

SERFF Tracking Number: UNSA-126632246 State: Arkansas
Filing Company: USAA Direct Life Insurance Company State Tracking Number: 45694
Company Tracking Number:
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Renewable & Convertible Level Term Life
Project Name/Number: Starter Life/

Filing at a Glance

Company: USAA Direct Life Insurance Company

Product Name: Renewable & Convertible Level SERFF Tr Num: UNSA-126632246 State: Arkansas

Term Life

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved- State Tr Num: 45694
Closed

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Author: Betty Drzymalla

Reviewer(s): Linda Bird

Date Submitted: 05/17/2010

Disposition Date: 05/19/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Starter Life

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/19/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 05/06/2010

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 05/19/2010

Created By: Betty Drzymalla

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Betty Drzymalla

Filing Description:

RE:USAA Direct Life Insurance Company

Form Filing – Life Insurance

NAIC #200-72613

FEIN #86-0225077

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Form Number	Description	Status
DRC68659ST03-10	Renewable and Convertible Level Term Life Insurance	New
DAP68636ST 03-10	Application for Renewable and Convertible Level Term	New
DAP94095ST 03-10	Application for Policy Change/Reinstatement	New
DAP94137ST 03-10	Application for Policy Change	New

Dear Commissioner:

The above-captioned forms are being filed for your review. We are filing in 45 other locations, including our domicile state of Nebraska. These forms will be modified only to meet respective state requirements. We plan to begin marketing this product upon approval.

The Renewable and Convertible Level Term Life Insurance is an individual, single life, renewable and convertible term policy that will be used with the applications listed above and any relevant forms approved in the future. These policy forms will be delivered through the internet using an electronic signature and contract delivery may also be by paper mail. This is not an illustrated policy.

We plan to begin marketing the Renewable and Convertible Level Term policy as soon as it is approved.

For any questions or concerns, please contact Betty Drzymalla toll free at 1-800-531-8000, extension 8-9647. You may dial direct at 210-498-9647. Fax is available at 210-498-0083 and Betty's email account is Betty.Drzymalla@USAA.com.

Company and Contact

Filing Contact Information

Betty Drzymalla, Compliance Analyst	Betty.Drzymalla@usaa.com
9800 Fredericksburg Road	800-531-8000 [Phone] 89647 [Ext]
B-1-E, Operations Compliance 47195	210-498-6675 [FAX]
San Antonio, TX 78288	

Filing Company Information

USAA Direct Life Insurance Company	CoCode: 72613	State of Domicile: Nebraska
1111 North 102nd Court	Group Code: 200	Company Type: Life
Suite 288	Group Name:	State ID Number:

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Omaha, NE 68114 FEIN Number: 86-0225077
(800) 531-8722 ext. [Phone]

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USAA Direct Life Insurance Company	\$0.00	05/17/2010	
USAA Direct Life Insurance Company	\$200.00	05/18/2010	36623900

SERFF Tracking Number: UNSA-126632246 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/19/2010	05/19/2010

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	05/18/2010	05/18/2010	Betty Drzymalla	05/18/2010	05/18/2010

SERFF Tracking Number: *UNSA-126632246* *State:* *Arkansas*
Filing Company: *USAA Direct Life Insurance Company* *State Tracking Number:* *45694*
Company Tracking Number:
TOI: *L04I Individual Life - Term* *Sub-TOI:* *L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium*
Product Name: *Renewable & Convertible Level Term Life*
Project Name/Number: *Starter Life/*

Disposition

Disposition Date: 05/19/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNSA-126632246 State: Arkansas
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 Product Name: Renewable & Convertible Level Term Life
 Project Name/Number: Starter Life/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Renewable & Convertible Level Term Life Insurance Policy		No
Form	Application for Renewable&Convertible Level Term Life Insurance		No
Form	Application for change		No
Form	Application for Reinstatement		No

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Product Name: Renewable & Convertible Level Term Life
Project Name/Number: Starter Life/

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/18/2010
Submitted Date 05/18/2010
Respond By Date 06/18/2010

Dear Betty Drzymalla,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: The filing fee was not included under EFT on this submission. Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. 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

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/18/2010
Submitted Date 05/18/2010

Dear Linda Bird,

Comments:

Thank you for your comments regarding this filing.

Response 1

Comments: We have submitted \$200.00 via EFT for this filing.

Related Objection 1

Comment:

The filing fee was not included under EFT on this submission. Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. 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 or we can be of further assistance, please let us know.

Sincerely,
Betty Drzymalla

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Form Schedule

Lead Form Number: DRC68659AR 03-10

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	DRC68659 AR 03-10	Policy/Cont ract/Fraternal Certificate Policy Renewable & Convertible Level Term Life Insurance	Initial		51.000	68659-0610.PDF
	DAP68636 ST 03-10	Application/ Enrollment Form Application for Renewable&Convertible Level Term Life Insurance	Initial		51.000	68636-0310.pdf
	DAP94137 ST 03-10	Application/ Enrollment Form Application for change	Initial		51.000	94137-0310 (2).pdf
	DAP94095 ST 03-10	Application/ Enrollment Form Application for Reinstatement	Initial		51.000	94095-0510 (5).pdf



Service Center
 9800 Fredericksburg Road
 San Antonio, TX 78288

This notice is to advise you that should any questions arise regarding this insurance, you may contact the following:

ARKANSAS INSURANCE DEPARTMENT
 Consumer Service Department
 1200 West Third
 Little Rock, Arkansas 72201
 Telephone: (501) 371-1813
 1-800-852-5494

USAA DIRECT LIFE INSURANCE COMPANY
 Customer Service Department
 9800 Fredericksburg Road
 San Antonio, TX 78288
 Telephone: **1-800-531-USAA (8722)**

USAA DIRECT LIFE INSURANCE COMPANY

(A Stock Company)

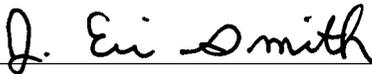
RENEWABLE AND CONVERTIBLE LEVEL TERM LIFE INSURANCE

This policy is issued in consideration of the application and payment of premiums as provided.

While this policy is in effect, We will pay the death benefit to the Beneficiary if the Insured dies before the Expiration Date of the current term. Any payment will be made subject to this policy's provisions.

This life insurance policy is a legal contract between the Owner and the Company. **READ YOUR POLICY CAREFULLY.** Its terms are contained on this page and those which follow. **See the INDEX on Page 1A and DEFINITIONS on Page 4.**

Signed for the Company.



J. Eric Smith
 President



Christopher P. Laia
 Secretary

RIGHT TO CANCEL. If You decide not to keep this policy, return it within thirty (30)* days after You receive it. You may return it to any of Our representatives or You may mail it to Us. The return of this policy will void it from the beginning. After We receive the policy, We will refund the premium paid without interest.

* A longer period may be required by law in some situations. The exact number of days is shown in the Free Look Period on the **POLICY INFORMATION** page.

RENEWABLE AND CONVERTIBLE LEVEL TERM LIFE INSURANCE

NOTICE TO OWNER:

If You have questions or need information about this policy or if You need assistance in resolving a complaint, please call Us at 1-800-531-USAA (8722).

Premiums are payable in advance while the Insured is alive and until the Expiration Date of each term. Each renewal premium will not be more than the Total Annual Premium shown in the **SCHEDULE OF GUARANTEED PREMIUMS**. Renewable to the Final Expiration Date shown in the **POLICY INFORMATION** section. Convertible through the date shown in the **POLICY INFORMATION** section. Death benefit is payable if the Insured dies before the Expiration Date of the current term and while this policy is in effect.

Nonparticipating: Dividends are not payable.

USAA Direct Life Insurance Company ■ 1111 North 102nd Court, Suite 228, Omaha, NE 68114
 1-800-531-USAA (8722) ■ usaa.com

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Any endorsements, restrictions, riders, or additional benefits follow Page 10.

POLICY INFORMATION

CONTRACT DATA

USAA NUMBER [1234 56 78]

CONTRACT NUMBER [X1234567890]

EFFECTIVE DATE [MAY 15, 2010]

FACE AMOUNT [\$100,000]

INITIAL TERM [5] YEARS

RENEWAL TERM [5] YEAR(S)

MAXIMUM NUMBER OF RENEWALS [2]

CONVERSION CREDIT [50%] of first-year premium for this policy

CONVERSION CREDIT EXPIRATION DATE [May 15, 2015]

CONVERSION OPTION EXPIRATION DATE [May 15, 2015]

INITIAL EXPIRATION DATE [May 15, 2015]

FINAL EXPIRATION DATE [May 15, 2025]

FREE LOOK PERIOD [31] DAYS

ISSUE AGE [35]

GENDER [MALE]

INITIAL PREMIUM [\$15]

INSURED [JOHN M. DOE]

OWNER [JOHN M. DOE]

(OWNER INFORMATION IS SUBJECT TO ANY CHANGE SUBMITTED AND ON RECORD.)

POLICY INFORMATION (Cont'd)

PREMIUM SCHEDULE

USAA NUMBER – [1234 56 78]

CONTRACT NUMBER – [X1234567890]

GUARANTEED PREMIUMS

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY (AUTOMATIC PAYMENT PLAN)
[Years 1-5]	[\$180.00]	[\$90.00]	[\$45.00]	[\$15.00]
[Years 6-10]	[\$360.00]	[\$180.00]	[\$90.00]	[\$30.00]
[Years 11-15]	[\$540.00]	[\$270.00]	[\$135.00]	[\$45.00]

THE TOTAL PREMIUM INCLUDES THE PREMIUM FOR ANY ADDITIONAL BENEFITS.

THE TOTAL ANNUAL PREMIUM PAYABLE WILL BE ADJUSTED ACCORDINGLY IF THE PREMIUM FOR A BENEFIT CHANGES OR IS NO LONGER PAYABLE.

FORM NUMBERS	BENEFITS	FACE AMOUNT	*MONTHLY PREMIUM	YEARS GUARANTEED
DRC68659ST 03-10	¹ RENEWABLE & CONVERTIBLE LEVEL TERM	[\$100,000]	[15.00]	[5]

¹ THIS COVERAGE IS IN A STANDARD PREMIUM CLASS

* SEE PAGE 3 FOR PREMIUMS AND FACE AMOUNTS FOR OTHER YEARS.

POLICY INFORMATION (Cont'd)

USAA NUMBER – [1234 56 78]

CONTRACT NUMBER – [X1234567890]

SCHEDULE OF GUARANTEED PREMIUMS

POLICY YEAR BEGINNING	FACE AMOUNT	BASIC ANNUAL PREMIUM	TOTAL ANNUAL PREMIUM*
[2010]	[\$100,000]	[\$ 180.00]	[\$ 180.00]
[2011]	[\$100,000]	[\$ 180.00]	[\$ 180.00]
[2012]	[\$100,000]	[\$ 180.00]	[\$ 180.00]
[2013]	[\$100,000]	[\$ 180.00]	[\$ 180.00]
[2014]	[\$100,000]	[\$ 180.00]	[\$ 180.00]
[2015]	[\$100,000]	[\$ 360.00]	[\$ 360.00]
[2016]	[\$100,000]	[\$ 360.00]	[\$ 360.00]
[2017]	[\$100,000]	[\$ 360.00]	[\$ 360.00]
[2018]	[\$100,000]	[\$ 360.00]	[\$ 360.00]
[2019]	[\$100,000]	[\$ 360.00]	[\$ 360.00]
[2020]	[\$100,000]	[\$ 540.00]	[\$ 540.00]
[2021]	[\$100,000]	[\$ 540.00]	[\$ 540.00]
[2022]	[\$100,000]	[\$ 540.00]	[\$ 540.00]
[2023]	[\$100,000]	[\$ 540.00]	[\$ 540.00]
[2024]	[\$100,000]	[\$ 540.00]	[\$ 540.00]

A [\$25.00] POLICY FEE IS INCLUDED IN THE BASIC ANNUAL PREMIUM SHOWN IN THE TABLE.

*THE TOTAL ANNUAL PREMIUM INCLUDES THE COST OF ALL COVERAGES, INCLUDING ANY APPLICABLE RIDERS, IF AVAILABLE. THE TOTAL ANNUAL PREMIUM PAYABLE WILL BE ADJUSTED ACCORDINGLY IF THE PREMIUM FOR A BENEFIT CHANGES OR IS NO LONGER PAYABLE.

NOTE: BLANK COLUMNS INDICATE BENEFITS THAT WERE DECLINED, NOT APPLICABLE OR NOT SELECTED.

DEFINITIONS

Affiliate	An insurance company related by common ownership or affiliated by corporate control to Us and licensed in Your state to sell insurance products.
Age	The Insured's Age on his or her last birthday.
Beneficiary	The person(s) named in the application or in the most recent change on record to receive the death benefit.
Contingent Beneficiary	The person(s) named in the application or in the most recent change on record to receive the death benefit if the Beneficiary is not alive at the Insured's death.
Effective Date	As shown on the POLICY INFORMATION page. The date on which coverage starts. Premium due dates, policy months, years, and anniversaries are measured from this date.
Expiration Date	The date on which coverage is no longer in effect. The Initial Expiration Date is shown on the POLICY INFORMATION page. The Expiration Date for any Renewal Term is the policy anniversary immediately following the last day of the current Renewal Term.
Face Amount	The amount of term life insurance coverage in effect and which is shown on the POLICY INFORMATION page.
Formal Request	A request formally delivered to Us and received by Us. That request must be executed and delivered in a format reasonably satisfactory to Us or provided by Us. A Formal Request could be an application or form submitted to Us for review.
Initial Premium	The first full premium for the payment frequency selected. The Initial Premium is required to issue the policy.
Insured	The person whose life is insured under this policy and who is shown on the POLICY INFORMATION page.
Owner	The person(s) named in the application or in the most recent change on record entitled to ownership rights stated in this policy.
Payee	A person who receives payments under this policy. This person could be a Beneficiary or someone designated to receive payment by the Beneficiary or the recipient of the death benefit.
Successor Owner	The person(s) named in the most recent change on record to become the Owner of this policy if the Owner dies before the Insured.
We, Our, Us, Company	USAA Direct Life Insurance Company
You, Your	The Owner.

GENERAL PROVISIONS

Any reference to Beneficiary, Contingent Beneficiary, Irrevocable Beneficiary, Owner, Successor Owner, and/or Payee, may include multiple persons.

Assignment We will not be responsible for the validity or sufficiency of any assignment. To be binding on Us, an executed assignment must be by Formal Request and consented to by any Irrevocable Beneficiary. Your rights and any Beneficiary's interest will be subject to the assignment. Assignment of the policy may subject You to income and gift tax.

Choice of Law This policy will be governed by the laws of the state in which it is delivered.

Entire Contract The entire contract consists of:

1. This policy; and
2. Any application, (including a Formal Request for reinstatement or Formal Request for conversion) amendment, rider, endorsement, or revised **POLICY INFORMATION** page(s) which are attached or delivered to Your last known address or via Your preferred delivery method.

Only an officer of the Company can agree to change or waive any provisions, which are part of the entire contract. The change or waiver must be in writing.

Incontestability We will not contest this policy based on statements made in an application after this policy has been in effect during the Insured's lifetime for two (2) years from the Effective Date. We can contest its validity at any time for fraud or for failure to pay premiums. While this policy is contestable, the Company may rescind the policy or deny a claim on the basis of a material misstatement in the application.

A new period of contestability will apply if reinstatement occurs or additional coverage is added.

Except for fraud, We will not contest this policy based on statements made in the Formal Request for reinstatement or for additional coverage, after this policy has been in effect during the Insured's lifetime for two (2) years from the effective date of reinstatement or two (2) years from the effective date of the additional coverage. For any increase in coverage, only the additional coverage added will be contestable.

This **Incontestability** provision applies to any rider unless that rider has its own **Incontestability** provision, in which case the rider's provision will apply.

Misstatement of Birth Date or Sex If the Insured's birth date or sex has been misstated, We will adjust the death benefit to what the premiums paid would have purchased for the correct birth date or sex.

If the Insured's birth date is understated or overstated but the correct birth date would have precluded issuance of this policy, We will refund the premiums paid resulting in the termination of coverage. The policy would then be treated as if it were never issued.

Notification of Death The death of any Owner, Insured, or Payee must be reported to Us immediately. We are entitled to recover any overpayments made because of a failure to notify Us of any such death. We are not responsible for any incorrect payments, which result from a failure to immediately notify Us of any such death. We may require proof that the Owner or Insured, or any other person to whom payment is due, is still alive. We may withhold any payments until We receive such proof.

GENERAL PROVISIONS (*Cont'd*)

Payments	All payments made by Us may be made by check, electronic funds transfer, or draft in United States currency. Payments by check will be sent to the recipient's last known address.
Policy Changes	<p>After We receive and record a Formal Request for a change in Owner, Successor Owner, Beneficiary, Contingent Beneficiary, or Irrevocable Beneficiary, the change will take effect on the date the request was originally executed, even if the Owner who executed the request or the Insured has since died. However, the change will be subject to any payments made or actions taken by Us before the Formal Request for change was received and recorded.</p> <p>We may require the return of this policy for endorsement or otherwise in the event of a change in the Owner, Successor Owner, Beneficiary, Contingent Beneficiary, Irrevocable Beneficiary, or any other change. We reserve the right to issue revised POLICY INFORMATION pages in the event of any change to this policy.</p>
Protection of Benefits	Only You can assign, encumber, or pledge any benefit paid under this policy. To the extent permitted by law and except to the extent You have assigned this policy, no benefit paid, or to become payable, will be subject to any claim or process of law by any creditor.
Representations	We will rely on all statements made in an application. We will consider such statements to be representations and not warranties. We will not use any statement in defense of a claim unless that statement is made in an application or Formal Request for reinstatement, which is part of the entire contract.
Termination of Policy	<p>Coverage under this policy will end at the earliest of the following events:</p> <ol style="list-style-type: none">1. The Insured dies.2. The grace period ends without receipt of required payment.3. The policy is converted to a new policy.4. The Expiration Date of the current term unless the policy is renewed for another term, subject to the conditions herein. <p>Coverage is not in effect on the Expiration Date of any term unless this policy is renewed for another term.</p>

OWNERSHIP

Ownership Rights	<p>While the Insured is alive, You may:</p> <ol style="list-style-type: none">1. Exercise any of the rights under this policy.2. Assign this policy.3. Subject to Our agreement, change or amend this policy.
Change of Owner	While the Insured is alive, You may transfer ownership of this policy by Formal Request, subject to any applicable legal restrictions. A change in ownership will cancel any earlier choice of Successor Owner. A change in ownership may subject You to income and gift tax.
Joint Owners	Two natural persons may be named as Joint Owners. They will own this policy as joint tenants with rights of survivorship. While both are alive, each must consent to any Formal Request made under this policy.

OWNERSHIP (Cont'd)

Ownership Succession If You die before the Insured, at your death, ownership of this policy will pass to the person(s) living on the date of Your death in the order which follows:

1. Surviving Joint Owner, if any;
2. Successor Owner, if any; or
3. Estate of the last Owner to die, if no Joint Owner or Successor Owner is living.

If more than one natural person succeeds to the ownership rights of this policy, then such persons will own this policy as Joint Owners. Any instructions or designations of the prior Owner will continue unless changed in accordance with this policy by the subsequent Owner.

If any subsequent Owner dies at the same time as the Owner or within five (5) days after the death of the Owner, ownership of this policy will pass as if the Owner had survived such subsequent Owner.

BENEFICIARY

Change of Beneficiary While the Insured is alive, You may change the Beneficiary or any Contingent Beneficiary by Formal Request. A Beneficiary named irrevocably must give formal consent to any such change.

Irrevocable Beneficiary Any Beneficiary may be named an Irrevocable Beneficiary. The consent of any Irrevocable Beneficiary is needed to exercise any ownership right except the following:

1. Change the frequency of premium payment.
2. Reinstate this policy.

Payment to Beneficiary Before making any payment, We may require evidence as to the identity, Age, and other facts about any person or class designated as the Beneficiary. We are entitled to make payments based on that evidence.

PREMIUMS

Premium Payments The Initial Premium is due on the Effective Date and must be paid while the Insured is alive and before any insurance coverage becomes effective.

All premium payments:

1. Must be paid on or before the due date.
2. Must be made at Our Home Office or any administrative office that We maintain.
3. Must be in the currency of the United States of America.
4. May be made by electronic funds transfer to Us, or any other method We accept.

We will issue a receipt upon request.

If the check or other instrument provided for payment of the Initial Premium is not honored, this policy will be deemed void from the beginning. After successful payment of the Initial Premium, an electronic funds transfer, check, or other instrument provided for payment of any premium, which is not honored, will not be considered a payment.

PREMIUMS (Cont'd)

Frequency of Premium Payments

Premiums must be paid at monthly intervals, or any other frequency we approve.

Renewal

The first premium for each term is due on the Expiration Date of the preceding term. The life insurance and rider coverage will automatically renew for a Renewal Term if:

1. On the **POLICY INFORMATION** page it indicates that the coverage may be continued.
2. All premiums for the preceding expired term have been paid and the renewal premium for the new term has been paid.
3. The Expiration Date of the new term is on or before the Final Expiration Date.

Grace Period

There is a thirty-one (31) day grace period after the premium due date to pay each premium after the Initial Premium. The policy remains in effect during any grace period, unless terminated under another policy provision. If a premium is not paid by the end of the grace period, the policy will terminate as of the premium due date. As used here, "premium" means the premium actually billed in the premium notice. If the Insured dies during a grace period, We will deduct the unpaid premium from the death benefit.

REINSTATEMENT

Reinstatement Requirements

If this policy terminates as provided in the **Grace Period** provision, it may be reinstated within three (3) years from the due date of the first unpaid premium. "Reinstatement" means to put this policy's coverage back into effect.

For the life insured under this policy and any attached rider:

1. We will require a Formal Request for reinstatement; and
2. We may require evidence satisfactory to Us at the time of the Formal Request for reinstatement that the Insured is insurable at the premium class shown on the **POLICY INFORMATION** page; and
3. We will require payment of all unpaid premiums with interest from their due dates at 6% compounded annually.

Effective Date of Reinstatement

The effective date of reinstatement will be the later of:

1. The date We approve the Formal Request for reinstatement; or
2. The date We receive any required payment.

When the reinstatement becomes effective, We will mail the following to You at your last known address:

1. A copy of the Formal Request for reinstatement showing the effective date of reinstatement; and
2. A copy of any other relevant documents, which may have been required as evidence of insurability.

CONVERSION

New Policy

You may convert this policy for a new policy on the life of the Insured at the beginning of the second policy year but before the Conversion Option Expiration Date shown on the **POLICY INFORMATION** page. In order to convert, We will require:

1. Your Formal Request for conversion;
2. That the Insured be alive on the date of that Formal Request;
3. That this policy be in effect on the date of the Formal Request;
4. Formal consent to convert from any assignee and any Irrevocable Beneficiary;
5. That this policy be fully surrendered (that means You may not retain any portion in this policy upon conversion); and
6. Payment of any required premium.

Any new policy:

1. May not insure more than one life.
2. Must be on a plan being offered by an Affiliate or Us for this purpose on the date of conversion .
3. Will have the same restrictions as this policy and any attached riders.
4. Will be issued and effective as of the date of the Formal Request for conversion.

The amount of insurance for any new policy will not be:

1. Less than the minimum required for the plan selected. (At least one plan will always be available for conversion from an Affiliate or Us.)
2. More than the Face Amount in effect on this policy on the date of conversion.

The premium rate on any new policy will be based on:

1. The Insured's premium class for this policy or the equivalent premium class available at the time of the Formal Request for conversion.
2. The Insured's Age on the new effective date.
3. Our premium rates in effect on the new effective date.

New Policy with Rider(s)

If the new policy will include any rider(s) available under that new policy, such rider will be subject to evidence of insurability satisfactory to Us.

In no case will the new policy include a rider which provides benefits for disability if:

1. The Insured is disabled on the date of the Formal Request for conversion.
2. The Insured's Age on the new effective date is more than the maximum issue Age allowed under the applicable rider.

Conversion Credit

If You convert this policy before the Conversion Credit Expiration Date, We will provide a credit to the first year's premium for the new policy. The Conversion Credit is shown on the **POLICY INFORMATION** page. The credit will be the same for all policy Owners converting at that time.

Suicide and Incontestability

Any new policy's provisions for suicide and incontestability will have the same effective date as those provisions have in this policy. However, if the new policy contains any new benefits provided by rider, any provisions for suicide and incontestability in such new rider will start on that rider's effective date.

DEATH BENEFIT

Death Benefit

While this policy is in effect, We will pay the death benefit to the Beneficiary if the Insured dies before the Expiration Date of the current term.

Payment of Death Benefit

Payment of the death benefit will be made at Our Home Office. We will require:

1. That death occur while this policy is in effect and before the Expiration Date of the current term;
2. Proof of the Insured's death in a format We accept; and
3. A Formal Request for the death benefit.

The death benefit to be paid at the Insured's death will be:

1. The Face Amount in effect on the date of death; plus
2. Any additional benefit provided by rider; plus
3. Any interest on the death benefit required by state law; plus
4. The portion of any premium paid beyond the Insured's month of death, unless the premium was waived; less
5. The unpaid premium from its due date to the end of the grace period if death occurs within the grace period.

Subject to any assignment, any death benefit due will be paid to the next person living on the date of death in the order which follows:

1. The Beneficiary.
2. Any Contingent Beneficiary.
3. The Owner or the Owner's estate if the Owner is no longer living.

Unless otherwise provided, if any person entitled to receive a death benefit dies at the same time as the Insured or within five (5) days after the death of the Insured, the death benefit will be paid as if the Insured had survived such person.

The death benefit for this policy will be paid in one lump sum payment. The Payee will be the recipient of the death benefit. The Payee may elect to have payment placed in an interest-bearing checking account established in the name of the Payee. The Payee will be able to withdraw all or part of the proceeds in the account at any time.

Payments will be made at the Home Office by check, electronic funds transfer, or draft. Before making any payment, We may require proof of existence and/or birth date of any Payee or the Insured.

Suicide Exclusion

If the Insured dies by suicide, while sane or insane, within two (2) years from the Effective Date of the policy, We will pay a reduced death benefit equal to:

1. The premiums paid for benefits on the Insured's life; less
2. The premiums paid for benefits on any person other than the Insured, unless otherwise provided in any rider attached to this policy.

This policy must be in effect on the date of the Insured's suicide.

Minor Beneficiary

Unless otherwise provided, if any Beneficiary is a minor at the time the death benefit is to be paid, We may make any payment due to the minor Beneficiary to a parent, or any relative by blood or connection by marriage of the Insured, or to any other person who appears to Us to have some responsibility for the minor Beneficiary.

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Service Center
9800 Fredericksburg Road
San Antonio, TX 78288

RENEWABLE AND CONVERTIBLE LEVEL TERM LIFE INSURANCE

NOTICE TO OWNER:

If You have questions or need information about this policy or if You need assistance in resolving a complaint, please call Us at 1-800-531-USAA (8722).

Premiums are payable in advance while the Insured is alive and until the Expiration Date of each term. Each renewal premium will not be more than the Total Annual Premium shown in the SCHEDULE OF GUARANTEED PREMIUMS. Renewable to the Final Expiration Date shown in the POLICY INFORMATION section. Convertible through the date shown in the POLICY INFORMATION section. Death benefit is payable if the Insured dies before the Expiration Date of the current term and while this policy is in effect.

Nonparticipating: dividends are not payable.

USAA Direct Life Insurance Company ■ 1111 North 102nd Court, Suite 228, Omaha, NE 68114
1-800-531-USAA (8722) ■ usaa.com



Service Center
 9800 Fredericksburg Road
 San Antonio, Texas 78288

Term Life Insurance Application

IMPORTANT INFORMATION. Federal law requires us to obtain, verify and record your name, address, date of birth and other information that will allow us to identify you when you open an account and in certain other circumstances.

Product

Insurance Product Name Insurance Amount

Personal Information

Owner/Insured/Payor

USAA Number Social Security Number Date of Birth (mm/dd/yyyy)

Name

Mailing Address

Physical/Residence Address

Residence Phone Number (include area code) E-mail Address

Branch of Service Rank Military Status

Female Male

Gender

Are you a U.S. citizen? Yes No

Existing Insurance/Replacement

Do you own any life insurance or annuity contracts? Yes No

Is this application for insurance intended to replace, discontinue or change any life insurance or annuities?

Yes No

Beneficiary Information

Primary Beneficiary Name (If trust, provide name of trust.)	Social Security Number (or Tax ID Number)	Date of Birth (mm/dd/yyyy) (If trust, provide date of inception.)	Relationship to Insured
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Contingent Beneficiary Name (If trust, provide name of trust.)	Social Security Number (or Tax ID Number)	Date of Birth (mm/dd/yyyy) (If trust, provide date of inception.)	Relationship to Insured
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USAA Direct Life Insurance Company, 1111 North 102nd Court, Suite 228, Omaha, NE 68114

[1-800-531-USAA (8722)] ▪ Fax 1-877-435-7099 ▪ usaa.com

Payment Information

I understand that I will pay a monthly premium amount of \$ _____ for the first 5 years and that my premium will increase should I decide to extend the policy beyond the initial 5 year period. I understand that my initial premium payment will be automatically drawn from an account which I designate.

Read and Sign

Effective Date of Coverage: I agree that no insurance coverage will take effect prior to delivery of the policy to the Owner and then only if all of the following conditions have been met:

- (1) The information stated in this application and in additional parts (if applicable) is correct, and the company is immediately notified in writing of any changes; and
- (2) the company has received the first full premium payment while I am alive.

If the above conditions have been met, coverage under the policy will be effective on the date the policy is delivered to the Owner; provided however, that if a later effective date has been requested, coverage under the policy will be effective on that later date.

I understand that any insurance coverage issued will be subject to the suicide and incontestability provisions of the policy. These provisions begin on the effective date.

Insurance Fraud Warning

Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Ohio, Rhode Island, West Virginia:

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.

Colorado:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Maine, Tennessee, Washington:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Florida:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky, Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

New Jersey:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma:

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.



Service Center
9800 Fredericksburg Road
San Antonio, Texas 78288

APPLICATION FOR POLICY CHANGE

Policy Number _____

Insured _____

Owner _____

In accordance with the provisions of this Policy, the Company is requested to make the following changes:

I agree that this application shall be an amendment to the original application for this Policy and that a copy shall be attached thereto.

Dated at _____ this _____ day of _____, _____.
(City) (State) (Year)

Signature of Policy Owner

USAA Direct Life Insurance Company ▪ 1111 North 102nd Court, Suite 228, Omaha, NE 68114
1-800-531-USAA (8722) ▪ Fax (877) 435-7099 ▪ usaa.com

Read and Sign

Effective Date of Coverage: I agree that no requested change in coverage will take effect prior to approval by the Company and notification to the Owner and then only if the insurability of each person is as stated in this application and in additional parts (if applicable), and the company is immediately notified in writing of any changes.

If the above conditions have been met, the revised coverage under the policy will be effective on the date the Company notifies the initial Owner of approval. I understand that any additional coverage will be subject to the suicide and incontestability provisions of the policy.

Insurance Fraud Warning

Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Ohio, Rhode Island, West Virginia:

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.

Colorado:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Maine, Tennessee, Washington:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Florida:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky, Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

New Jersey:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma:

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Authorization: I authorize any USAA company to release motor vehicle reports or other driving history information to USAA Direct Life Insurance Company. A reproduction of this Authorization shall be as valid as the original. I agree this Authorization shall be valid for twenty-four (24) months from the date signed, and upon request I or my authorized representative can receive a copy of this Authorization. I understand that I may revoke this Authorization by sending a written request to USAA Direct Life. A revocation does not affect any action taken by USAA Direct Life in reliance on the authorization prior to the revocation, nor does it have any effect on any right of contestability under the policy.

I have read and understand this authorization.

Acknowledgment: I have read the questions and answers in this application. I represent that all statements and answers provided in this application and as part of the application process are true, complete and correctly recorded and will be relied upon by USAA Direct Life Insurance Company to form the basis of any changes to the policy. I agree that a copy of this application, if approved, will be attached to the issued policy.

Printed Name of Insured

X
Signature of Insured _____ Date (mm/dd/yyyy) City State

X
Signature of Owner (if different than Insured) _____ Date (mm/dd/yyyy)

X
Name of Agent (if applicable) _____ Signature of Agent (if applicable)

SERFF Tracking Number: UNSA-126632246 State: Arkansas
 Filing Company: USAA Direct Life Insurance Company State Tracking Number: 45694
 Company Tracking Number:
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: Renewable & Convertible Level Term Life
 Project Name/Number: Starter Life/

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

A Guaranty Notice will always be sent with this policy. Consumer Information Notice is included on the face page of the policy. A certification is attached regarding discrimination. A flesch score is attached.

Attachments:

CERTIFICATE OF COMPLIANCE.doc.pdf
 CERTIFICATE OF READABILITY.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

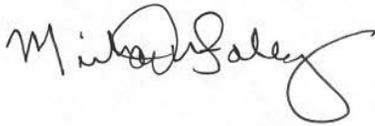
The applications to be used for this policy are attached to the form schedule.

USAA Direct Life Insurance Company

CERTIFICATION

DATE: May 17, 2010

This is to certify that the attached Form Number DRC86859AR 03-10, to the best of our knowledge, complies with the Arkansas Rule and Regulation 19 – Unfair Sex Discrimination in the sale of insurance.

A handwritten signature in black ink that reads "Michael Foley". The signature is written in a cursive style with a large, looping "F" at the end.

Michael Foley
Asst Vice President
USAA DIRECT LIFE INSURANCE COMPANY

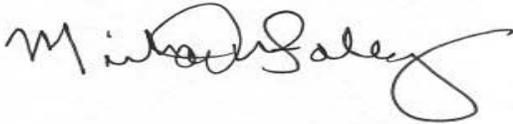
CERTIFICATE OF READABILITY

FORM NAME	FORM NUMBER	FLESH SCORE
Renewable and Convertible Level Term	DRC68659ST 03-10	*51
Application for Renewable and Convertible Level Term	DAP68636ST 03-10	
Application for Reinstatement	DAP94137ST 03-10	
Application for Policy Change	DAP94137ST 03-10	

The print is ten point type, one point leaded.

*These forms were scored together.

I certify that to the best of my knowledge and belief, the above referenced forms meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations.



Assistant Vice President
USAA Direct Life Insurance Company