

<i>SERFF Tracking Number:</i>	<i>FRCS-126602189</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>S.USA Life Insurance Company, Inc.</i>	<i>State Tracking Number:</i>	<i>45521</i>
<i>Company Tracking Number:</i>	<i>5343</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design</i>
<i>Product Name:</i>	<i>Senior Application</i>		
<i>Project Name/Number:</i>	<i>SUSA/91/91</i>		

Filing at a Glance

Company: S.USA Life Insurance Company, Inc.

Product Name: Senior Application

TOI: L071 Individual Life - Whole

Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Filing Type: Form

SERFF Tr Num: FRCS-126602189 State: Arkansas

SERFF Status: Closed-Approved- Closed State Tr Num: 45521

Co Tr Num: 5343

State Status: Approved-Closed

Author: Exselsa Cartwright

Date Submitted: 04/27/2010

Reviewer(s): Linda Bird

Disposition Date: 04/28/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name: SUSA/91

Project Number: 91

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/28/2010

Deemer Date:

Submitted By: Bob Motley

Filing Description:

We have been retained by S.USA Life Insurance Company, Inc. to file the enclosed form for approval in your state.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted to the domicile state on or about this same date.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 04/28/2010

Created By: Exselsa Cartwright

Corresponding Filing Tracking Number:

Our fee of \$50.00 has been sent by EFT on this same date.

The enclosed application is used to apply for the Company's graded benefit whole life insurance policy, form number L-12 AR, which was previously approved in your state, and may be used with like policies approved in the future. This

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 Product Name: Senior Application
 Project Name/Number: SUS A/91/91

application replaces form A-105 AR, approved 12/26/02, under serff tracking # USPH-5A35N233 by your department.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

Company and Contact

Filing Contact Information

Exselsa Cartwright, Senior Compliance Specialist
 1020 Central Suite 201
 Kansas City, MO 64105
 exselsa.cartwright@firstconsulting.com
 800-927-2730 [Phone] 2757 [Ext]
 816-391-2755 [FAX]

Filing Company Information

(This filing was made by a third party - FC01)

S.USA Life Insurance Company, Inc. CoCode: 60183 State of Domicile: Arizona
 460 West 34th Street, Suite 800 Group Code: 1347 Company Type:
 New York, NY 10001 Group Name: SBLI USA Group State ID Number:
 (212) 356-0337 ext. [Phone] FEIN Number: 13-4144857

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: The fee in your state is \$50 per filing. Therefore, the fee for this filing is \$50.00.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
S.USA Life Insurance Company, Inc.	\$50.00	04/27/2010	35991522

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TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level
Premium - Any Policy Design
Product Name: Senior Application
Project Name/Number: SUS A/91/91

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	04/28/2010	04/28/2010

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Company Tracking Number: *5343*
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.201 Early Duration Reduced Benefit - Level*
Product Name: *Senior Application* *Premium - Any Policy Design*
Project Name/Number: *SUSA/91/91*

Disposition

Disposition Date: 04/28/2010

Implementation Date:

Status: Approved-Closed

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	Life & Annuity - Actuarial Memo		No
Supporting Document	Authorization		Yes
Form	Individual Graded Benefit Whole Life Application		Yes

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Form Schedule

Lead Form Number: A-105-10 AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	A-105-10 AR	Application/Individual Enrollment Form	Graded Benefit Whole Life Application	Revised	Replaced Form #: A-105 AR Previous Filing #: USPH-5A35N233	51.400	A-105-10 AR.pdf

I certify that the information above is true to the best of my knowledge and belief. I understand that no coverage will be effective unless the person to be insured is living on the Date of Issue. A copy of this application shall be attached to and made a part of the policy, which, together with the application, shall constitute the entire contract and cannot be modified without the written consent of the Company.

I understand that the insurance applied for here will be issued for less than the amount applied for, if such amount, together with other S.USA Graded Death Benefit Whole Life insurance in force, exceeds [\$25,000].

I understand that during the first two years the insurance has a limited Death Benefit, for death other than by accident. I certify under penalties of perjury that the Social Security Number (Taxpayer Identification Number) below is correct and I am not subject to back-up withholding.

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.

FOR INSURANCE POLICIES ISSUED FOR SMALL FACE AMOUNTS OR WITH LITTLE OR NO UNDERWRITING, THE PREMIUMS ARE OFTEN RELATIVELY EXPENSIVE IN RELATIONSHIP TO THE DEATH BENEFIT PAID OUT. FOR INSURANCE PURCHASES, AS WITH ANY OTHER TYPES OF PURCHASES, IT MAY BE TO YOUR ADVANTAGE TO COMPARE PRODUCTS AND PRICES FROM A NUMBER OF SOURCES.

Date _____ X _____
Month/Day/Year Signature of Proposed Insured Social Security Number of Proposed Insured

Date _____ X _____
Month/Day/Year Signature of Owner (if different than Proposed Insured) Social Security Number of Owner

This application signed at: _____
City State

This Area For Company Use Only Approved _____ Declined _____ Date _____ Case # _____
Agent Number _____ Agency Number _____ Campaign Code _____

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachments:			
AR RDB.pdf			
AR COC.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	Not applicable for this filing.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Life & Annuity - Acturial Memo		
Bypass Reason:	Not applicable for this filing.		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Authorization		
Comments:			
Attachment:			
AUTHO-dist.pdf			

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: S.USA Life Insurance Company, Inc.

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
A-105-10 AR	51.4



Debra E. Klugman
Senior Vice President, General Counsel &
Secretary

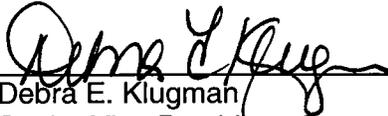
April 21, 2010

Date

**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: S.USA Life Insurance Company, Inc.
Form Title(s): Individual Graded Benefit Whole Life Application
Form Number(s): A-105-10 AR

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Debra E. Klugman
Senior Vice President, General Counsel &
Secretary

April 21, 2010

Date

April 21, 2010

To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

S.USA Life Insurance Company, Inc.

By:  _____

Title: Senior Vice President, General
Counsel & Secretary
