

SERFF Tracking Number: TAPK-126653138 State: Arkansas  
Filing Company: Family Life Insurance Company State Tracking Number: 45833  
Company Tracking Number:  
TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special  
Product Name: Additional Return of Premium Riders  
Project Name/Number: /

## Filing at a Glance

Company: Family Life Insurance Company

Product Name: Additional Return of Premium Riders SERFF Tr Num: TAPK-126653138 State: Arkansas

Riders

TOI: L031 Individual Life - Special

SERFF Status: Closed-Approved-  
Closed State Tr Num: 45833

Sub-TOI: L031.000 Individual Life - Special

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Suzanne Heasley

Disposition Date: 06/14/2010

Date Submitted: 05/30/2010

Disposition Status: Approved-  
Closed

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:

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/14/2010

Explanation for Other Group Market Type:

State Status Changed: 06/14/2010

Deemer Date:

Created By: Suzanne Heasley

Submitted By: Suzanne Heasley

Corresponding Filing Tracking Number:

Filing Description:

See attached submission letter

## Company and Contact

### Filing Contact Information

Suzanne Heasley,  
2325 Havard Oak Drive  
Plano, TX 75074

Uheas@aol.com  
972-398-3733 [Phone]  
972-398-3733 [FAX]

SERFF Tracking Number: TAPK-126653138 State: Arkansas  
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**Filing Company Information**

(This filing was made by a third party - tallenpark)

Family Life Insurance Company	CoCode: 63053	State of Domicile: Texas
10700 Northwest Freeway	Group Code:	Company Type:
Houston, TX 77092	Group Name:	State ID Number:
(800) 925-6000 ext. [Phone]	FEIN Number: 91-0550883	

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? Yes  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Family Life Insurance Company	\$100.00	05/30/2010	36911699
Family Life Insurance Company	\$50.00	06/07/2010	37034134

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/14/2010	06/14/2010

### 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	06/02/2010	06/02/2010	Suzanne Heasley	06/07/2010	06/07/2010

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## Disposition

Disposition Date: 06/14/2010

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		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Submission letter		Yes
Supporting Document	Authorization		Yes
Form	Return of Premium Rider 20 years		Yes
Form	Return of Premium Rider 25 years		Yes
Form	Return of Premium Rider 30 years		Yes

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TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special  
Product Name: Additional Return of Premium Riders  
Project Name/Number: /

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/02/2010
Submitted Date	06/02/2010
Respond By Date	07/02/2010

Dear Suzanne Heasley,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: 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 additional \$50.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: TAPK-126653138 State: Arkansas  
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TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special  
Product Name: Additional Return of Premium Riders  
Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/07/2010  
Submitted Date 06/07/2010

Dear Linda Bird,

### Comments:

### Response 1

Comments: The additional \$50 has been submitted via EFT

### Related Objection 1

Comment:

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 additional \$50.00 is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Suzanne Heasley

SERFF Tracking Number: TAPK-126653138 State: Arkansas  
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 TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special  
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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	FGROP20/10	Policy/Cont Return of Premium ract/Fratern Rider 20 years al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		55.400	FGROP 2010 001.pdf
	FGROP25/10	Policy/Cont Return of Premium ract/Fratern Rider 25 years al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		55.400	FGROP 2510 001.pdf
	FGROP30/10	Policy/Cont Return of Premium ract/Fratern Rider 30 years al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		55.400	FGROP 3010 001.pdf



# Family Life Insurance Company

[Administrative Office: 10700 Northwest Freeway, Houston, TX 77092]  
[800-877-7705]

## RETURN OF PREMIUM RIDER

### 1. ADDITIONAL DEFINITIONS

1.1 ADDITIONAL INSURED: The Additional Insured(s) so named in the Policy Schedule.

1.2 INSURED SPOUSE: The Insured Spouse so named in the Policy Schedule.

2. EFFECTIVE DATE This rider is effective on the policy's Date of Issue.

### 3. RETURN OF PREMIUM BENEFIT

While this rider is in effect, we will pay a Return of Premium benefit if the policy ends on or before the expiration of the Initial Term Period noted on the Policy Schedule Page.

The Return of Premium Benefit is equal to cumulative annual premiums on the policy and any attached riders, multiplied by the appropriate percentage from the Schedule of Cash Values below, less any amount paid under the policy and any other rider attached to the policy.

In the event of the death of the Insured, any Insured Spouse or Additional Insured, this rider will terminate. In the event of the death of any Additional Insured or Insured Spouse for whom a death benefit is payable under a rider attached to the policy, any remaining Return of Premium Benefit, after determination of the death benefit payable under such rider payable for such Additional Insured or Insured Spouse will be paid along with such payment under such rider.

If the Return of Premium benefit is greater than the amount of insurance in effect on the policy, the amount of insurance will be increased to be 105% of the Return of Premium benefit.

### SCHEDULE OF CASH VALUES

#### 20 Year Term

#### No Tobacco Use Last 12 Months

#### Issue Age

End of Policy Year	18-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55
1	0%	0%	0%	0%	0%	0%	0%	0%
2	0%	0%	0%	0%	0%	0%	0%	5%
3	0%	0%	0%	0%	1%	12%	19%	22%
4	2%	2%	4%	10%	19%	27%	30%	34%
5	18%	18%	20%	24%	31%	36%	38%	42%
6	30%	30%	31%	34%	39%	43%	45%	47%
7	39%	39%	40%	42%	46%	49%	50%	51%
8	46%	46%	47%	49%	52%	54%	54%	54%
9	52%	52%	53%	54%	57%	58%	58%	57%
10	58%	58%	58%	59%	61%	62%	62%	61%
11	63%	63%	63%	64%	65%	66%	66%	64%
12	68%	68%	67%	68%	69%	69%	69%	68%
13	72%	72%	72%	72%	73%	73%	73%	72%
14	76%	76%	76%	76%	77%	77%	76%	75%
15	80%	80%	80%	80%	80%	80%	80%	78%
16	84%	84%	84%	84%	84%	84%	84%	82%
17	88%	88%	88%	88%	88%	88%	88%	87%
18	92%	92%	92%	92%	92%	92%	92%	92%
19	96%	96%	96%	96%	96%	96%	96%	96%
20	100%	100%	100%	100%	100%	100%	100%	100%

**20 Year Term  
Tobacco Use Last 12 Months**

End of Policy Year	Issue Age							
	18-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55
1	0%	0%	0%	0%	0%	0%	0%	0%
2	0%	0%	0%	0%	0%	2%	8%	11%
3	0%	0%	0%	7%	16%	21%	24%	25%
4	17%	17%	18%	24%	29%	32%	35%	35%
5	30%	30%	30%	34%	38%	39%	42%	42%
6	39%	39%	39%	42%	44%	45%	46%	46%
7	46%	46%	46%	48%	50%	50%	50%	50%
8	52%	52%	52%	53%	54%	54%	54%	53%
9	57%	57%	57%	58%	58%	58%	57%	55%
10	62%	62%	61%	62%	62%	62%	60%	57%
11	66%	66%	66%	66%	66%	66%	64%	61%
12	70%	70%	70%	70%	70%	69%	67%	65%
13	74%	74%	74%	73%	73%	73%	71%	69%
14	78%	78%	78%	77%	77%	76%	74%	72%
15	82%	82%	81%	81%	81%	80%	78%	75%
16	85%	85%	85%	85%	84%	84%	82%	80%
17	89%	89%	89%	89%	88%	88%	87%	85%
18	93%	93%	93%	92%	92%	92%	92%	90%
19	97%	97%	97%	96%	96%	96%	96%	95%
20	100%	100%	100%	100%	100%	100%	100%	100%

#### 4. CASH VALUES

This rider provides for a cash value benefit for the policy to which this rider is attached, subject to the terms of this rider. The cash value is equal to the Return of Premium benefit of this rider.

#### 5. NON-FORFEITURE OPTIONS

If the policy lapses while this rider is in effect and a cash value is shown as applicable on the date of such lapse, one of two options will be available.

5.1 CASH SURRENDER: The policy may be surrendered for its cash value. The cash value is equal to the Return of Premium benefit. We will require your Written Request and return of the policy or a certification (on a form we accept) stating that the policy has been lost or destroyed.

5.2 EXTENDED LEVEL TERM INSURANCE: If no option is selected, this option will be automatic. Under this option, you may continue the policy as nonparticipating extended level term insurance. The term period will start on the due date of the unpaid premium. That period will be determined by applying the cash value as a net single premium for such insurance. At the end of that period, the insurance will terminate and there will be no cash value remaining.

#### 6. SURRENDER OF INSURANCE UNDER EXTENDED LEVEL TERM INSURANCE OPTION

Any insurance provided under the Extended Level Term Insurance Option may be surrendered for its cash value. The cash value will equal the net single premium for the insurance remaining. If such surrender occurs within 30 days after a policy anniversary, the value will not be less than the cash value on that anniversary.

#### WE WILL REQUIRE:

- Your written request; and
- Return of the policy or a certification (on a form we accept) stating that the policy has been lost or destroyed.

#### 7. DEFERRAL OF CASH VALUE PAYMENT

We reserve the right to defer payment of the cash value for up to 6 months after we receive your written request. We will pay interest at a rate not less than the minimum rate required by state law, if the deferral period is 30 days or more.

#### 8. BASIS OF POLICY VALUES

The non-forfeiture values under this rider are at least equal to those required by law of the state in which the policy and this rider are delivered. All values equal or exceed those required by the state in which the policy and this rider are issued. A detailed statement of the method of computing these values has been filed with the insurance supervisory official of the state in which the policy and this rider are issued. Minimum values are based on the 2001 CSO mortality table at an interest rate of 5.0%.

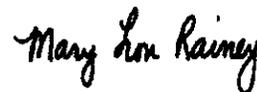
#### 9. NON PARTICIPATING

Dividends are not payable.

#### 10. RIDER TERMINATION

THIS RIDER WILL END AT THE EARLIEST OF THE FOLLOWING EVENTS:

- 10.1 Expiration Date of the initial term period;
- 10.2 Any Non-Forfeiture Option goes into effect;
- 10.3 Your written request to terminate this rider;
- 10.4 The policy terminates; or
- 10.5 The death of the Insured, the Insured Spouse or any Additional Insureds.



[Mary Lou Rainey, Secretary]



[Dan George, President]



## Family Life Insurance Company

[Administrative Office: 10700 Northwest Freeway, Houston, TX 77092]  
[800-877-7705]

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### RETURN OF PREMIUM RIDER

#### 1. ADDITIONAL DEFINITIONS

1.1 ADDITIONAL INSURED: The Additional Insured(s) so named in the Policy Schedule.

1.2 INSURED SPOUSE: The Insured Spouse so named in the Policy Schedule.

2. **EFFECTIVE DATE** This rider is effective on the policy's Date of Issue.

#### 3. RETURN OF PREMIUM BENEFIT

While this rider is in effect, we will pay a Return of Premium benefit if the policy ends on or before the expiration of the Initial Term Period noted on the Policy Schedule Page.

The Return of Premium Benefit is equal to cumulative annual premiums on the policy and any attached riders, multiplied by the appropriate percentage from the Schedule of Cash Values below, less any amount paid under the policy and any other rider attached to the policy.

In the event of the death of the Insured, any Insured Spouse or Additional Insured, this rider will terminate. In the event of the death of any Additional Insured or Insured Spouse for whom a death benefit is payable under a rider attached to the policy, any remaining Return of Premium Benefit, after determination of the death benefit payable under such rider payable for such Additional Insured or Insured Spouse will be paid along with such payment under such rider.

If the Return of Premium benefit is greater than the amount of insurance in effect on the policy, the amount of insurance will be increased to be 105% of the Return of Premium benefit.

**Schedule of Cash Values**

**25 Year Term  
No Tobacco Use Last 12 Months  
Issue Age**

<b>End of Policy Year</b>	<b>18-20</b>	<b>21-25</b>	<b>26-30</b>	<b>31-35</b>	<b>36-40</b>	<b>41-45</b>	<b>46-50</b>
1	0%	0%	0%	0%	0%	0%	0%
2	0%	0%	0%	0%	0%	0%	0%
3	0%	0%	0%	0%	0%	2%	7%
4	0%	0%	0%	3%	10%	16%	18%
5	7%	7%	10%	16%	21%	24%	25%
6	18%	18%	20%	25%	28%	30%	31%
7	26%	26%	28%	32%	34%	35%	35%
8	33%	33%	35%	37%	39%	40%	40%
9	39%	39%	40%	42%	43%	43%	43%
10	44%	44%	45%	47%	47%	47%	47%
11	49%	49%	49%	51%	51%	51%	50%
12	53%	53%	53%	54%	54%	54%	53%
13	57%	57%	57%	58%	58%	57%	56%
14	61%	61%	61%	61%	61%	61%	59%
15	65%	65%	64%	64%	64%	64%	62%
16	68%	68%	68%	68%	68%	67%	65%
17	72%	72%	71%	71%	71%	70%	68%
18	75%	75%	75%	75%	74%	73%	72%
19	79%	79%	78%	78%	78%	77%	75%
20	82%	82%	82%	82%	81%	80%	78%
21	86%	86%	85%	85%	85%	84%	82%
22	89%	89%	89%	89%	88%	88%	87%
23	93%	93%	93%	93%	92%	92%	92%
24	97%	97%	97%	96%	96%	96%	96%
25	100%	100%	100%	100%	100%	100%	100%

**25 Year Term  
Tobacco Use Last 12 Months  
Issue Age**

<b>End of Policy Year</b>	<b>18-20</b>	<b>21-25</b>	<b>26-30</b>	<b>31-35</b>	<b>36-40</b>	<b>41-45</b>	<b>46-50</b>
1	0%	0%	0%	0%	0%	0%	0%
2	0%	0%	0%	0%	0%	0%	0%
3	0%	0%	0%	0%	6%	11%	12%
4	6%	6%	8%	13%	18%	20%	20%
5	19%	19%	19%	23%	26%	26%	26%
6	27%	27%	27%	30%	31%	32%	32%
7	34%	34%	34%	35%	36%	37%	37%
8	40%	40%	39%	40%	40%	40%	40%
9	45%	45%	44%	44%	44%	43%	42%
10	49%	49%	48%	48%	48%	47%	44%
11	53%	53%	52%	51%	51%	50%	47%
12	56%	56%	55%	55%	54%	53%	50%
13	60%	60%	59%	58%	57%	55%	53%
14	63%	63%	62%	61%	60%	58%	55%
15	66%	66%	65%	65%	64%	61%	58%
16	70%	70%	69%	68%	67%	64%	61%
17	73%	73%	72%	71%	70%	68%	65%
18	76%	76%	75%	74%	73%	71%	69%
19	79%	79%	79%	78%	77%	74%	72%
20	83%	83%	82%	81%	80%	78%	75%
21	86%	86%	85%	85%	84%	82%	80%
22	89%	89%	89%	88%	88%	87%	85%
23	93%	93%	93%	92%	92%	92%	90%
24	97%	97%	97%	96%	96%	96%	95%
25	100%	100%	100%	100%	100%	100%	100%

#### 4. CASH VALUES

This rider provides for a cash value benefit for the policy to which this rider is attached, subject to the terms of this rider. The cash value is equal to the Return of Premium benefit of this rider.

#### 5. NON-FORFEITURE OPTIONS

If the policy lapses while this rider is in effect and a cash value is shown as applicable on the date of such lapse, one of two options will be available.

5.1 CASH SURRENDER: The policy may be surrendered for its cash value. The cash value is equal to the Return of Premium benefit. We will require your Written Request and return of the policy or a certification (on a form we accept) stating that the policy has been lost or destroyed.

5.2 EXTENDED LEVEL TERM INSURANCE: If no option is selected, this option will be automatic. Under this option, you may continue the policy as nonparticipating extended level term insurance. The term period will start on the due date of the unpaid premium. That period will be determined by applying the cash value as a net single premium for such insurance. At the end of that period, the insurance will terminate and there will be no cash value remaining.

#### 6. SURRENDER OF INSURANCE UNDER EXTENDED LEVEL TERM INSURANCE OPTION

Any insurance provided under the Extended Level Term Insurance Option may be surrendered for its cash value. The cash value will equal the net single premium for the insurance remaining. If such surrender occurs within 30 days after a policy anniversary, the value will not be less than the cash value on that anniversary.

#### WE WILL REQUIRE:

- Your written request; and
- Return of the policy or a certification (on a form we accept) stating that the policy has been lost or destroyed.

#### 7. DEFFERRAL OF CASH VALUE PAYMENT

We reserve the right to defer payment of the cash value for up to 6 months after we receive your written request. We will pay interest at a rate not less than the minimum rate required by state law, if the deferral period is 30 days or more.

#### 8. BASIS OF POLICY VALUES

The non-forfeiture values under this rider are at least equal to those required by law of the state in which the policy and this rider are delivered. All values equal or exceed those required by the state in which the policy and this rider are issued. A detailed statement of the method of computing these values has been filed with the insurance supervisory official of the state in which the policy and this rider are issued. Minimum values are based on the 2001 CSO mortality table at an interest rate of 5.0%.

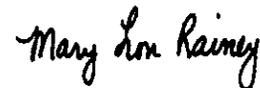
#### 9. NON PARTICIPATING

Dividends are not payable.

#### 10. RIDER TERMINATION

THIS RIDER WILL END AT THE EARLIEST OF THE FOLLOWING EVENTS:

- 10.1 Expiration Date of the initial term period;
- 10.2 Any Non-Forfeiture Option goes into effect;
- 10.3 Your written request to terminate this rider;
- 10.4 The policy terminates; or
- 10.5 The death of the Insured, the Insured Spouse or any Additional Insureds.



[Mary Lou Rainey, Secretary]



[Dan George, President]



## Family Life Insurance Company

[Administrative Office: 10700 Northwest Freeway, Houston, TX 77092]  
[800-877-7705]

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### RETURN OF PREMIUM RIDER

#### 1. ADDITIONAL DEFINITIONS

1.1 ADDITIONAL INSURED: The Additional Insured(s) so named in the Policy Schedule.

1.2 INSURED SPOUSE: The Insured Spouse so named in the Policy Schedule.

2. **EFFECTIVE DATE** This rider is effective on the policy's Date of Issue.

#### 3. RETURN OF PREMIUM BENEFIT

While this rider is in effect, we will pay a Return of Premium benefit if the policy ends on or before the expiration of the Initial Term Period noted on the Policy Schedule Page.

The Return of Premium Benefit is equal to cumulative annual premiums on the policy and any attached riders, multiplied by the appropriate percentage from the Schedule of Cash Values below, less any amount paid under the policy and any other rider attached to the policy.

In the event of the death of the Insured, any Insured Spouse or Additional Insured, this rider will terminate. In the event of the death of any Additional Insured or Insured Spouse for whom a death benefit is payable under a rider attached to the policy, any remaining Return of Premium Benefit, after determination of the death benefit payable under such rider payable for such Additional Insured or Insured Spouse will be paid along with such payment under such rider.

If the Return of Premium benefit is greater than the amount of insurance in effect on the policy, the amount of insurance will be increased to be 105% of the Return of Premium benefit.

**Schedule of Cash Values**

**30 Year Term**

**No Tobacco Use Last 12 Months**

**Issue Age**

<b>End of Policy Year</b>	<b>18-20</b>	<b>21-25</b>	<b>26-30</b>	<b>31-35</b>	<b>36-40</b>	<b>41-45</b>
1	0%	0%	0%	0%	0%	0%
2	0%	0%	0%	0%	0%	0%
3	0%	0%	0%	0%	0%	0%
4	0%	0%	0%	0%	4%	8%
5	0%	0%	2%	9%	13%	16%
6	10%	10%	11%	17%	19%	21%
7	18%	18%	19%	23%	24%	25%
8	24%	24%	25%	28%	29%	29%
9	29%	29%	29%	32%	32%	32%
10	34%	34%	34%	35%	35%	35%
11	38%	38%	38%	39%	39%	38%
12	42%	42%	41%	42%	42%	41%
13	45%	45%	45%	45%	45%	44%
14	49%	49%	48%	48%	48%	46%
15	52%	52%	51%	51%	51%	49%
16	55%	55%	54%	54%	53%	51%
17	58%	58%	57%	57%	56%	54%
18	61%	61%	60%	60%	59%	57%
19	64%	64%	63%	63%	62%	59%
20	67%	67%	66%	65%	64%	62%
21	70%	70%	69%	69%	67%	65%
22	73%	73%	72%	72%	70%	68%
23	76%	76%	76%	75%	74%	72%
24	79%	79%	79%	78%	77%	75%
25	83%	83%	82%	81%	80%	78%
26	86%	86%	86%	85%	84%	82%
27	89%	89%	89%	88%	88%	87%
28	93%	93%	93%	92%	92%	92%
29	97%	97%	97%	96%	96%	96%
30	100%	100%	100%	100%	100%	100%

**30 Year Term  
Tobacco Use Last 12 Months  
Issue Age**

<b>End of Policy Year</b>	<b>18-20</b>	<b>21-25</b>	<b>26-30</b>	<b>31-35</b>	<b>36-40</b>	<b>41-45</b>
1	0%	0%	0%	0%	0%	0%
2	0%	0%	0%	0%	0%	0%
3	0%	0%	0%	0%	0%	2%
4	0%	0%	0%	3%	8%	10%
5	9%	9%	9%	12%	15%	16%
6	17%	17%	17%	19%	20%	20%
7	24%	24%	23%	24%	24%	24%
8	29%	29%	28%	28%	28%	27%
9	33%	33%	32%	31%	31%	30%
10	37%	37%	36%	35%	34%	33%
11	41%	41%	40%	38%	37%	35%
12	44%	44%	43%	41%	40%	38%
13	47%	47%	46%	44%	43%	40%
14	50%	50%	49%	47%	45%	42%
15	53%	53%	52%	50%	48%	45%
16	56%	56%	54%	53%	50%	47%
17	59%	59%	57%	55%	53%	50%
18	61%	61%	60%	58%	56%	52%
19	64%	64%	63%	61%	58%	55%
20	67%	67%	66%	64%	61%	57%
21	70%	70%	69%	67%	64%	60%
22	73%	73%	72%	70%	67%	65%
23	76%	76%	75%	73%	70%	68%
24	79%	79%	78%	76%	74%	71%
25	82%	82%	81%	80%	77%	74%
26	86%	86%	85%	83%	81%	79%
27	89%	89%	88%	88%	87%	85%
28	93%	93%	92%	92%	92%	90%
29	97%	97%	96%	96%	96%	95%
30	100%	100%	100%	100%	100%	100%

#### 4. CASH VALUES

This rider provides for a cash value benefit for the policy to which this rider is attached, subject to the terms of this rider. The cash value is equal to the Return of Premium benefit of this rider.

#### 5. NON-FORFEITURE OPTIONS

If the policy lapses while this rider is in effect and a cash value is shown as applicable on the date of such lapse, one of two options will be available.

5.1 CASH SURRENDER: The policy may be surrendered for its cash value. The cash value is equal to the Return of Premium benefit. We will require your Written Request and return of the policy or a certification (on a form we accept) stating that the policy has been lost or destroyed.

5.2 EXTENDED LEVEL TERM INSURANCE: If no option is selected, this option will be automatic. Under this option, you may continue the policy as nonparticipating extended level term insurance. The term period will start on the due date of the unpaid premium. That period will be determined by applying the cash value as a net single premium for such insurance. At the end of that period, the insurance will terminate and there will be no cash value remaining.

#### 6. SURRENDER OF INSURANCE UNDER EXTENDED LEVEL TERM INSURANCE OPTION

Any insurance provided under the Extended Level Term Insurance Option may be surrendered for its cash value. The cash value will equal the net single premium for the insurance remaining. If such surrender occurs within 30 days after a policy anniversary, the value will not be less than the cash value on that anniversary.

#### WE WILL REQUIRE:

- Your written request; and
- Return of the policy or a certification (on a form we accept) stating that the policy has been lost or destroyed.

#### 7. DEFFERRAL OF CASH VALUE PAYMENT

We reserve the right to defer payment of the cash value for up to 6 months after we receive your written request. We will pay interest at a rate not less than the minimum rate required by state law, if the deferral period is 30 days or more.

#### 8. BASIS OF POLICY VALUES

The non-forfeiture values under this rider are at least equal to those required by law of the state in which the policy and this rider are delivered. All values equal or exceed those required by the state in which the policy and this rider are issued. A detailed statement of the method of computing these values has been filed with the insurance supervisory official of the state in which the policy and this rider are issued. Minimum values are based on the 2001 CSO mortality table at an interest rate of 5.0%.

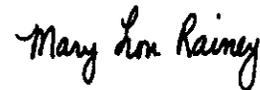
#### 9. NON PARTICIPATING

Dividends are not payable.

#### 10. RIDER TERMINATION

THIS RIDER WILL END AT THE EARLIEST OF THE FOLLOWING EVENTS:

- 10.1 Expiration Date of the initial term period;
- 10.2 Any Non-Forfeiture Option goes into effect;
- 10.3 Your written request to terminate this rider;
- 10.4 The policy terminates; or
- 10.5 The death of the Insured, the Insured Spouse or any Additional Insureds.



[Mary Lou Rainey, Secretary]



[Dan George, President]

SERFF Tracking Number: TAPK-126653138 State: Arkansas  
Filing Company: Family Life Insurance Company State Tracking Number: 45833  
Company Tracking Number:  
TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special  
Product Name: Additional Return of Premium Riders  
Project Name/Number: /

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> Readability certificate.pdf		
<b>Satisfied - Item:</b> Application <b>Comments:</b> The application is form F-8399 approved by your office on November 23, 2004		
<b>Satisfied - Item:</b> Submission letter <b>Comments:</b> <b>Attachment:</b> Submission letter.pdf		
<b>Satisfied - Item:</b> Authorization <b>Comments:</b> <b>Attachment:</b> E&Lltre709.pdf		

## Readability Certification

Insurance Company: Family Life Insurance Company

<u>Form Number</u>	<u>Description of Form</u>	<u>Score</u>
FGROP20/10	Return of Premium Rider – 20 years	55.4
FGROP25/10	Return of Premium Rider – 25 years	55.4
FGROP30/10	Return of Premium Rider – 30 years	55.4

I hereby certify that the above referenced form complies with the readability requirements of this State.

*Mary Lou Rainey*

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Authorized Signature

Mary Lou Rainey

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Name

Secretary

---

Title

May 30, 2010

---

Date



T. ALLEN PARK & ASSOCIATES, INC.

2325 Havard Oak Drive Plano, TX 75074  
(972) 398-3733 [Uheas@aol.com](mailto:Uheas@aol.com)

May 30, 2010

Arkansas Department of Insurance

RE: Family Life Insurance Company NAIC # 63053

FGROP20/10	Return of Premium Rider – 20 years
FGROP25/10	Return of Premium Rider – 25 years
FGROP30/10	Return of Premium Rider – 30 years

Dear Sir or Madam:

This filing is being submitted on behalf of Family Life Insurance Company. The above referenced forms are submitted for your review and approval. These forms are new and not intended to replace any previously approved forms.

These forms will be alternate return of premium riders to forms FGROP15, FGROP20, FGROP25 and FGROP30 approved by your office on March 16, 2010 and will be used with the life policy and other forms referenced in that submission.

The readability score is 55.4.

Similar forms were submitted in the Company's domicile state of Texas on May 30, 2010.

Should you have any questions or need additional information, please do not hesitate to call me at (972) 398-3733.

Sincerely,

Suzanne Heasley, FLMI, CLU  
Legal Assistant and Compliance Specialist



Deborah Tatro, Vice President

July 24, 2009

Re: Filing Authorization  
T. Allen Park & Associates, Inc.  
9441 LBJ Freeway, Suite 102  
Dallas, TX 75074

Re: Manhattan Life Insurance Company

To Whom It May Concern:

I hereby authorize Suzanne Heasley and Vicki Rowe to submit state filings of insurance forms/rates/products on behalf of Lewis & Ellis, Inc. regarding the Manhattan Life Insurance Company, Central United Life Insurance Company and Family Life Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such forms, rates and or products except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of Lewis & Ellis, Inc.

A handwritten signature in black ink, appearing to read "Deborah Tatro", is written over a horizontal line.

Deborah Tatro  
Vice President

Manhattan Insurance Group  
Manhattan Life Insurance Company  
Central Life Insurance Company  
Family Life Insurance Company  
10700 Northwest Freeway  
Houston, TX 77092  
Email: dtatro@culins.com

Phone: 713-821-6423  
Toll Free: 800-669-9030 ext. 6423  
Fax: 713-529-6309