

SERFF Tracking Number: FDLR-126676316 State: Arkansas
Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 45972
Company Tracking Number:
TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name: CTR
Project Name/Number: /

Filing at a Glance

Company: Fidelity Life Association, A Legal Reserve Life Insurance Company

Product Name: CTR

SERFF Tr Num: FDLR-126676316 State: Arkansas

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved-Closed State Tr Num: 45972

Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Barbara Mooney

Disposition Date: 06/21/2010

Date Submitted: 06/17/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Association

Filing Status Changed: 06/21/2010

Explanation for Other Group Market Type:

State Status Changed: 06/21/2010

Deemer Date:

Created By: Barbara Mooney

Submitted By: Barbara Mooney

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to notify the states of the intent to offer new forms.

Company and Contact

Filing Contact Information

Ciaran Brady, Vice President - Operations

Ciaran.Brady@FLA-Life.com

SERFF Tracking Number: FDLR-126676316 State: Arkansas
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 Company Tracking Number:
 TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: CTR
 Project Name/Number: /

1211 W 22nd St, Suite 209 630-522-0392 [Phone]
 Oak Brook, IL 60523 630-522-0397 [FAX]

Filing Company Information

Fidelity Life Association, A Legal Reserve Life Insurance Company CoCode: 63290 State of Domicile: Illinois
 1211 W 22nd St. Group Code: 3413 Company Type: Life
 Suite 209 Group Name: State ID Number:
 Oak Brook, IL 60523 FEIN Number: 36-1068685
 (630) 522-0392 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? No
 Fee Explanation: 4 forms at \$50 each
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Life Association, A Legal Reserve Life Insurance Company	\$200.00	06/17/2010	37277247

SERFF Tracking Number: FDLR-126676316 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/21/2010	06/21/2010

SERFF Tracking Number: FDLR-126676316 *State:* Arkansas
Filing Company: Fidelity Life Association, A Legal Reserve Life *State Tracking Number:* 45972
Insurance Company
Company Tracking Number:
TOI: L04G Group Life - Term *Sub-TOI:* L04G.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: CTR
Project Name/Number: /

Disposition

Disposition Date: 06/21/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FDLR-126676316 State: Arkansas
 Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 45972
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Filing Authorization		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Child term Rider		Yes
Form	Optional Dependent Child Ben		Yes
Form	Policyholder Application		Yes
Form	Policyholder Application		Yes

SERFF Tracking Number: FDLR-126676316 State: Arkansas
 Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 45972
 Company Tracking Number:
 TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: CTR
 Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	W3P22	Certificate Amendment, Insert Page, Endorsement or Rider	Child term Rider	Initial		44.600	W3P22 Dependent Child Rider.pdf
	W3022	Certificate Amendment, Insert Page, Endorsement or Rider	Optional Dependent Child Ben	Initial		44.600	W3022 Optional Dependent Child Benefit.pdf
	W6030 06-2010	Application/ Enrollment Form	Policyholder Application	Initial			W6030 Policyholder App.pdf
	W6031 06-2010	Application/ Enrollment Form	Policyholder Application	Initial			W6031 Policyholder App.pdf

DEPENDENT CHILD RIDER

This Rider is available to the Certificate Holders as an Optional Benefit upon payment of premium.

RIDER PART OF POLICY: This Optional Benefit may become part of the Certificate Holder's Coverage as provided under this Rider in response to an authorized election and payment of applicable premiums. Those premiums are shown on the Certificate Schedule Page. All the provisions of The Policy apply to this Rider.

EFFECTIVE AND EXPIRY DATES: The effective and expiry dates of this Rider are shown on the Certificate Schedule Page. Coverage under this Rider will not be in effect unless the coverage to which it is attached becomes effective.

INSURED: Insured means the Person whose life is Insured under the Policy.

DEPENDENT CHILD: Dependent Child means a child who (a) is more than 15 days old and has not had his or her 25th birthday; (b) is unmarried; (c) is reliant on the Insured for support; and (d) is the Insured's child, legally adopted child, stepchild or child for whom the Insured is legal guardian; and

- i. has not had his or her 25th birthday on or before the effective date of this Rider; or
- ii. was acquired on or after the date of application and before his or her 25th birthday.

BENEFIT: If We receive proof at our administrative office that a Dependent Child has died after the age of 15 days and before his or her 26th birthday, and while this Benefit is in force, then We will pay the Beneficiary the Death Benefit Amount shown on the Certificate Schedule Page. The Death Benefit Amount applies to each Dependent Child.

REINSTATEMENT: This Rider may be reinstated upon reinstatement of the Coverage if satisfactory evidence of insurability is furnished to us with respect to each Dependent Child and for each Insured within 15 days of the reinstatement of the Coverage. The death of a Dependent Child before the date of the reinstatement or evidence unsatisfactory to us with respect to a Dependent child shall not preclude the reinstatement of the Coverage and this Rider on the lives of those for whom the evidence is satisfactory to us.

BENEFICIARY: The Insured, if living. If the Insured is not living the Insured's spouse. If the insured's spouse is not living (or if the insured does not have a spouse), the child's legal guardian or to the adult(s) who We determine have assumed custody of the child.

CONTESTABILITY/SUICIDE: The Incontestability and Suicide provisions of the policy apply to each Dependent child under this Rider. The Incontestability provision of the policy also applies to any reinstatement of the Rider as regards to statements made in the application for reinstatement

CONVERSION: The Certificate Holder may convert the Coverage of a Dependent child within 30 days of the earlier of the Dependent Child's 26th birthday or the Anniversary of the Coverage which is on or next following the Insured's 75th birthday. No evidence of insurability is required for the conversion. However, if additional Benefits are desired on the new Coverage, the Dependent Child must provide evidence of insurability satisfactory to us. We must receive written application and the first premium for the new Coverage while the Dependent Child is alive and still insured under this Rider. The new Coverage will:

1. be the same base plan as the Coverage to which this Rider is attached, or a comparable plan available at the time of conversion;
2. have a face amount which is no more than five times the Benefit amount payable under this Rider for the Dependent child, but no less than \$5,000; and
3. have premiums based on the age, gender and rate class of the Dependent Child on the new Coverage Effective Date.

PAID-UP INSURANCE: We will convert each Dependent Child's Coverage then in force to paid-up term insurance at the death of the Insured if:

- the Insured dies before the Expiry Date of this Rider; and
- this policy and Rider are in force.

The paid-up insurance will have no surrender Value or Loan Value and will automatically terminate on the earlier of:

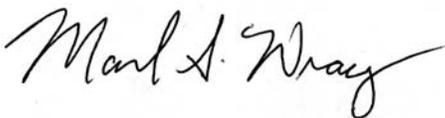
- the Dependent Child's 26th birthday; or
- the Expiry Date of this Rider.

Paid-up insurance on any Dependent Child will not be contested after insurance has been in force, during the lifetime of that Dependent Child, for two years. The two years includes the period that such Dependent Child's Coverage was in force under this Rider prior to the date the paid-up insurance becomes effective. The Dependent Child will be the Owner of the paid-up insurance if he or she has reached the age of majority at the death of the Insured. Otherwise, the legal guardian of the Dependent Child will be the Owner.

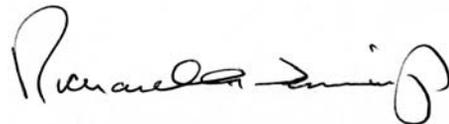
RIDER TERMINATION: This Rider will end at the earliest of the following events:

- a. On the Expiry Date of the Benefit, as shown on the Certificate Schedule Page;
- b. When the Coverage matures; or
- c. Written Request by the Certificate Holder; or
- d. When the Coverage terminates for any reason; or
- e. The Coverage anniversary on which the Insured is age 75; or
- f. At the end of the 31 day grace period for an unpaid premium.

FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY



Secretary



President

Fidelity Life Association, A Legal Reserve Life Insurance Company

1211 West 22nd Street, Suite 209
Oak Brook, IL 60523

Administrative Office
Fidelity Life Association
[17 Church Street
Keene, NH 03431]

DEPENDENT CHILD OPTIONAL BENEFIT

This Benefit was elected by You as part of Your Coverage

BENEFIT PART OF COVERAGE: This Benefit is part of Your Coverage provided in response to your enrollment form and payment of premiums for this Benefit. Those premiums are shown on the Certificate Schedule Page. All the provisions of The Policy apply to this Benefit.

EFFECTIVE AND EXPIRY DATES: The Coverage and Expiry Dates of this Benefit is shown on the Certificate Schedule Page. This Benefit will not be in effect unless the Coverage to which it is attached becomes effective.

INSURED: Insured means the Person whose life is Insured under the Coverage.

DEPENDENT CHILD: Dependent Child means a child who (a) is more than 15 days old and has not had his or her 25th birthday; (b) is unmarried; (c) is reliant on the Insured for support; and (d) is the Insured's child, legally adopted child, stepchild or child for whom the Insured is legal guardian; and

- i. has not had his or her 25th birthday on or before the Coverage Date of this Benefit; or
- ii. was acquired on or after the date of application and before his or her 25th birthday.

BENEFIT: If we receive proof at our administrative office that a Dependent Child has died after the age of 15 days and before his or her 26th birthday, and while this Benefit is in force, then we will pay the Beneficiary the Death Benefit Amount shown on the Certificate Schedule Page. The Death Benefit Amount applies to each Dependent Child.

REINSTATEMENT: This Benefit may be reinstated upon reinstatement of the Coverage if satisfactory evidence of insurability is furnished to us with respect to each Dependent Child and for each Insured within 15 days of the reinstatement of the Coverage. The death of a Dependent Child before the date of the reinstatement or evidence unsatisfactory to us with respect to a Dependent child shall not preclude the reinstatement of the Coverage and this Benefit on the lives of those for whom the evidence is satisfactory to us.

BENEFICIARY: The Insured, if living. If the Insured is not living the Insured's spouse. If the Insured's spouse is not living (or if the Insured does not have a spouse), the child's legal guardian or to the adult(s) who we determine have assumed custody of the child.

CONTESTABILITY/SUICIDE: The Incontestability and Suicide provisions of the Policy apply to each Dependent child under this Benefit. The Incontestability provision of the Policy also applies to any reinstatement of the Benefit as regards to statements made in the application for reinstatement.

CONVERSION: The Certificate Holder may convert the Coverage of a Dependent child within 30 days of the earlier of the Dependent Child's 26th birthday or the Anniversary of the Coverage which is on or next following the Insured's 75th birthday. No evidence of insurability is required for the conversion. However, if additional Benefits are desired on the new Coverage, the Dependent Child must provide evidence of insurability satisfactory to us. We must receive written application and the first premium for the new Coverage while the Dependent Child is alive and still Insured under this Benefit. The new Coverage will:

1. be the same base plan as the Coverage to which this Benefit is attached, or a comparable plan available at the time of conversion;
2. have a face amount which is no more than five times the Benefit amount payable under this Benefit for the Dependent child, but no less than \$5,000; and
3. have premiums based on the age, gender and rate class of the Dependent Child on the new Coverage Date.

DEPENDENT CHILD OPTIONAL BENEFIT

Continued from previous page.

PAID-UP INSURANCE: We will convert each Dependent Child's Coverage then in force to paid-up term insurance at the death of the Insured if:

- the Insured dies before the Expiry Date of this Benefit; and
- this Policy and Benefit are in force.

The paid-up insurance will have no surrender Value or Loan Value and will automatically terminate on the earlier of:

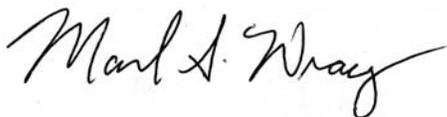
- the Dependent Child's 26th birthday; or
- the Expiry Date of this Benefit.

Paid-up insurance on any Dependent Child will not be contested after insurance has been in force, during the lifetime of that Dependent Child, for two years. The two years includes the period that such Dependent Child's Coverage was in force under this Benefit prior to the date the paid-up insurance becomes effective. The Dependent Child will be the Owner of the paid-up insurance if he or she has reached the age of majority at the death of the Insured. Otherwise, the legal guardian of the Dependent Child will be the Owner.

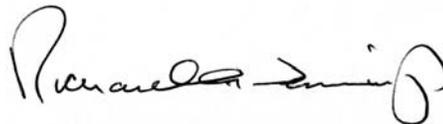
BENEFIT TERMINATION: This Benefit ends automatically

- a. On the Expiry Date of this Benefit, as shown on the Certificate Schedule Page; or
- b. When the Coverage matures; or
- c. When the Coverage terminates for any reason; or
- d. The Coverage anniversary on which the Insured is age 75; or
- e. At the end of the 31 day grace period for an unpaid premium.

FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY



Secretary



President

Fidelity Life Association, A Legal Reserve Life Insurance Company

1211 West 22nd Street, Suite 209
Oak Brook, IL 60523

Administrative Office

Fidelity Life Association
[17 Church Street
Keene, NH 03431]



Established 1896

Group Policyholder Application

Home Office: Oak Brook, IL
Administrator's Office:
P.O. Box 506
Keene, NH 03431-0506

Name of Entity/Policyholder:	Policy Number:
Address (No., Street, City, State & ZIP Code):	Policy Effective Date:
Contact Name, Phone # and Fax #:	

The above Entity requests to participate in the Insurance program offered by Fidelity Life and authorizes the Insurer, its authorized agents or enrollers, to offer each of the eligible [employees/members], as defined below, the opportunity to purchase the Insurer's Voluntary Insurance product.

- Allow agents or enrollers to conduct [an annual] enrollment of all Eligible Persons. Eligible persons are described as [employee/member] of the Policyholder[, and their family members,] who meets the eligibility requirements:
 - An eligible person must be [actively at work] on the date the enrollment form is signed.
- Provide the Insurer with [employment census data] in order that the Insurer may, under its rules, determine proper enrollment eligibility.
- Provide the Insurer's authorized agents or enrollers direct access to its [employees] to solicit enrollment forms through means mutually agreed upon by both the Insurer and the Policyholder. The Insurer reserves the right to withdraw from the enrollment and withdraw any applications already solicited should these conditions not be satisfied.
- Honor all Deduction Authorization forms signed by its [employees], if any, for payment of the premium to the Insurer when due. The Bills will normally be sent once each month for any premiums due and the Policyholder shall forward all deductions to the Insurer within 15 days of the receipt of the monthly billing. The Policyholder shall maintain records of all premiums withheld on behalf of its [employees]. The policyholder will communicate any deduction or billing changes to Fidelity Life. These records shall always remain open to inspection and audit by the Insurer during normal business hours and for one year after the program has been terminated.
- The following Policies and Optional Benefits may be available to the Policyholder for coverage of its [employees/members] subject to state and/or underwriting approval. The Policyholder must indicate its selection of policies and optional benefits that may be made available to [employees, members] subject to necessary approvals:

	Accept	Decline
[Graded Death Benefit Whole Life Policy	<input type="checkbox"/>	<input type="checkbox"/>
Optional Accelerated Death Benefit for Terminal Illness	<input type="checkbox"/>	<input type="checkbox"/>
Optional Accidental Death Benefit]	<input type="checkbox"/>	<input type="checkbox"/>

- If accepted, the Optional Coverage must be elected by the Certificate Holder.
- Either Accelerated Death Benefit or Critical Illness may be selected, but not both

In the event of any misappropriation by the Policyholder, its employees or agents, of funds owed to the Insurer, the Policyholder shall reimburse the Insurer for the Insurer's entire loss including attorney fees and expenses incurred in collection.

Will the Policyholder pay for any of the premium for the coverage elected? Yes No
 Will the Policyholder pay for all of the premium for the coverage elected? Yes No

Enrollment Period: from _____ to _____.

Executed on this _____ day of _____, _____.

Signature of Officer/Representative

Print Name and Title of Officer/Representative

Signature of Licensed Agent, if required by State

Print Name of Licensed Resident Agent

License Identification Number (as Required)

Please complete, sign and date this document. Return this document to the Insurer at the address above. Make a photocopy for your records.



Established 1896

Group Policyholder Application

Home Office: Oak Brook, IL
Administrator's Office:
P.O. Box 506
Keene, NH 03431-0506

Name of Entity/Policyholder:	Policy Number:
Address (No., Street, City, State & ZIP Code):	Policy Effective Date:
Contact Name, Phone # and Fax #:	

The above Entity requests to participate in the Insurance program offered by Fidelity Life, the Insurer, and authorizes the Insurer, its authorized agents or enrollers, to offer each of the eligible [employees/members], as defined below, the opportunity to purchase the Insurer's Voluntary Insurance product.

- Allow agents or enrollers to conduct [an annual enrollment] of all Eligible Persons. Eligible Persons are described as [employee/member] of the Policyholder[, and their family members,] who meets the eligibility requirements shown in the Policy Insurance Schedule:
 - An Eligible Person must be [actively at work] on the date the enrollment form is signed.
- Provide the Insurer with [employment census data] in order that the Insurer may, under its rules, determine proper enrollment eligibility.
- Provide the Insurer's authorized agents or enrollers direct access to its [employees] to solicit enrollment forms through means mutually agreed upon by both the Insurer and the Policyholder. The Insurer reserves the right to withdraw from the enrollment and withdraw any applications already solicited should these conditions not be satisfied.
- Honor all Deduction Authorization forms signed by its [employees], if any, for payment of the premium to the Insurer when due. The Bills will normally be sent once each month for any premiums due and the Policyholder shall forward all deductions to the Insurer within 15 days of the receipt of the monthly billing. The Policyholder shall maintain records of all premiums withheld on behalf of its [employees]. The policyholder will communicate any deduction or billing changes to Fidelity Life. These records shall always remain open to inspection and audit by the Insurer during normal business hours and for one year after the program has been terminated.
- The following Policies and Optional Benefits may be available to the Policyholder for coverage of its [employees/members] subject to state and/or underwriting approval. The Policyholder must indicate its selection of Policies and Optional Benefits that may be made available to [employees, members] subject to necessary approvals:

	Accept	Decline
[Lifetime Benefit Term	<input type="checkbox"/>	<input type="checkbox"/>
Accidental Death Optional Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Waiver of Premium Optional Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Child Optional Benefit]	<input type="checkbox"/>	<input type="checkbox"/>

- If accepted, the Optional Coverage must be elected by the Certificate Holder.

In the event of any misappropriation by the Policyholder, its employees or agents, of funds owed to the Insurer, the Policyholder shall reimburse the Insurer for the Insurer's entire loss including attorney fees and expenses incurred in collection.

Will the Policyholder pay for any of the premium for the coverage elected? Yes No

Will the Policyholder pay for all of the premium for the coverage elected? Yes No

Enrollment Period: from _____ to _____.

Executed on this _____ day of _____, _____.

Signature of Officer/Representative

Print Name and Title of Officer/Representative

Signature of Licensed Agent, if required by State

Print Name of Licensed Resident Agent

License Identification Number (as Required)

Please complete, sign and date this document. Return this document to the Insurer at the address above. Make a photocopy for your records.

SERFF Tracking Number: FDLR-126676316 State: Arkansas
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 Company Tracking Number:
 TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: CTR
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Readability Cert.pdf		
Satisfied - Item: Filing Authorization Comments: Attachment: Filing Auth 052010.pdf		
Satisfied - Item: Cover Letter Comments: Attachment: COVER LETTER.pdf		
Satisfied - Item: Statement of Variability Comments: Attachment: Stmt of Variability.pdf		

READABILITY CERTIFICATION

I hereby certify that the following forms were tested for readability using Microsoft Word – Version 97 SR-1, and achieved the following test results.

Company Name: Fidelity Life Association, A Legal Reserve Life Insurance Company

Form Number(s): W3P22
Type of Form: Dependent Child Rider

1. Number of Words: 830
2. Number of Characters: 4046
3. Number of Paragraphs: 28
4. Number of Sentences: 27
5. Final Score: 44.6

Form Number(s): W3022
Type of Form: Dependent Child Optional Benefit

6. Number of Words: 815
7. Number of Characters: 4008
8. Number of Paragraphs: 29
9. Number of Sentences: 27
10. Final Score: 44.6

Signature: 	Officer's Title: Vice President
Officer's Name: Ciaran Brady	Date: June 01, 2010



Established 1896

Innovation Is Our Policy

Fidelity Life Association
1211 West 22nd Street, Suite 209
Oak Brook, IL 60528
Tel 680.522.0892
Fax 866.875.8175

May 4, 2010

Company NAIC Number: 63290
Company FEIN Number: 95-1060502

Re: Group Life Insurance Policy, Certificate and Benefit Forms
Letter of Authorization

To: All State Insurance Departments

The Fidelity Life Association, A Legal Reserve Life Insurance Company of 1211 West 22nd Street, Oak Brook, Illinois hereby authorizes Vision Financial Corporation to represent us in the submission of the captioned forms and to negotiate with insurance departments for their approval.

Sincerely,

A handwritten signature in black ink, appearing to be "Claran Brady", written over a horizontal line.

Claran Brady
Vice President of Operations

June 15, 2010

Life Policy Analyst
Life and Health Division
Arkansas Insurance Department
1200 West 3rd St.
Little Rock, AR 72201

RE: Fidelity Life Association
NAIC No.: 63290
FEIN Number: 36-1068685
Miscellaneous Forms Filing

Dear Sir or Madame:

The attached forms are being submitted for your review and approval. These are new forms and will not replace any forms previously approved by your Department. These forms will be used with the following previously submitted and approved products as well as any products approved in the future:

1. Lifetime Benefit Term Group Life Insurance Policy, form WP300 and the Lifetime Benefit Term Certificate of Coverage, form WC300 approved by your Department on August 29, 2006.
2. Graded Death Benefit Whole Life Insurance Policy, form WP100 and the Graded Death Benefit Whole Life Certificate of Coverage, form WC100 approved by your Department on October 11, 2006.

These forms have been filed contemporaneously in our Domicile State of Illinois.

This submission contains no unusual or possibly controversial items from the standpoint of normal company or industry standards.

Variable material is set off by brackets. It must be noted that no change in the variable areas will be made which will be in conflict with the laws, rules and regulations of this district. In addition, no change in variability will be made which in any way expands the scope of the wording being changed.

All forms are submitted in final print and are subject to only minor modifications in paper size, paper color, paper stock, binding, ink, shading, border, company officer signatures, font type, logo and company adaptation to computer printing/typesetting.

Please find attached the actuarial memorandums and the readability certification for these forms.

Thank you for your assistance with this filing. If you have any questions, please call me at 1-800-635-4467, ext. 267.

Sincerely,

Barbara Mooney
Vice President Actuarial Services
Vision Financial Corporation
Telephone: 800-635-4467, ext. 267
Fax: 603-357-0250
Email: bmooney@visfin.com

Enc.

STATEMENT OF VARIABILITY

Form Number – W3P22

Description – Dependent Child Rider

Page Variable is Reflected On	Variable Language	Variable Text
2	Administrative Address	The address will be modified should the location of the administrative processing be changed.

Form Number – W3022

Description – Dependent Child Optional Benefit

Page Variable is Reflected On	Variable Language	Variable Text
2	Administrative Address	The address will be modified should the location of the administrative processing be changed.

Form Number – W6030 06-2010

Description – Group Polichholder Application used with the Graded Death Benefit Whole Life Policy

Page Variable is Reflected On	Variable Language	Variable Text
1	Employee/Member	The term: Employee or Member will appear here interchangeably and as is appropriate for the Policyholder. The Term Employee will be used for Employer Groups. The Term Member will be used for Association or Union Groups. The term Actively at Work will be used for Employees. The term Active Member, member in good standing or eligible to participate; will be used for members of an association or union group. Enrollment conditions may vary by group. Therefore this section will be updated to include the enrollment method selected by the Group. This field will be utilized to identify the type of information that may be provided by the Group. This could include census data, membership information or general information. Will be a unique number assigned to each Employer or Association Group Will reflect the effective date for each Policy Number This area is bracketed as a variable to display those optional benefits that have been elected by the Group. Only those benefits or riders that have been approved will be made available.
1	Actively At Work/Active Member	
1	Annual Enrollment	
1	Employment Census Data	
1	Policy Number	
1	Policy Effective Date	
1	Optional Benefits	

Form Number – W6031 06-2010

Description – Group Polichholder Application – used with the Lifetime Benefit Term Group Insurance Policy

Page Variable is Reflected On	Variable Language	Variable Text
1	Employee/Member	The term: Employee or Member will appear here interchangeably and as is appropriate for the Policyholder. The Term Employee will be used for Employer Groups. The Term Member will be used for Association or Union Groups. The term Actively at Work will be used for Employees. The term Active Member, member in good standing or eligible to participate; will be used for members of an association or union group.
1	Actively At Work/Active Member	

1	Annual Enrollment	Enrollment conditions may vary by group. Therefore this section will be updated to include the enrollment method selected by the Group.
1	Employment Census Data	This field will be utilized to identify the type of information that may be provided by the Group. This could include census data, membership information or general information.
1	Policy Number	Will be a unique number assigned to each Employer or Association Group
1	Policy Effective Date	Will reflect the effective date for each Policy Number
1	Optional Benefits	This area is bracketed as a variable to display those optional benefits that have been elected by the Group. Only those benefits or riders that have been approved will be made available.