

SERFF Tracking Number: AEGF-126658522 State: Arkansas  
Filing Company: Monumental Life Insurance Company- State Tracking Number: 45873  
Company Tracking Number: FORM E00200B  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: External Replacement Endorsement  
Project Name/Number: /

## Filing at a Glance

Company: Monumental Life Insurance Company-

Product Name: External Replacement SERFF Tr Num: AEGF-126658522 State: Arkansas

Endorsement

TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num: 45873  
Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num: FORM E00200B

State Status: FEES PAID

Filing Type: Form

Reviewer(s): Linda Bird

Author: Neil Tomas

Disposition Date: 06/15/2010

Date Submitted: 06/03/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 05/27/2010

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: 06/15/2010

Explanation for Other Group Market Type:

State Status Changed: 06/04/2010

Deemer Date:

Created By: Neil Tomas

Submitted By: Neil Tomas

Corresponding Filing Tracking Number:

Filing Description:

Re: Monumental Life Insurance Company - NAIC #468-66281 - FEIN #52-0419790

Form - Description

Form E00200B - Replacement Endorsement

To Whom It May Concern:

We respectfully request that the above captioned form be considered for approval. This is a new form that will not

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replace any previously approved form.

The above referenced form was created in response to your replacement regulations. The Replacement Endorsement, Form E00200B, will be attached to external replacements where Monumental Life has replaced another company's policy. The Endorsement provides the policy owner notice of the right to return the policy within 30 days of the delivery of the contract and receive an unconditional full refund of all premiums paid on it.

Your prompt attention to this filing will be greatly appreciated. Please feel free to contact me if you have any questions.

Sincerely,

Neil Tomas  
Compliance Analyst  
Phone: 410-685-2900, ext. 2034  
Fax: 410-576-4554  
ntomas@monlife.com

## Company and Contact

### Filing Contact Information

Neil Tomas, Compliance Analyst  
2 E Chase Street  
Baltimore, MD 21202  
NTomas@monlife.com  
410-685-2900 [Phone] 2034 [Ext]  
410-576-4554 [FAX]

### Filing Company Information

Monumental Life Insurance Company-  
4333 Edgewood Rd NE  
Cedar Rapids, IA 52499  
(410) 685-2900 ext. [Phone]  
CoCode: 66281  
Group Code: 468  
Group Name:  
FEIN Number: 52-0419790  
State of Domicile: Iowa  
Company Type: Life & Health  
State ID Number:

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: 50 x amount of endorsements = total

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50 x 1 = 50  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company-	\$50.00	06/03/2010	36978768

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/15/2010	06/15/2010

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## Disposition

Disposition Date: 06/15/2010

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	Replacement Endorsement		Yes

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## Form Schedule

### Lead Form Number: Form E00200B

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	Form E00200B	Policy/Cont Replacement ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.300	E00200B.pdf

**MONUMENTAL LIFE INSURANCE COMPANY**

**Administrative Office: 2 East Chase Street, Baltimore, Maryland 21202**

**ENDORSEMENT**

Your Policy was issued as a replacement of another policy. Therefore, this Endorsement amends your Policy as follows.

With respect to the "Right to Examine" provision, the period of time during which this Policy may be returned for a full refund is extended to 30 days after it is received.

Dated as of the Policy Date of this Policy.

MONUMENTAL LIFE INSURANCE COMPANY

A handwritten signature in black ink that reads "H. Stacey Boyer". The signature is written in a cursive style with a large, prominent initial "H".

**H. Stacey Boyer**  
*Secretary*

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## Supporting Document Schedules

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

Readability Certification.pdf

CERTIFICATION

THIS IS TO CERTIFY, that the forms listed below achieved the following Flesch Reading Ease Scores and are in compliance with the requirements of Arkansas Insurance Code ACA 23-80-206.

<u>Form</u>	<u>Flesch Score</u>
Form E00200B	51.3

MONUMENTAL LIFE INSURANCE COMPANY

Date: 06/03/2010

By: 

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Christopher L. Wilhelm  
Assistant General Counsel &  
Assistant Vice President

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