

SERFF Tracking Number: LBLI-126567908 State: Arkansas  
Filing Company: Liberty Bankers Life Insurance Company State Tracking Number: 45331  
Company Tracking Number:  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Supplemental Application re-file  
Project Name/Number: /

## Filing at a Glance

Company: Liberty Bankers Life Insurance Company

Product Name: Supplemental Application re-file SERFF Tr Num: LBLI-126567908 State: Arkansas

TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num: 45331  
Closed

Sub-TOI: L08.000 Life - Other Co Tr Num: State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Author: Chad Leiding Disposition Date: 04/07/2010

Date Submitted: 04/01/2010 Disposition Status: Approved-  
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/07/2010

Explanation for Other Group Market Type:

State Status Changed: 04/07/2010

Deemer Date:

Created By: Chad Leiding

Submitted By: Chad Leiding

Corresponding Filing Tracking Number:

Filing Description:

LBL-SUPP-APP-0310-AR Supplemental Application

To whom it may concern:

The above listed application amendment was filed exempt in your state on 3/31/10 (filing # 45296).

We have revised the form to include replacement questions and the required fraud notice. These are the only changes from the previously filed form. The form number is not changing.

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LBL-SUPP-APP-0310-AR is a new supplemental application that will be used for this rider in conjunction previously approved applications:

- LBL-WL-APP (0307), Approved on 6/14/07
- LBL-SIM-APP-0408, Approved on 4/18/08
- LBL-HS-APP-1008, Approved on 3/13/09

This supplemental application can also be used to apply for our previously filed/approved Child Rider policy form LBL-CHILD-0408.

To the best of our knowledge, this filing is complete, does not contain any unusual that may differ from industry standards and is intended to comply with the insurance laws of your jurisdiction.

## Company and Contact

### Filing Contact Information

Chad Leiding, V.P Compliance chad.leiding@libertybankerslife.com  
 1800 Valley View Lane 469-522-4332 [Phone]  
 Suite 300 469-522-4380 [FAX]  
 Dallas, TX 75234

### Filing Company Information

Liberty Bankers Life Insurance Company CoCode: 68543 State of Domicile: Oklahoma  
 1800 Valley View Lane Group Code: 3436 Company Type: LAH  
 Suite 300 Group Name: State ID Number:  
 Dallas, TX 75234 FEIN Number: 25-1093227  
 (469) 522-4332 ext. [Phone]

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? Yes  
 Fee Explanation: \$25/form in Oklahoma  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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Liberty Bankers Life Insurance Company \$25.00 04/01/2010 35312625

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/07/2010	04/07/2010

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## Disposition

Disposition Date: 04/07/2010

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
Form	Supplemental Application		Yes

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## Form Schedule

**Lead Form Number: LBL-SUPP-APP-0310-AR**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LBL-SUPP-APP-0310-AR	Application/Supplemental Enrollment Form	Application	Initial		52.700	LBL-SUPP-APP-0310-AR.pdf

**Application to Liberty Bankers Life Insurance  
P.O. Box 224 Brownwood, TX 76804**

**Supplemental Application for:  
Children or Grandchild Rider**

*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.*

<b>1. Supplement to Application on :</b>			<b>Check Appropriate Rider</b>	
<b>Proposed Insured:</b>	<b>Application Date:</b>	<b>Policy # (When adding existing rider)</b>	<b>Child Rider # of units</b> <input type="checkbox"/>	<b>Grandchild Rider \$7,500</b> <input type="checkbox"/>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	

**2. Children/Grandchild Proposed for Insurance (Please Print)**

*Name all natural-born children, stepchildren and legally adopted children or grandchildren for grandchild rider of Primary Proposed Insured who have not attained age 18. Insurance will not be provided on newborn children less than 15 days of age or grandchildren if grandchild riders applied for. (Attach another sheet if necessary):*

Full Name of Proposed Insured Child/Grandchild	Age Last Birthday	Sex	Date of Birth	Relationship to Proposed Insured	Height	Weight
A.						
B.						
C.						

**3. Health Information**

- Has any Proposed Insured Child/Grandchild ever had, been diagnosed or treated for cancer, diabetes, heart or circulatory disorder, mental or nervous disorder, mental retardation, cerebral palsy, muscular dystrophy, spina bifida, cystic fibrosis, un-operated heart defects, epilepsy, asthma, disorders of the muscles or bones, anemia or other disorders of the blood, bladder, kidneys, liver or lungs?..... Yes No
- Has any Proposed Insured Child/Grandchild ever had, been diagnosed or treated by a member of the medical profession for an Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV) ?..... Yes No
- Has any Proposed Insured Child/Grandchild ever used or received treatment, advice or counseling from a physician or other practitioner relating to the usage of alcohol, heroin, cocaine, narcotics, hallucinogens, tranquilizers, barbiturates, amphetamines, or other similar drugs except as prescribed by a physician?..... Yes No

**Please provide details to any "Yes" answer to Question 1-3 (Attach another sheet if necessary):**

Proposed Insured Child/Grandchild	Condition & Treatment	Date	Name & Address of Physician or Hospital

**Beneficiary Designation:**

*Any proceeds payable under this rider will be paid to the Owner, if living. Otherwise, per the beneficiary provision of the rider.*

- Does Proposed Insured Child/Grandchild have existing life insurance policies or annuity contracts?....  YES  NO
  - Will this insurance replace or change any other insurance policies or annuity contracts? ..... YES  NO
- If "YES" to either question, please provide details of the insurance, including Amount, Company & Plan of Insurance and appropriate Replacement Form, if required: \_\_\_\_\_

I declare and represent that the foregoing statements and answers have been correctly recorded and that they are full, complete and true to the best of my knowledge and belief and shall constitute a part of the application  
Dated at \_\_\_\_\_, \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Grandparent/Parent Guardian \_\_\_\_\_

**Agent Statement:**

- Does the Proposed Insured have any existing life insurance policies or annuity contracts?.....  YES  NO
- Is replacement of existing insurance involved in this application? If yes: Have you submitted the appropriate replacement forms?.....  YES  NO

Signature of Agent: \_\_\_\_\_ Agent Number \_\_\_\_\_

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## Supporting Document Schedules

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

AR CERTIFICATION.pdf

**Item Status:**

**Status  
Date:**

**Bypassed - Item:** Application

**Bypass Reason:** N/A for this filing

**Comments:**

# CERTIFICATION

**Company Name: Liberty Bankers Life Insurance Company**

I hereby certify that the forms included in this submission and company procedures meet the requirements of Regulation 19, 49, and AR 23-79-138 as well as all applicable requirements of the Arkansas Insurance Department.



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Chad Leiding  
Vice President Compliance

4/1/10

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Date