

SERFF Tracking Number: PRES-126666008 State: Arkansas
 Filing Company: Presidential Life Insurance Company State Tracking Number: 45905
 Company Tracking Number:
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: INFORMATIONAL FILING - Officer's Title & Signature
 Project Name/Number: /

Filing at a Glance

Company: Presidential Life Insurance Company

Product Name: INFORMATIONAL FILING - SERFF Tr Num: PRES-126666008 State: Arkansas

Officer's Title & Signature

TOI: L071 Individual Life - Whole

SERFF Status: Closed-Accepted State Tr Num: 45905
 For Informational Purposes

Sub-TOI: L071.101 Fixed/Indeterminate
 Premium - Single Life

Co Tr Num: State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Diana Barbas, Reidlynn
 Newton, GERALYN FARM, Amy
 Hamilton

Disposition Date: 06/15/2010

Date Submitted: 06/09/2010

Disposition Status: Accepted For
 Informational Purposes

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

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: 06/15/2010

Deemer Date:

Created By: Reidlynn Newton

Submitted By: Reidlynn Newton

Corresponding Filing Tracking Number:

Filing Description:

INFORMATIONAL FILING – Officer's Title and Signature

We are writing to inform you that there has been a change of title, name and signature of the company officer signing the cover page of our individual life policies, individual annuity contracts, related endorsements and group accident &

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health policies and certificates (see attached Forms List under Supporting Documents).

The changes are as follows: Chairman of the Board Herbert Kurz title and signature has been replaced by President Donald L. Barnes.

Thank you for your consideration.

Company and Contact

Filing Contact Information

Reidlynn Newton, newton@presidentallife.com
 69 Lydecker Street 845-358-2300 [Phone] 217 [Ext]
 Nyack, NY 10960 845-358-0945 [FAX]

Filing Company Information

Presidential Life Insurance Company CoCode: 68039 State of Domicile: New York
 69 Lydecker Street Group Code: Company Type:
 Nyack, NY 10960 Group Name: State ID Number:
 (845) 358-2300 ext. 224[Phone] FEIN Number: 13-2570714

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Filing fee = \$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Presidential Life Insurance Company	\$50.00	06/09/2010	37104727

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	06/15/2010	06/15/2010

SERFF Tracking Number: *PRES-126666008* *State:* *Arkansas*
Filing Company: *Presidential Life Insurance Company* *State Tracking Number:* *45905*
Company Tracking Number:
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Life
Product Name: *INFORMATIONAL FILING - Officer's Title & Signature*
Project Name/Number: /

Disposition

Disposition Date: 06/15/2010

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	AR Form List		Yes

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Supporting Document Schedules

Item Status:

**Status
Date:**

Satisfied - Item: AR Form List

Comments:

Please see the attached AR Form List.

Thank you.

Attachment:

AR Form List.pdf

AR**Individual Form List****Type of Insurance L07I – Individual Life-Whole**

Policy Cover Page Form Number	Policy Description	State Approval/Filed Date	State File Number
L-56	Whole Life	09/13/2006	33227
WL2009P	Simplified Issue Whole Life	04/20/2009	42113

Type of Insurance A02I – Individual Annuities-Deferred Non-Variable

Contract Cover Page Form Number	Contract Description	State Approval/Filed Date	State File Number
SPDA-23	Single Premium Deferred	05/15/2009	42328
SPDA-24	Single Premium Deferred	05/15/2009	42328
SPDA-25	Single Premium Deferred	09/07/2007	36795
SPDBA(05)	Single Premium Deferred	01/26/2010	44643
RA-8	Flexible Premium Deferred	05/15/2009	42328
RA-8-401(K)	Flexible Premium Deferred	05/15/2009	42328

Type of Insurance A05I - Individual Annuities-Immediate Non-Variable

Contract Cover Page Form Number	Contract Description	State Approval/Filed Date	State File Number
SPIA(90)	Single Premium Immediate	03/19/1990	-
FA-1	Single Premium Immediate	01/16/1984	-

Endorsements and Riders

Form Number	Description	State Approval/Filed Date	State File Number
30 DAY (A)-100	30 Day Right To Examine	09/07/2007	36795
A50288	Partial Surrender	05/11/1988	-
END-GEN-1	Spendthrift Provision	03/09/1988	-
End-IRC-84	Post Mortem Interest	06/24/1985	-
IRAR-2002	Traditional IRA Endorsement	02/04/2003	-
ROTH END #6025	ROTH IRA Endorsement	02/23/2006	-
UAPREL07	Unisex Annuity Purchase Rate	04/04/2007	-

AR**Group Form List****Type of Insurance L04G – Group Life – Term**

Policy Form Number	Policy Description	State Approval/Filed Date
GRP2000-GROUP POL-AR	Group Term Life Policy	07/24/2001
GRP2000-GROUP CERT-AR	Group Term Life Certificate	07/24/2001

Type of Insurance H21 – Health Other

Policy Form Number	Policy Description	State Approval/Filed Date
Form AM-2007-POL	Group [Acc][&[ER Acc & Sickness] Insurance Policy	01/03/2008
Form AM-2007-CERT (AR)	Group[Acc][&][ER Acc & Sickness]Cert of Insurance	01/03/2008

Type of Insurance H14G – Group Health – Hospital Indemnity

Policy Form Number	Policy Description	State Approval/Filed Date
Form GHIP2006 AR	Group Hospital Indemnity Policy	07/31/2006
Form GHIC2006 AR	Group Hospital Indemnity Certificate	07/31/2006

Type of Insurance H12 – Health – Excess/Stop Loss

Policy Form Number	Policy Description	State Approval/Filed Date
GSL4000C	Group Stop Loss Certificate	06/08/2001
GSL4000AFR	GSL Advanced Funding Agreement Rider	06/08/2001
GSL4000FDR	GSL Family Deductible Rider	06/08/2001
GSL4000MAAR	GSL Monthly Aggregate Accommodation Rider	06/08/2001
GSL4000PCR	Pre-Existing Conditions Rider	06/08/2001
GSL4000STS	GSL Specific Transplant Step Down Rider	05/12/2003
GSL4000TLR	Terminal Liability Rider	06/08/2001

Type of Insurance H11G.002 – Group Health – Disability Income Short Term

Policy Form Number	Policy Description	State Approval/Filed Date
GSTD2004 MGP	Group Short Term Disability Income Protection Policy	09/22/2004
GSTD2004 CERT	Group Short Term Disability Income Protection Certificate of Coverage	09/22/2004