

SERFF Tracking Number: ASLX-126578843 State: Arkansas
Filing Company: American Memorial Life Insurance Company State Tracking Number: 45396
Company Tracking Number: LF AR01229AMF01
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Corporate Compliance Filing
Project Name/Number: Corporate Compliance Filing/LF AR01229AMF01

Filing at a Glance

Company: American Memorial Life Insurance Company

Product Name: Corporate Compliance Filing SERFF Tr Num: ASLX-126578843 State: Arkansas
TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num: 45396
Closed

Sub-TOI: L08.000 Life - Other Co Tr Num: LF AR01229AMF01 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: SPI AssurantLH Disposition Date: 04/14/2010
Date Submitted: 04/09/2010 Disposition Status: Approved-Closed
Implementation Date: Implementation Date:

Implementation Date Requested: 05/07/2010

State Filing Description:

General Information

Project Name: Corporate Compliance Filing
Project Number: LF AR01229AMF01
Requested Filing Mode: Informational
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 04/14/2010

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type:
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 04/14/2010
Created By: SPI AssurantLH
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI AssurantLH

Filing Description:

Please see cover letter.

Company and Contact

Filing Contact Information

Jennifer Drabik, Compliance Analyst
440 Mount Rushmore Road
Rapid City, SD 57701

jennifer.dunlap@assurant.com
605-719-0073 [Phone] 57073 [Ext]
605-719-0473 [FAX]

Filing Company Information

SERFF Tracking Number: ASLX-126578843 State: Arkansas
 Filing Company: American Memorial Life Insurance Company State Tracking Number: 45396
 Company Tracking Number: LF AR01229AMF01
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Corporate Compliance Filing
 Project Name/Number: Corporate Compliance Filing/LF AR01229AMF01
 American Memorial Life Insurance Company CoCode: 67989 State of Domicile: South Dakota
 440 Mount Rushmore Road Group Code: 19 Company Type:
 Rapid City, SD 57701 Group Name: Assurant, Inc. Group State ID Number:
 (605) 719-0999 ext. [Phone] FEIN Number: 46-0260270

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|---------|----------------|---------------|
| American Memorial Life Insurance Company | \$20.00 | 04/09/2010 | 35532305 |
| American Memorial Life Insurance Company | \$30.00 | 04/13/2010 | 35604765 |

SERFF Tracking Number: ASLX-126578843 State: Arkansas
 Filing Company: American Memorial Life Insurance Company State Tracking Number: 45396
 Company Tracking Number: LF AR01229AMF01
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Corporate Compliance Filing
 Project Name/Number: Corporate Compliance Filing/LF AR01229AMF01

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 04/14/2010 | 04/14/2010 |

Objection Letters and Response Letters

| Objection Letters | | | | Response Letters | | |
|---------------------------|------------|------------|----------------|------------------|------------|----------------|
| Status | Created By | Created On | Date Submitted | Responded By | Created On | Date Submitted |
| Pending Industry Response | Linda Bird | 04/09/2010 | 04/09/2010 | SPI AssurantLH | 04/12/2010 | 04/12/2010 |

Filing Notes

| Subject | Note Type | Created By | Created On | Date Submitted |
|------------------------|---------------|------------|------------|----------------|
| Additional Filing Fees | Note To Filer | Linda Bird | 04/13/2010 | 04/13/2010 |

SERFF Tracking Number: ASLX-126578843 *State:* Arkansas
Filing Company: American Memorial Life Insurance Company *State Tracking Number:* 45396
Company Tracking Number: LF AR01229AMF01
TOI: L08 Life - Other *Sub-TOI:* L08.000 Life - Other
Product Name: Corporate Compliance Filing
Project Name/Number: Corporate Compliance Filing/LF AR01229AMF01

Disposition

Disposition Date: 04/14/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ASLX-126578843 State: Arkansas
 Filing Company: American Memorial Life Insurance Company State Tracking Number: 45396
 Company Tracking Number: LF AR01229AMF01
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Corporate Compliance Filing
 Project Name/Number: Corporate Compliance Filing/LF AR01229AMF01

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|-------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | Yes |
| Supporting Document | Cover Letter | | Yes |
| Form | Enrollment Form for Insurance | | Yes |

SERFF Tracking Number: ASLX-126578843 State: Arkansas
Filing Company: American Memorial Life Insurance Company State Tracking Number: 45396
Company Tracking Number: LF AR01229AMF01
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Corporate Compliance Filing
Project Name/Number: Corporate Compliance Filing/LF AR01229AMF01

Objection Letter

| | |
|-------------------------|---------------------------|
| Objection Letter Status | Pending Industry Response |
| Objection Letter Date | 04/09/2010 |
| Submitted Date | 04/09/2010 |
| Respond By Date | 05/10/2010 |

Dear Jennifer Drabik,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Please refer to Arkansas Rule and Regulation 57 for Arkansas filing fees which were revised effective January 1, 2010. An additional filing fee of \$30.00 is due on this submission. We will hold your filing in a pending status until the fee is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: ASLX-126578843 State: Arkansas
Filing Company: American Memorial Life Insurance Company State Tracking Number: 45396
Company Tracking Number: LF AR01229AMF01
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Corporate Compliance Filing
Project Name/Number: Corporate Compliance Filing/LF AR01229AMF01

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/12/2010
Submitted Date 04/12/2010

Dear Linda Bird,

Comments:

I have submitted the additional filing fee.

Response 1

Comments: The additional filing fee has been submitted.

Related Objection 1

Comment:

Please refer to Arkansas Rule and Regulation 57 for Arkansas filing fees which were revised effective January 1, 2010. An additional filing fee of \$30.00 is due on this submission. We will hold your filing in a pending status until the fee is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you have any questions, please let me know. Thank you.

Sincerely,
SPI AssurantLH

SERFF Tracking Number: ASLX-126578843 State: Arkansas
Filing Company: American Memorial Life Insurance Company State Tracking Number: 45396
Company Tracking Number: LF AR01229AMF01
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Corporate Compliance Filing
Project Name/Number: Corporate Compliance Filing/LF AR01229AMF01

Note To Filer

Created By:

Linda Bird on 04/13/2010 11:01 AM

Last Edited By:

Linda Bird

Submitted On:

04/13/2010 11:01 AM

Subject:

Additional Filing Fees

Comments:

Please be advised the additional filing fee is not listed in the EFT under the Filing Fees section. Can you advise if this has been submitted under the EFT.

SERFF Tracking Number: ASLX-126578843 State: Arkansas
 Filing Company: American Memorial Life Insurance Company State Tracking Number: 45396
 Company Tracking Number: LF AR01229AMF01
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Corporate Compliance Filing
 Project Name/Number: Corporate Compliance Filing/LF AR01229AMF01

Form Schedule

Lead Form Number:

| Schedule Item Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|-------------|---|---------|----------------------|-------------|-----------------|
| | GRP-1130-AR | Application/Enrollment Form for Enrollment Insurance Form | Initial | | 0.000 | GRP-1130-AR.PDF |

Enrollment Form for Insurance

(Please Print in Black Ink)

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.

American Memorial Life Insurance Company
PO Box 2730 • Rapid City, SD 57709-2730

1. Proposed Insured/Owner

| | | | | | | |
|---|------|------|-----------------------|-----|------------------------|--------------------------|
| First | M.I. | Last | Birthdate (mo/day/yr) | Age | Sex F M | Social Security Number |
| Street | | City | State | Zip | Telephone () | Email Address (optional) |
| Owner/Payor (if different from insured) | | | | | Social Security Number | Relationship to Insured |
| Street | | City | State | Zip | Telephone () | Email Address (optional) |

2. Beneficiary

| | | | |
|---------|-------------------------|------------|-------------------------|
| Primary | Relationship to Insured | Contingent | Relationship to Insured |
|---------|-------------------------|------------|-------------------------|

3. Plan (Check plan & circle payment years.)

| | | |
|--|--|---------------------|
| <input type="checkbox"/> Full Benefit Single Premium | - | Funeral Amount |
| <input type="checkbox"/> Full Benefit Multi Pay Complete Section 3a. | 3 5 10 | \$ _____ |
| <input type="checkbox"/> Graded Death Benefit* | 5 10 | Initial Face Amount |
| <input type="checkbox"/> Flexible Plan | 3 5 | \$ _____ |
| <input type="checkbox"/> Special Annuity | SP 3 5 | Initial Payment |
| *Graded Death Benefit 5 & 10 Pay | | \$ _____ |
| Year (Month) | % of Initial Face Amount | Periodic Payment |
| 1 (1 - 12) | 30% | Amount |
| 2 (13 - 24) | 70% | \$ _____ |
| 3+ (25+) | Death Benefit Equal to Current Face Amount | |

3a. Optional Health Questions (To be Completed by Proposed Insured)

For the Full Benefit 3, 5 or 10 pay, please read Questions A, B & C and respond by initialing the appropriate line below:

A. Within the last five (5) years, have you (the proposed insured) been diagnosed with or received treatment from a member of the medical profession for any of the following:

| | |
|--|------------------------|
| Cancer (other than skin cancer) | Cirrhosis of the liver |
| Congestive heart failure | Dementia |
| Acquired Immune Deficiency Syndrome (AIDS) | Paralysis |
| AIDS Related Complex | Seizures |
| Diabetes (over 80 units of insulin daily) | |

_____ Yes _____ No

B. Within the last two (2) years, have you (the proposed insured) been diagnosed with or received treatment from a member of the medical profession for any of the following:

| | |
|--------------------------------|--------------------|
| Alzheimer's Disease | Open heart surgery |
| Lung disorder requiring oxygen | Stroke |
| Kidney failure | Heart attack |

_____ Yes _____ No

C. Are you (the proposed insured) currently hospitalized, scheduled for major surgery, or the recipient of an organ transplant?

_____ Yes _____ No

Proposed Insured's Primary Care Physician (Optional) _____

4. Initial Payment Options

Check (Payable to AML) Money Order (Payable to AML)

Visa Master Card (Please complete information below.)

Account # _____ Exp. Date _____

Cardholder's Printed Name _____

Cardholder's Signature _____

5. Billing Information

Payment Mode: Annual Semi Quarterly Monthly

Billing Mode: Direct Bill PAC* PAC Date _____

*Complete section 5a.

5a. Pre Authorized Check (PAC) Information (Subsequent Payments)

Name of Bank _____

Choose One: Checking Savings

Routing Number _____ Account Number _____

Signature of Account Holder _____

6. Replacement

Do you have any existing life insurance policies or annuity contracts?

Yes No

If yes, give name and address of the existing insurer and policy number, if available: _____

7. Agreement

The above information is true and complete to the best of my knowledge. Coverage becomes effective according to the terms and conditions as stated in this application and upon receipt of the first full premium by American Memorial Life Insurance Company.

I authorize any doctor, hospital or related facility, insurance company, person or organization having records of me or my family, to give American Memorial Life Insurance Company and its insurers any such information. I understand that this information may be used to determine eligibility for this insurance. A reproduction of this authorization shall be valid as the original. This authorization shall be valid for two (2) years after the effective date.

Signed at: City _____ State _____ Effective Date (mo/day/yr) _____ / _____ / _____

Proposed Insured Signature _____ Owner Signature (if different) _____

8. Agent's Statement

Does the proposed insured have any existing life insurance policies or annuity contracts? Yes No

If the health questions are completed, I certify that the information was provided directly by the Proposed Insured.

Agent Signature _____ Agent Printed Name _____ Date _____ / _____ / _____

Agent # _____ Funeral Home _____ SCI Location # _____

CONDITIONAL PREMIUM RECEIPT

THIS RECEIPT PROVIDES COVERAGE ONLY IF CONDITIONS BELOW ARE MET.

The company hereby acknowledges receipt of the initial premium from the proposed insured for which an enrollment for insurance is made to American Memorial Life Insurance Company on the date of enrollment and for the premium collected as shown on the reverse side.

Life insurance and any additional benefits in the amount applied for shall be deemed to take effect as of the date of this enrollment form, subject to the terms and conditions printed below.

Conditions of Life Insurance Coverage (Please read carefully)

Subject to the limitations of this receipt and the terms and conditions of the certificate that may be issued by the company on the basis of the enrollment form, the life insurance and any additional benefits applied for will not be deemed to take effect unless the company, after investigation and such medical examination (if any) as it may require, is satisfied that on the date of the enrollment form the person proposed for insurance was insurable for the amount of life insurance and any additional benefits applied for according to the company's rules and practice of selection; provided, however, that approval by the company of the insurability of the proposed insured for a plan of insurance other than that applied for shall not invalidate the terms and conditions for the receipt relating to life insurance and any other additional benefit applied for.

The amount received shall be refunded if the enrollment form is declined or if a certificate is issued other than as applied for and is not accepted. Any check, draft or money order is received subject to collection.

The person you met with today may be an employee or an independent contractor associated with the funeral home. He or she represents the funeral home with respect to pre-planning or prearranging your funeral. He or she is also a licensed insurance agent representing American Memorial Life Insurance Company (AMLIC) with respect to your purchase of a life insurance policy or annuity contract to fund your prearranged funeral.

American Memorial Life Insurance Company or its reinsurers may also release limited information in its file to other properly authorized life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted.

SERFF Tracking Number: ASLX-126578843 State: Arkansas
Filing Company: American Memorial Life Insurance Company State Tracking Number: 45396
Company Tracking Number: LF AR01229AMF01
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Corporate Compliance Filing
Project Name/Number: Corporate Compliance Filing/LF AR01229AMF01

Supporting Document Schedules

| | Item Status: | Status Date: |
|--|--------------|--------------|
| Satisfied - Item: Flesch Certification Comments: Certification Attachment: Flesch Score Certification.PDF | | |

| | Item Status: | Status Date: |
|---|--------------|--------------|
| Satisfied - Item: Application Comments: Attached | | |

| | Item Status: | Status Date: |
|---|--------------|--------------|
| Satisfied - Item: Cover Letter Comments: Cover Letter Attachment: Cover Letter.PDF | | |



AR K A N S A S

Flesch Score Certification

This is to certify that the attached Life form number GRP-1130-AR, has achieved a Flesch score of, 41.7, and comply with the requirements of Arkansas Statutes Ann 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

A handwritten signature in black ink that reads "Jennifer Drabik". The signature is written in a cursive style and is positioned above a horizontal line.

Jennifer Drabik
Compliance Analyst

April 9, 2010

Date



April 8, 2010

Arkansas Department of Insurance
1200 W. Third Street
Little Rock, AR 72201-1904

RE: American Memorial Life Insurance Company
NAIC #0019-67989 FEIN #46-0260270
Informational Enrollment Form filing
GRP-1130-AR Enrollment Form for Insurance

Dear Commissioner:

Enclosed for your review is form GRP-1130-AR. This form is substantially similar to the previously approved version of form GRP-1130-AR approved by you on June 11, 2003. American Memorial Life Insurance Company certifies that only change to the form is to revise the replacement question in sections 6 and 8 to comply with the replacement requirements of your state.

Enrollment Form GRP-1130-AR will be used to issue any policies approved by you to which it would apply.

Your review of the enclosed filing materials are appreciated. If you have any questions, please feel free to contact me. I can be reached by phone (605-719-0073), by fax (605-719-0473) or by e-mail (jennifer.drabik@assurant.com).

Sincerely,
AMERICAN MEMORIAL LIFE INSURANCE COMPANY

A handwritten signature in cursive script that reads "Jennifer Drabik".

Jennifer Drabik
Compliance Analyst
:jld

American Memorial Life Insurance Company
Statement of Variations
GRP-1130-AR

These items can be included as shown or changed as follows:

- [1] The address and/or telephone number could change in the future.
- [2] Section **3. Plan** – In the future, there could be possible changes to this section of removing or adding a product and/or particular payment plan (3 pay, 5 pay, etc.). This could happen due to changes in our marketing plan. However, please note that we will not add any products or payment plans that have not been approved by you.

In addition to the items listed above, this form is subject to only minor modification in paper size and stock, ink, shading, border, company logo and adaptation to computer printing.