

SERFF Tracking Number: SMNY-126633523 State: Arkansas
 Filing Company: Security Mutual Life Insurance Company of New State Tracking Number: 45907
 York
 Company Tracking Number: IO-9324
 TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single
 Life
 Product Name: 10 Year Level Term Insurance Rider
 Project Name/Number: /

Filing at a Glance

Company: Security Mutual Life Insurance Company of New York

Product Name: 10 Year Level Term Insurance Rider SERFF Tr Num: SMNY-126633523 State: Arkansas

TOI: L07I Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num: 45907
 Closed

Sub-TOI: L07I.101 Fixed/Indeterminate Co Tr Num: IO-9324 State Status: Approved-Closed
 Premium - Single Life

Filing Type: Form Reviewer(s): Linda Bird
 Authors: Alana Mautone, Disposition Date: 06/16/2010
 Jacqueline Ayres, Aimee Sharland,
 Lynn Smith, Janet Esposito, Derick
 Deisinger
 Date Submitted: 06/09/2010 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: 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: 06/16/2010 | Explanation for Other Group Market Type: |
| | State Status Changed: 06/16/2010 |
| Deemer Date: | Created By: Jacqueline Ayres |
| Submitted By: Jacqueline Ayres | Corresponding Filing Tracking Number: |
| Filing Description: | |
| Enclosed for review and approval is a new 10 Year Level Term Insurance Rider, form IO-9324. Form IO-9324 is a new form and will not replace any previously approved forms. When approved, form IO-9324 may be issued with form 2104 | |

SERFF Tracking Number: SMNY-126633523 State: Arkansas
Filing Company: Security Mutual Life Insurance Company of New State Tracking Number: 45907
York
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Life

Product Name: 10 Year Level Term Insurance Rider

Project Name/Number: /

or form 2105, approved on 4/6/10 under SERFF Tracking Number SMNY-126443250. It may also be made available with other whole life policies approved by your Department in the future.

Form IO-9324 is a 10 year level term rider which is convertible to the earlier of age 75 or the 10th rider anniversary. Issue ages will be 18-70 for Non-Smokers, and 18-69 for Smokers.

Form IO-9324 may be added to new issues or in force policies of form 2104 or 2105.

Two sets of specimen specification pages, PAGE 3(A), are attached to the rider in the form schedule, to show issue with form 2104 and 2105. Depending on space considerations and the number of riders issued, PAGE 3(A) Schedule of Benefits Continued may be used. Please note in our original filing of form 2105, we did not show a Schedule of Benefits Continued page, but with this additional rider, Schedule of Benefits Continued may be utilized. We did include a Schedule of Benefits Continued Page 3(A) in our original filing of form 2104.

The forms are submitted in final print and are subject to only minor modification in paper size and stock, ink, border, Company logo and adaption to computer printing.

If any additional information is required, please advise.

Company and Contact

Filing Contact Information

Alana Mautone, Manager-Product Compliance amautone@smlny.com
100 Court St. 607-723-3551 [Phone] 7297 [Ext]
P. O. Box 1625 607-338-7562 [FAX]
Binghamton, NY 13902

Filing Company Information

Security Mutual Life Insurance Company of CoCode: 68772 State of Domicile: New York
New York
100 Court Street Group Code: Company Type: Life Insurance
P. O. Box 1625 Group Name: State ID Number:
Binghamton, NY 13902-1625 FEIN Number: 15-0442730
(607) 723-3551 ext. 7297[Phone]

SERFF Tracking Number: SMNY-126633523 State: Arkansas
Filing Company: Security Mutual Life Insurance Company of New State Tracking Number: 45907
York
Company Tracking Number: IO-9324
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single
Life
Product Name: 10 Year Level Term Insurance Rider
Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$0.00
Retaliatory? No
Fee Explanation: 1 rider @ \$50 = \$50
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|---------|----------------|---------------|
| Security Mutual Life Insurance Company of New York | \$50.00 | 06/09/2010 | 37109553 |

SERFF Tracking Number: SMNY-126633523 State: Arkansas
Filing Company: Security Mutual Life Insurance Company of New York Tracking Number: 45907
Company Tracking Number: IO-9324
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: 10 Year Level Term Insurance Rider
Project Name/Number: /

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 06/16/2010 | 06/16/2010 |

SERFF Tracking Number: SMNY-126633523 *State:* Arkansas
Filing Company: Security Mutual Life Insurance Company of New York *Tracking Number:* 45907
Company Tracking Number: IO-9324
TOI: L07I Individual Life - Whole *Sub-TOI:* L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name: 10 Year Level Term Insurance Rider
Project Name/Number: /

Disposition

Disposition Date: 06/16/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SMNY-126633523 State: Arkansas
 Filing Company: Security Mutual Life Insurance Company of New York Tracking Number: 45907
 Company Tracking Number: IO-9324
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: 10 Year Level Term Insurance Rider
 Project Name/Number: /

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|------------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | No |
| Supporting Document | Life & Annuity - Actuarial Memo | | No |
| Supporting Document | Statement of Variability | | Yes |
| Form | 10 Year Level Term Insurance Rider | | Yes |

SERFF Tracking Number: SMNY-126633523 State: Arkansas
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 TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
 Product Name: 10 Year Level Term Insurance Rider
 Project Name/Number: /

Form Schedule

Lead Form Number: IO-9324

| Schedule Item Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|-------------|-------------|--|---------|----------------------|-------------|-----------------------------------|
| | IO-9324 | Policy/Cont | 10 Year Level Term ract/Fratern Insurance Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Initial | | | IO-9324 with spec pages.pdf |

10 YEAR LEVEL TERM INSURANCE RIDER

A copy of the application for this rider is attached to and made a part of this rider. This rider is made a part of the policy to which it is attached. This rider is effective as of the Policy Date, unless otherwise stated in the policy. This rider is subject to all the provisions set forth herein and in the policy. However, the provisions of this rider apply in lieu of any policy provisions to the contrary.

DEATH BENEFIT

The Company will pay to the beneficiary the amount of the 10 Year Level Term Insurance Rider shown on page 3 of the policy upon receipt of due proof that the death of the Insured occurred while this rider and the policy were in force.

The beneficiary of this rider is the policy beneficiary, unless otherwise stated in the application for the rider or later changed.

PREMIUMS

This rider is issued in consideration of the application and the payment of the first premium for this rider. The premiums for this rider are shown on page 3 of the policy. No premiums will be due for this rider for any period beyond the policy month in which the Insured dies.

ISSUE DATE

The Issue Date of this rider is the same as the Issue Date of the Policy, unless otherwise stated in the policy.

INCONTESTABILITY

Except for fraud in the procurement of this rider (when permitted by applicable law in the state in which this policy is delivered or issued for delivery), or for nonpayment of premiums, the Company will not contest this rider after it has been in force during the lifetime of the Insured for two years from its Issue Date.

SUICIDE

If the Insured dies by suicide within two (2) years from the Issue Date of this rider, the amount payable under this rider will be limited to the amount of premiums paid for this rider.

GRACE PERIOD

A grace period of 31 days will be allowed for payment of each premium due after the first. This rider will continue in force during the grace period.

CONVERSION PRIVILEGE

This rider may be converted at any time prior to the 10 Year Level Term Rider Final Conversion Date if the rider is in force, and premiums are not being waived. The 10 Year Level Term Rider Final Conversion Date is shown on page 3. The new coverage will be issued:

- (a) without evidence of insurability;
- (b) with a face amount less than or equal to the amount of term insurance then provided by this rider but not less than the minimum amount at which the desired policy form is regularly issued;
- (c) with the same Insured and the same class of risk as this rider, or most comparable class available;
- (d) on any plan of permanent insurance issued by the Company on the date of the conversion, except for policies that provide for accelerated benefits in the event of chronic illness or long-term care or other chronic illness or long-term care benefits;
- (e) subject to any assignment and limitations which affect this rider; and
- (f) as a "Current Date Conversion" as defined below.

Current Date Conversion: A new policy will have a current Policy Date and Age of the Insured. The conversion is subject to payment of the first premium or monthly deduction for the new policy.

The conversion will also be subject to the following conditions:

- (a) The Conversion Date shall be the monthly anniversary of this rider prior to the date on which the company approves the conversion application;
- (b) The date of issue for purposes of the Incontestability and Suicide provisions of the converted policy shall be the later of the Issue Date of this rider or the effective date of the last reinstatement of this rider;
- (c) Payment of the administrative fee and the first premium, if any, for each new policy, must be received by the Company at the Home Office no later than 30 days after the Company approves the conversion application;
- (d) If the policy to which this rider is attached contains an Accidental Death Benefit Rider, such a benefit may be included in the new policy if the conversion is made before the Insured attains insurance age of 61;

CONVERSION PRIVILEGE (CONTINUED)

- (e) If the policy to which this rider is attached has a Waiver of Premium in the event of total disability rider, such a benefit may be included in the new policy if: (1) the new policy is issued on a Whole Life or comparable plan; (2) the conversion is made before the Insured attains the insurance age of 56; and (3) the Insured is not totally disabled as defined in the Waiver of Premium Benefit attached to this policy. However, if this rider is converted on the 10 Year Level Term Rider Final Conversion Date, the Insured is totally disabled, and rider premiums are being waived on such date, the Company will convert this rider to a whole life or comparable plan. The new policy will contain a waiver of premium benefit which will provide that premiums under the new policy will be waived so long as the total disability continues for which premiums were waived under this rider; and
- (f) Except as set forth above, the Company must approve any additional benefit agreements that are to be included or continued in the new policy. Evidence of Insurability must be provided. All such Company requirements must be satisfied before approval.

REINSTATEMENT

Any rider premium not paid before the grace period ends will result in default. The default date is the date on which the unpaid premium is due. This rider may be reinstated within 5 years after the default date provided:

- (a) the policy to which this rider is attached has not been surrendered;
- (b) the Insured is alive;
- (c) sufficient evidence of insurability of the Insured is provided to the Company's satisfaction; and
- (d) all overdue premiums are paid with interest at 6% per annum, compounded annually, from the due date of each premium.

LOAN VALUE AND CASH VALUE

This rider has no loan value and no cash value.

MISSTATEMENT OF AGE OR SEX

If the age or sex of the Insured was incorrectly stated in the application, any amount payable will be such as the premium paid would have purchased at the correct age or sex.

TERMINATION

This rider will end on the earliest of:

- (a) the date the policy ends;
- (b) the 10 Year Level Term Rider Termination Date shown on page 3;
- (c) when the entire Death Benefit provided by this rider has been converted;
- (d) the due date of any premium which has not been paid by the end of the grace period; or
- (e) the date the Company receives a written request from the Owner to end this rider.

SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

[*Bruce W. Boyka*]

[President]



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 www.smlny.com • (800) 765-6668

WHOLE LIFE INSURANCE

SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK agrees to pay the death benefit to the beneficiary, subject to the conditions and provisions of this policy. Payment will be made when proof of the Insured's death and proof of the claimant's interest in the proceeds is received at the Company's Home Office in Binghamton, New York. This policy may have to be returned.

The policy is issued in consideration of the application and the payment of the premium.

Signed for the Company at Binghamton, New York on the Issue Date.

[*Handwritten Signature*]

[Secretary]

[*Handwritten Signature*]

[President]

RIGHT TO EXAMINE POLICY

Please read this policy. The Owner may return this policy to the Company or to the agent or broker through whom it was purchased within 10 days after it is received. If this policy is issued as a replacement policy, the Owner may return it within 30 days after it is received, or any longer period as may be required by the laws of the state in which this policy is delivered. If the policy is returned within the stated period, the policy will be void from the beginning. The Company will refund any premium paid.

Insurance Payable at Death
 Participating
 Premiums Payable to the Earlier of the Maturity Date or Until Prior Death

POLICY SPECIFICATIONS

| | |
|---|--------------------------------------|
| INSURED: [JOHN DOE] | POLICY NUMBER: [SPECIMEN] |
| FACE AMOUNT: [\$100,000] | AGE AND SEX: [35 – MALE] |
| [10 YEAR LEVEL TERM INSURANCE RIDER AMOUNT: [\$50,000] | POLICY DATE: [MAY 1, 2010] |
| TOTAL FACE AMOUNT: [\$150,000]] | ISSUE DATE: [MAY 1, 2010] |
| PREMIUM: [\$1,257.50] [ANNUALLY] | MATURITY DATE: [MAY 1, 2096] |
| OWNER: [INSURED] | PREMIUM CLASS: [STANDARD NON-SMOKER] |
| [STATE] INSURANCE DEPARTMENT TELEPHONE NUMBER: [XXX-XXX-XXXX] | |

SCHEDULE OF BENEFITS

| <u>BENEFIT</u> | <u>PREMIUM</u> | <u>YEARS PAYABLE</u> |
|---|-------------------------------|----------------------|
| FACE AMOUNT [\$100,000] AN ANNUAL POLICY FEE OF [\$75.00] IS INCLUDED IN THIS PREMIUM [DISABILITY WAIVER | [\$1,179.00] [\$33.00] | [86] [31]] |
| [10 YEAR LEVEL TERM INSURANCE RIDER: [\$50,000] 10 YEAR LEVEL TERM RIDER TERMINATION DATE: [MAY 1, 2020] 10 YEAR LEVEL TERM RIDER FINAL CONVERSION DATE: [MAY 1, 2020] CONVERSION PERIOD IS [10] YEARS [] [DISABILITY WAIVER - 10 YEAR LEVEL TERM | [\$36.50] [\$9.00] | 10 [10]] |
| TOTAL ANNUAL PREMIUM | <u>[\$1,257.50]</u> | |

SCHEDULE OF PREMIUMS

WHEN THE PREMIUM FOR ANY BENEFIT CHANGES OR CEASES TO BE PAYABLE, AS SHOWN IN THE SCHEDULE OF BENEFITS, THESE PREMIUMS WILL CHANGE ACCORDINGLY.

FREQUENCY OF PREMIUM PAYMENT

| PREMIUMS DUE BEGINNING ON: | ANNUAL | SEMI-ANNUAL * | QUARTERLY * | [] |
|-------------------------------|----------------|---------------|--------------|-----|
| [MAY 1, 2010] | [\$1,257.50] | [\$653.90] | [\$333.24] | [] |

* PREMIUMS SHOWN INCLUDE THE ADDITIONAL CHARGE FOR THE CONVENIENCE OF PAYING MORE FREQUENTLY THAN ANNUALLY.

[]

THE POLICY SPECIFICATIONS ARE CONTINUED ON THE FOLLOWING PAGES

POLICY SPECIFICATIONS

| | |
|--|--|
| INSURED: [JOHN DOE] | POLICY NUMBER: [SPECIMEN] |
| FACE AMOUNT: [\$100,000] | AGE AND SEX: [35 - MALE] |
| [10 YEAR LEVEL TERM INSURANCE RIDER AMOUNT: [\$50,000] | POLICY DATE: [MAY 1, 2010] |
| TOTAL FACE AMOUNT: [\$150,000] | ISSUE DATE: [MAY 1, 2010] |
| PREMIUM: [\$1,257.50] [ANNUALLY] | MATURITY DATE: [MAY 1, 2096] |
| OWNER: [INSURED] | PREMIUM CLASS: [STANDARD NON-SMOKER] |



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 www.smlny.com • (800) 765-6668

WHOLE LIFE INSURANCE PAID-UP AT AGE 85

SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK agrees to pay the death benefit to the beneficiary, subject to the conditions and provisions of this policy. Payment will be made when proof of the Insured's death and proof of the claimant's interest in the proceeds is received at the Company's Home Office in Binghamton, New York. This policy may have to be returned.

The policy is issued in consideration of the application and the payment of the premium.

Signed for the Company at Binghamton, New York on the Issue Date.

[*Handwritten Signature*]

[Secretary]

[*Handwritten Signature*]

[President]

RIGHT TO EXAMINE POLICY

Please read this policy. The Owner may return this policy to the Company or to the agent or broker through whom it was purchased within 10 days after it is received. If this policy is issued as a replacement policy, the Owner may return it within 30 days after it is received, or any longer period as may be required by the laws of the state in which this policy is delivered. If the policy is returned within the stated period, the policy will be void from the beginning. The Company will refund any premium paid.

Insurance Payable at Death
 Participating
 Premiums Payable to Age 85 or Until Prior Death

POLICY SPECIFICATIONS

| | |
|---|--------------------------------------|
| INSURED: [JOHN DOE] | POLICY NUMBER: [SPECIMEN] |
| FACE AMOUNT: [\$100,000] | AGE AND SEX: [35 – MALE] |
| [10 YEAR LEVEL TERM INSURANCE RIDER AMOUNT: [\$50,000] | POLICY DATE: [MAY 1, 2010] |
| TOTAL FACE AMOUNT: [\$150,000]] | ISSUE DATE: [MAY 1, 2010] |
| PREMIUM: [\$1,288.50] [ANNUALLY] | MATURITY DATE: [MAY 1, 2096] |
| OWNER: [INSURED] | PREMIUM CLASS: [STANDARD NON-SMOKER] |

[STATE] INSURANCE DEPARTMENT TELEPHONE NUMBER: [XXX-XXX-XXXX]

SCHEDULE OF BENEFITS

| <u>BENEFIT</u> | <u>PREMIUM</u> | <u>YEARS PAYABLE</u> |
|--|--------------------|----------------------|
| FACE AMOUNT [\$100,000] | [\$1,210.00] | [50] |
| AN ANNUAL POLICY FEE OF [\$75.00] IS INCLUDED IN THIS PREMIUM | | |
| [DISABILITY WAIVER | [\$33.00] | [31]] |
| [10 YEAR LEVEL TERM INSURANCE RIDER: [\$50,000] | [\$36.50] | 10 |
| 10 YEAR LEVEL TERM RIDER TERMINATION DATE: [MAY 1, 2020] | | |
| 10 YEAR LEVEL TERM RIDER FINAL CONVERSION DATE: [MAY 1, 2020] | | |
| CONVERSION PERIOD IS [10] YEARS | | |
| [] | | |
| [DISABILITY WAIVER - 10 YEAR LEVEL TERM | [\$9.00] | [10]] |
| TOTAL ANNUAL PREMIUM | [\$1,288.50] | |

SCHEDULE OF PREMIUMS

WHEN THE PREMIUM FOR ANY BENEFIT CHANGES OR CEASES TO BE PAYABLE, AS SHOWN IN THE SCHEDULE OF BENEFITS, THESE PREMIUMS WILL CHANGE ACCORDINGLY.

FREQUENCY OF PREMIUM PAYMENT

| | | | | |
|-----------------|----------------|---------------|--------------|-----|
| PREMIUMS DUE | | | | |
| BEGINNING ON: | ANNUAL | SEMI-ANNUAL * | QUARTERLY * | [] |
| [MAY 1, 2010] | [\$1,288.50] | [\$670.02] | [\$341.45] | [] |

* PREMIUMS SHOWN INCLUDE THE ADDITIONAL CHARGE FOR THE CONVENIENCE OF PAYING MORE FREQUENTLY THAN ANNUALLY.

[]

THE POLICY SPECIFICATIONS ARE CONTINUED ON THE FOLLOWING PAGES

POLICY SPECIFICATIONS

| | |
|--|--|
| INSURED: [JOHN DOE] | POLICY NUMBER: [SPECIMEN] |
| FACE AMOUNT: [\$100,000] | AGE AND SEX: [35 – MALE] |
| [10 YEAR LEVEL TERM INSURANCE RIDER AMOUNT: [\$50,000] | POLICY DATE: [MAY 1, 2010] |
| TOTAL FACE AMOUNT: [\$150,000] | ISSUE DATE: [MAY 1, 2010] |
| PREMIUM: [\$1,288.50] [ANNUALLY] | MATURITY DATE: [MAY 1, 2096] |
| OWNER: [INSURED] | PREMIUM CLASS: [STANDARD NON-SMOKER] |

SERFF Tracking Number: SMNY-126633523 State: Arkansas
 Filing Company: Security Mutual Life Insurance Company of New York Tracking Number: 45907
 Company Tracking Number: IO-9324
 TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
 Product Name: 10 Year Level Term Insurance Rider
 Project Name/Number: /

Supporting Document Schedules

| | Item Status: | Status Date: |
|--|---------------------|---------------------|
| Satisfied - Item: Flesch Certification Comments: Attachments: 9324 AR Flesch cert.pdf Comp Bull 11-88 9324 AR.pdf ComplianceRuleReg19 9324 AR.pdf ComplianceRuleReg49 9324 AR.pdf | | |

| | Item Status: | Status Date: |
|---|---------------------|---------------------|
| Satisfied - Item: Statement of Variability Comments: Attachment: IO-9324 SOV AR.pdf | | |



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Certification

This is to certify that the attached 10 Year Level Term Insurance Rider has achieved the following Flesch Reading Ease Scores of

| <u>Form Nos.</u> | <u>Flesch Reading Ease Score</u> |
|------------------|----------------------------------|
| IO-9324 | 52.50 |

and comply with the requirements of Ark. Stat. Ann. Sections 23-80-201 through 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act.

By: *Vincent J. Montelione*
Vincent J. Montelione, CPA, CLU, ChFC, ACS
Vice President, Individual Client Services, Reinsurance Administration & Claims

06/02/2010
Date



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STATE OF ARKANSAS

CERTIFICATION-CONSUMER INFORMATION NOTICE

I, Vincent J. Montelione, Vice President, Individual Client Services, Reinsurance Administration & Claims, do hereby certify that the submission of Rider Form IO-9324 complies with the provisions of Arkansas Act 197 of 1987 and Bulletin 11-88 as well as all applicable requirements of the Arkansas Insurance Department.

SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

By: *Vincent Montelione*

Vincent J. Montelione, CPA, CLU, ChFC, ACS
Vice President, Individual Client Services, Reinsurance Administration & Claims

06/02/2010
Date



**SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK**

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STATE OF ARKANSAS

CERTIFICATION-UNFAIR SEX OR MARITAL STATUS DISCRIMINATION IN
THE SALE OF INSURANCE

I, Vincent J. Montelione, Vice President, Individual Client Services, Reinsurance Administration & Claims, do hereby certify that the submission of Rider Form IO-9324 complies with the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance Department.

SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

By: *Vincent Montelione*

Vincent J. Montelione, CPA, CLU, ChFC, ACS

Vice President, Individual Client Services, Reinsurance Administration & Claims

06/02/2010

Date



**SECURITY MUTUAL LIFE
INSURANCE COMPANY OF NEW YORK**

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STATE OF ARKANSAS

CERTIFICATION-LIFE AND HEALTH INSURANCE GUARANTY
ASSOCIATION NOTICES

I, Vincent J. Montelione, Vice President, Individual Client Services, Reinsurance Administration & Claims, do hereby certify that the submission of Rider Form IO-9324 complies with the provisions of Rule and Regulation 49 as well as all applicable requirements of the Arkansas Insurance Department.

SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

By: *Vincent Montelione*

Vincent J. Montelione, CPA, CLU, ChFC, ACS

Vice President, Individual Client Services, Reinsurance Administration & Claims

06/02/2010
Date

SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK
STATEMENT OF VARIABILITY
FORM IO-9324 When Issued with Form 2104 or 2105
June 1, 2010
State of Arkansas

VARIABLE MATERIAL IN THE POLICY WILL BE DENOTED WITH BRACKETS

| POLICY PAGE | ITEM | DESCRIPTION |
|-----------------------------|---|---|
| Form IO-9324 | Officer Signature and Title | In the event the title of an officer signing the rider form changes, any new title utilized will be the title of an officer of the Company. |
| Page 2104 or 2105 Page 3(A) | 10 YEAR LEVEL TERM INSURANCE RIDER | <p>In the event the 10 Year Level Term Insurance Rider is selected by the Owner, the following language will appear on Page 3(A): 10 YEAR LEVEL TERM INSURANCE RIDER: [\$amount][premium] 10 10 YEAR LEVEL TERM RIDER TERMINATION DATE: [date] 10 YEAR LEVEL TERM RIDER FINAL CONVERSION DATE: [date] CONVERSION PERIOD IS [# of years] YEARS</p> <p>The minimum rider amount will be \$50,000. The maximum rider amount will be 10 times the amount of the base policy. The Rider Termination Date will be the policy anniversary which is 10 years after the effective date of the rider. 10 Year Level Term Rider Final Conversion Date will be the earlier of 10 years from the Policy Date or the Insured's insurance age 75. Conversion period will be the lesser of 10 years or the number of years until the Insured's insurance age 75.</p> |
| Page 2104 or 2105 Page 3(A) | ADDITIONAL PREMIUM OR FLAT EXTRA PREMIUM-10 YEAR LEVEL TERM INSURANCE RIDER | <p>In the event the 10 Year Level Term Insurance Rider is selected by the Owner and the policy is table rated, the following language will appear on Page 3(A) below the CONVERSION PERIOD IS [# of years] YEARS: ADDITIONAL PREMIUM [\$premium][years payable]</p> <p>In the event the 10 Year Level Term Insurance Rider is selected by the Owner and the policy has a flat extra premium, the following language will appear on Page 3(A) below the CONVERSION PERIOD IS [# of years] YEARS: FLAT EXTRA PREMIUM [\$premium][years payable]</p> <p>In the event the 10 Year Level Term Insurance Rider is selected by the Owner and the policy has both a table rating and a flat extra premium, the following language will appear on Page 3(A) below the CONVERSION PERIOD IS [# of years] YEARS: ADDITIONAL PREMIUM [\$premium][years payable] FLAT EXTRA PREMIUM [\$premium][years payable]</p> |
| Page 2104 or 2105 Page 3(A) | DISABILITY WAIVER | <p>In the event both Disability Waiver of Premium and the 10 Year Level Term Insurance Rider are selected by the Owner, the following language will appear under the rating language: DISABILITY WAIVER-10 YEAR LEVEL TERM [\$premium][years payable]. Years Payable will be the number of years until the earlier of the Insured's insurance age 66, or 10 years from the effective date of the rider.</p> |

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| Page 2104 or 2105 Page 3(A) | TERM RIDER AMOUNT and TOTAL FACE AMOUNT | In the event the 10 Year Level Term Insurance Rider is selected by the Owner, the following language will appear in the POLICY SPECIFICATIONS section after FACE AMOUNT: 10 YEAR LEVEL TERM INSURANCE RIDER AMOUNT: [\$amount] TOTAL FACE AMOUNT: [\$amount] The 10 Year Level Term Insurance Rider Amount will be the face amount of the rider. The Total Face Amount will be the combined total of the base policy and the 10 Year Level Term Insurance Rider. The minimum rider amount will be \$50,000. The maximum rider amount will be 10 times the amount of the base policy. |
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