI 2) \$ _____
- Accelerated Death Benefit for Long-Term Care

Second to Die ONLY

- Level Term (PI 1) \$ _____
- Level Term (PI 2) \$ _____
- Second to Die 4-Year Level Term

d. **Dividend Option:** (If no option is chosen, policy provisions determine the option.)

Addition to Account Value Cash

e. **Planned Premium:**

Mode chosen: Annual SFPP Existing SFPP Account Number: _____
 Other Special Monthly: _____

Amount to be billed each payment date: \$ _____

Amount of premium submitted with Application: \$ _____

f. **Increase in Basic Amount for Universal Life only:** (Do not complete for new policy.) \$ _____

10. Beneficiary Designation - Proposed Insured 1

Completion of this section will replace all previous rider and policy designations for this policy. If a Change of Plan or an addition in coverage, this designation will replace previous designations for this insured. If the Basic Plan is Second to Die, this designation applies only if Proposed Insured 1 is the Survivor or insured under a Level Term (PI 1) rider.

Primary Beneficiary - Full Name [Jane A. Doe]	Relationship [Spouse]
Successor Beneficiary - Full Name [Jill A. Doe]	Relationship [Child]

11. Beneficiary Designation - Proposed Insured 2

Complete for Additional Insured's rider only if the Beneficiary provision in the rider is NOT desired. If this section is completed, the Payment of Benefit provision of the policy will control rather than the Beneficiary provision of such rider. "Additional Insured" would be used in place of the "Insured". If a Change of Plan or an addition in coverage, this designation will replace previous designations for this insured. If the Basic Plan is Second to Die, this designation applies only if Proposed Insured 2 is the Survivor or insured under a Level Term (PI 2) rider.

Primary Beneficiary - Full Name [John J. Doe]	Relationship [Spouse]
Successor Beneficiary - Full Name [Jill A. Doe]	Relationship [Child]

12. Complete 12 if CTR applied for. List children under age 18 (if none, so state)

Last Name, First Name, MI <i>(If last name different, explain.)</i>	Relationship to Proposed Insured 1	Birthdate			Amount Now Insured For
		Month	Day	Year	
					\$

Complete 13-15 if CTR applied for OR Proposed Insured 1 is under age 16.

13. In the last 10 years, has Proposed Insured 1 or any children named in question 12, been diagnosed, treated, or been given advice by a member of the medical profession for: *(If yes, check all that apply and explain.)* Yes No

- a. birth defect
- b. asthma
- c. kidney disease
- d. leukemia
- e. mental disorder
- f. seizure
- g. heart murmur
- h. cancer
- i. impairment of sight, hearing, or speech
- j. diabetes
- k. anemia

14. Has Proposed Insured 1 or any children named in question 12, ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)? *(If yes, explain.)* Yes No

15. In the last 3 years, has Proposed Insured 1 or any children named in question 12, seen a doctor for any reason not previously explained excluding any routine physical examination with normal findings? *(If yes, explain.)*

16. Complete for all Applications

Proposed Insured 1 or Applicant, if other than Proposed Insured 1: Yes No

- a. Do you own any life insurance or annuities on yourself or others? [Yes No]
- b. If yes, is this policy a replacement of any of those policies? [Yes No]

c. What is the total amount of life insurance in force on you from all companies (excluding group insurance)?
 PI 1 \$ _____ PI 2 \$ _____

d. Is anyone now applying for life or health insurance on you with any other company? *(If yes, in Explanations state company and amounts.)*
 PI 1: Yes No PI 2: Yes No

Applications (Ages 16 & up): Complete 17-23

	PI 1		PI 2													
	Yes	No	Yes	No												
<p>17. Have you used tobacco or other nicotine products in any form in the last 36 months? <i>(If yes, please provide month/year last used: PI 1 _____ / _____ PI 2 _____ / _____)</i> <div style="text-align: center; font-size: x-small; margin-top: -10px;"> Month Year Month Year </div> </p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]												
<p>18. In the last 10 years, have you been diagnosed, treated, or been given advice by a member of the medical profession for: <i>(If yes, explain.)</i> <i>(Check all that apply)</i> <i>(Check all that apply)</i></p> <table border="0" style="width: 100%; font-size: small;"> <tr> <td style="width: 25%;">PI 1</td> <td style="width: 25%;">PI 2</td> <td style="width: 25%;">PI 1</td> <td style="width: 25%;">PI 2</td> </tr> <tr> <td>a. <input type="checkbox"/></td> <td><input type="checkbox"/> cancer or tumor</td> <td>c. <input type="checkbox"/></td> <td><input type="checkbox"/> heart disease or disorder, chest pain, high blood pressure</td> </tr> <tr> <td>b. <input type="checkbox"/></td> <td><input type="checkbox"/> diabetes</td> <td>d. <input type="checkbox"/></td> <td><input type="checkbox"/> stroke or transient ischemic attack (TIA)</td> </tr> </table>	PI 1	PI 2	PI 1	PI 2	a. <input type="checkbox"/>	<input type="checkbox"/> cancer or tumor	c. <input type="checkbox"/>	<input type="checkbox"/> heart disease or disorder, chest pain, high blood pressure	b. <input type="checkbox"/>	<input type="checkbox"/> diabetes	d. <input type="checkbox"/>	<input type="checkbox"/> stroke or transient ischemic attack (TIA)	[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]
PI 1	PI 2	PI 1	PI 2													
a. <input type="checkbox"/>	<input type="checkbox"/> cancer or tumor	c. <input type="checkbox"/>	<input type="checkbox"/> heart disease or disorder, chest pain, high blood pressure													
b. <input type="checkbox"/>	<input type="checkbox"/> diabetes	d. <input type="checkbox"/>	<input type="checkbox"/> stroke or transient ischemic attack (TIA)													
<p>19. Have you ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)? <i>(If yes, explain.)</i></p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]												
<p>20. In the last 5 years, have you for any reason not previously explained: <i>(If yes, explain.)</i></p> <p>a. seen a doctor or psychologist?</p> <p>b. had medication prescribed other than medications for cold, flu, seasonal allergies (i.e. hay fever), or birth control? <i>(If yes, list and explain.)</i></p> <p>c. had or been advised by a member of the medical profession to have treatment or a test (except for Human Immunodeficiency Virus) in any lab, clinic, or hospital?</p> <p>d. been told by a member of the medical profession surgery was necessary?</p>	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]												
<p>21. In the last 3 years, have you: <i>(If yes, explain.)</i></p> <p>a. been convicted of or pleaded guilty to any felony or any moving violations or driving under the influence of alcohol or drugs?</p> <p>b. engaged in any type of aviation activity (other than as a passenger); or is any such activity planned in the next 6 months?</p> <p>c. engaged in avocations such as mountain/rock climbing, vehicle racing, SCUBA/skin diving, sky diving, ballooning, or hang gliding; or is any such activity planned in the next 6 months?</p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]												
<p>22. Do you plan to leave or travel from the United States or Canada in the next 6 months? <i>(If yes, explain.)</i></p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]												

23. Proposed Insured 1 or Applicant, if other than Proposed Insured 1:

	Yes	No
<p>a. Have you entered into or made any plans to enter into any agreement or contract to sell or assign the ownership of, or a beneficial interest in the policy you are applying for? <i>(If yes, explain.)</i></p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]
<p>b. Have you received or do you anticipate receiving any type of inducement, fee, or compensation as an incentive to purchase the policy you are applying for? <i>(If yes, explain.)</i></p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]
<p>c. Have you ever received any inducement, fee or compensation as an incentive to purchase, sell, transfer or assign a life insurance or annuity policy? <i>(If yes, explain.)</i></p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]
<p>d. Have you ever sold, transferred or assigned any life insurance or annuity policy to a third party, such as a viatical settlement entity, life settlement entity, insurance company, other secondary market provider, or premium financing entity? <i>(If yes, explain.)</i></p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]

Applications (Ages 16 & up if NO medical exam is required): Complete 24-26

		PI 1		PI 2	
		Yes	No	Yes	No
<p>24. In the last 10 years, have you for any reason not previously explained, been diagnosed, treated, or been given advice by a member of the medical profession for: <i>(If yes, explain.)</i></p> <p><i>(Check all that apply)</i></p>		[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]
<i>(Check all that apply)</i>	<i>(Check all that apply)</i>				
PI 1	PI 2				
a. <input type="checkbox"/>	<input type="checkbox"/> respiratory disorder				
b. <input type="checkbox"/>	<input type="checkbox"/> liver or intestinal disorder				
c. <input type="checkbox"/>	<input type="checkbox"/> mental or nervous disorder				
d. <input type="checkbox"/>	<input type="checkbox"/> blood disorder				
<p>25. In the last 5 years, have you applied for or received disability benefits; had an injury to your neck, back, arm, or leg; or had any loss of sight or hearing? <i>(If yes, explain.)</i></p>		[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]
<p>26. In the last 5 years, have you used cocaine, marijuana, methamphetamine, or any other controlled substance or narcotic not prescribed by a member of the medical profession; had medical treatment or counseling for use of alcohol or prescribed or non-prescribed drugs; or been advised by a member of the medical profession to discontinue use of alcohol or prescribed or non-prescribed drugs? <i>(If yes, explain.)</i></p>		[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]

27. Explanations:

If space below is insufficient, use additional sheets which will be part of this application. Sheets must be signed and dated by Proposed Insured(s), and/or Applicant, and witnessed by Agent.

[Q20 a. Annual physical with Dr. William Carter, Bloomington, IL]

28. Agreements

Coverage will be effective as of the Policy Date if the following conditions are met: the first premium is paid when this policy is delivered; the Proposed Insureds are living on the delivery date; and, on that delivery date, the information given to the Company is true and complete to the best of the Proposed Insureds' and Applicant's knowledge and belief.

For changes in Basic Amount for a Universal Life Policy, the change will be effective on the Deduction Date on or next following acceptance of the change by the Company if on such Deduction Date the following conditions are met: there is enough Cash Surrender Value to make the required monthly deduction; the Proposed Insureds are all living; and the information given to the Company is true and complete to the best of the Proposed Insureds' and Applicant's knowledge and belief.

However, if a binding receipt has been given and is in effect, its terms apply.

All Proposed Insureds and the Applicant state that the information in this Application and any medical history is true and complete to the best of their knowledge and belief. Information is not true and complete to the best of their knowledge and belief if it misrepresents or omits a fact which a Proposed Insured or the Applicant knew or should have known, regardless whether the misrepresentation or omission was intentional. It is agreed that the Company can investigate the truth and completeness of such information while this policy is contestable.

By accepting this Policy, the Owner agrees to the beneficiaries named and corrections made. No change in plan, amount, benefits, or age at issue may be made on the Application unless the Owner agrees in writing. Only an authorized company officer may change the policy provisions. Neither the agent nor a medical examiner may pass on insurability.

Any policy issued on this Application will be owned by Proposed Insured 1 or the Applicant, if other than Proposed Insured 1.

Insurance laws may prohibit the owner of a life insurance policy from entering into any agreement to sell, transfer or assign a life insurance policy prior to the date the policy was issued, or within a period of time specified by state law after the date the policy was issued. The Owner should consult with legal advisors for any questions about these matters.

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 fines and confinement in prison.

Social Security or Tax Identification Number (TIN) Certification

By signing this application, I certify under penalties of perjury that (1) the TIN shown above is correct, and (2) I am exempt from backup withholding, or that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, (If you are subject to backup withholding, cross out item 2.) and (3) I am a U.S. person (Including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. (See instructions.)

SAMPLE

Date Signed [August 15, 2010]

Signature of Proposed Insured 1 X [John J. Doe]
Not required if Proposed Insured is under age 16.

at [Bloomington] [IL]
City State

Signature of Proposed Insured 2 X [Jane A. Doe]

Signature of Agent as Witness to all Signatures X [Mark Smith]

Signature of Applicant X [Jane A. Doe]
Not required unless applicant is other than Proposed Insured 1. If a firm or corporation is to be the owner, give its name and signature of authorized officer.

P O L I C Y I D E N T I F I C A T I O N

Insured [JOHN J DOE] Age [35]
 [(Male)]
 Policy Number LF-[0000-0000] Initial Basic Amount [\$50,000]
 Policy Date [July 15, 2010]
 Issue Date [July 15, 2010]
 Owner [JANE A DOE]

S C H E D U L E O F B E N E F I T S

Universal Life Basic Plan:

Death Benefit Option [1] (Basic Amount includes the Account Value)
 Basic Amount: [\$50,000]
 Class of Risk: [Standard Male Non-Tobacco]
 Basic Amount Minimum[until the Policy Anniversary when the Insured is age 55: \$50,000
 Basic Amount Minimum on and after the Policy Anniversary when the Insured is age
 55]: \$25,000
 Minimum Amount of Increase: \$25,000
 Minimum Amount of Decrease: \$10,000
 Minimum Withdrawal: \$500

Riders:

Form	Description	Insurance Amount	Benefit Period Ends	Monthly Charge Deductible
10206	Waiver of Monthly Deduction (Class of Risk-[Standard Male Non-Tobacco])		[In 2040	To 2040]

S C H E D U L E O F P R E M I U M S

Initial Premium: [\$468.86]
 Planned Premium: [\$468.86]
 Payment Period: [Annual]

Beginning:	Total Premiums For Policy Year
[July 15, 2010]	[\$468.86]

I N T E R E S T R A T E S

Guaranteed Interest Rate: 4%

C H A R G E S A N D F E E S

Deduction Date: 15th of each month

Maximum Premium Charge Percentage: 5%

Maximum Monthly Expense Charge in Policy Years 1-5: \$8.00
 Maximum Monthly Expense Charge in Policy Years 6 & later: \$10.00

For the Initial Basic Amount, the Monthly Issue Charge in first 24 Policy Months starting on the Policy Date:

\$.10 per \$1000, subject to a maximum of \$50.00 per month.

For each increase in Basic Amount, the Monthly Issue Charge in first 24 Policy Months starting on the Effective Date of the increase:

\$.10 per \$1000, each subject to a maximum of \$50.00 per month.

NOTE: The Planned Premium shown may not continue this Policy in force to the Policy Anniversary when the Insured is age 121 even if this amount is paid as scheduled. The period for which this Policy will continue will depend on (1) the amount, time, and frequency of premium payments, (2) actual Premium Charge Percentage applied to each premium paid, (3) changes in the Basic Amount and Death Benefit Option, (4) changes in interest in excess of the Guaranteed Interest Rate, (5) the actual Monthly Deductions including Cost of Insurance, Monthly Charges for any Riders, Monthly Expense Charge, and Monthly Issue Charge, (6) withdrawals, and (7) Loans. See the Changes in Rates and Charges provision for rates and charges we can change.

This Policy may not qualify as life insurance under federal tax law after the Policy Anniversary when the Insured is age 100 and may be subject to adverse tax consequences. A tax advisor should be consulted before the Owner chooses to continue this Policy after the Policy Anniversary when the Insured is age 100.

S C H E D U L E O F S U R R E N D E R C H A R G E S

Beginning Policy Year	Policy Month	Surrender Charge	Beginning Policy Year	Policy Month	Surrender Charge
[1	1	\$ 16.00	2	8	\$320.00]
[1	2	32.00	2	9	336.00]
[1	3	48.00	2	10	352.00]
[1	4	64.00	2	11	368.00]
[1	5	80.00	2	12	384.00]
[1	6	96.00	3	1	384.00]
[1	7	112.00	4	1	384.00]
[1	8	128.00	5	1	384.00]
[1	9	144.00	6	1	384.00]
[1	10	160.00	7	1	345.60]
[1	11	176.00	8	1	307.20]
[1	12	192.00	9	1	268.80]
[2	1	208.00	10	1	230.40]
[2	2	224.00	11	1	192.00]
[2	3	240.00	12	1	153.60]
[2	4	256.00	13	1	115.20]
[2	5	272.00	14	1	76.80]
[2	6	288.00	15	1	38.40]
[2	7	304.00	16	1	0.00]

Additional surrender charges will apply for each increase in Basic Amount for 15 years starting on the effective date of the increase.

C O S T O F I N S U R A N C E R A T E S A N D M O N T H L Y C H A R G E S

Maximum Monthly Cost of Insurance Rates
Per \$1000

(Class of Risk-Standard Male Non-Tobacco)

Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate
[35	0.0934	51	0.3148	67	1.6339	83	8.6135	99	36.4325]
[36	0.0976	52	0.3475	68	1.7796	84	9.5913	100	39.0835]
[37	0.1034	53	0.3851	69	1.9435	85	10.6935	101	41.5109]
[38	0.1109	54	0.4329	70	2.1352	86	11.9242	102	44.1763]
[39	0.1176	55	0.4865	71	2.3686	87	13.2765	103	47.1103]
[40	0.1268	56	0.5419	72	2.6423	88	14.7403	104	50.3318]
[41	0.1376	57	0.5956	73	2.9318	89	16.3061	105	53.8699]
[42	0.1510	58	0.6494	74	3.2440	90	17.8976	106	57.8027]
[43	0.1668	59	0.7125	75	3.5855	91	19.4964	107	62.1940]
[44	0.1844	60	0.7890	76	3.9724	92	21.2072	108	67.1272]
[45	0.2036	61	0.8825	77	4.4247	93	23.0525	109	72.7010]
[46	0.2228	62	0.9914	78	4.9534	94	25.0443	110	79.0454]
[47	0.2387	63	1.1105	79	5.5501	95	27.0677	111-120	83.3333]
[48	0.2512	64	1.2349	80	6.2211	96	29.0947	121 & over	0.0000]
[49	0.2671	65	1.3645	81	6.9572	97	31.3129]		
[50	0.2880	66	1.4961	82	7.7445	98	33.7487]		

The Maximum Monthly Cost of Insurance Rates are based on the Insured's age last birthday at the start of the Policy Year, sex, and tobacco use as shown above. The Commissioners 2001 Standard Ordinary [Nonsmoker] Ultimate Age Last Birthday Mortality Table applies. Modifications are made if the Class of Risk is other than Standard.

Monthly Charges Per \$1 of Monthly Deductions for Waiver of Monthly Deduction

(Class of Risk-[Standard Male Non-Tobacco])

Age	Monthly Charge						
[35	.0375	43	.0644	51	.1336	59	.3589]
[36	.0410	44	.0682	52	.1448	60	.0446]
[37	.0445	45	.0739	53	.1598	61	.0446]
[38	.0480	46	.0805	54	.1790	62	.0446]
[39	.0515	47	.0900	55	.2060	63	.0446]
[40	.0550	48	.1015	56	.2288	64	.0446]
[41	.0585	49	.1129	57	.2534]		
[42	.0618	50	.1231	58	.2843]		

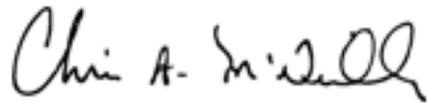
Monthly Charges per \$1 of Monthly Deduction are based on the Insured's age last birthday at the start of the Policy Year.

STATE OF ARKANSAS

CERTIFICATION

This is to certify that the forms contained in this submission are in compliance with Arkansas Regulation No. 19:

Form # 10206



Chris A. McNeilly
Assistant Secretary

March 1, 2010

Date