

SERFF Tracking Number: AAMC-126759537 State: Arkansas
Filing Company: Pioneer Security Life Insurance Company State Tracking Number: 46505
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Limited Refiling - 06-9691
Project Name/Number: /

Filing at a Glance

Company: Pioneer Security Life Insurance Company

Product Name: Limited Refiling - 06-9691

SERFF Tr Num: AAMC-126759537 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Filed-

State Tr Num: 46505

Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num:

State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Traci Baty

Disposition Date: 08/17/2010

Date Submitted: 08/13/2010

Disposition Status: Filed-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: Informational

Domicile Status Comments: Filed in Texas, our State of Domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/17/2010

Explanation for Other Group Market Type:

State Status Changed: 08/17/2010

Deemer Date:

Created By: Traci Baty

Submitted By: Traci Baty

Corresponding Filing Tracking Number:

Filing Description:

Cover Letter under Supporting Documentations.

Company and Contact

Filing Contact Information

Clara Keel, Product Filing Manager and
Assistant Secretary

ckeel@aatx.com

425 Austin Avenue

254-297-2794 [Phone]

Waco, TX 76701

254-297-2138 [FAX]

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Filing Company Information

Pioneer Security Life Insurance Company 425 Waco, TX 76701 (254) 297-2777 ext. [Phone] -----	CoCode: 67946 Group Code: 1327 Group Name: FEIN Number: 75-1083342	State of Domicile: Texas Company Type: LAH State ID Number:
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Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pioneer Security Life Insurance Company	\$50.00	08/13/2010	38776249

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Linda Bird	08/17/2010	08/17/2010

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Disposition

Disposition Date: 08/17/2010

Implementation Date:

Status: Filed-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		No
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Supporting Document	Benefit Description Pages		Yes
Supporting Document	Actuarial Memorandum		No

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Cover Letter

Comments:

Attachment:

AR PS06-9691 Cover Letter.pdf

Item Status: **Status**
Date:

Satisfied - Item: Benefit Description Pages

Comments:

Attachment:

STD PS06-9691 Benefit Description Page.pdf

Pioneer Security Life Insurance Company

P.O. Box 2550 • Waco, Texas 76702-2550 • 254-297-2778

August 13, 2010

NAIC No. 67946

Mr. Joe Musgrove
Policy and Other Form Filings
State of Arkansas
Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904
Attention: Compliance - Life and Health

Re: **LIMITED REFILING for
Compliance with Actuarial Guideline XLV** (after premium increase)
Form No. PS06-9691 – Level Term Life Insurance to Age 95 Policy
(with a return of premium benefit)

Dear Mr. Musgrove:

This “limited refiling” of the Actuarial Memorandum for Form No. PS06-9691, a Level Term Life Insurance to Age 95 Policy with a return of premium benefit, approved by your department on July 12, 2006, is being made to show compliance with Actuarial Guideline XLV, after an increase in premiums the company plans to implement for this product.

A copy of the Actuarial Memorandum showing compliance is enclosed.

Enclosed is a copy of the Benefit Description Pages 3, 3A and 3B with a unique Form No. PS06-9691-2010-PRM, reflecting the change in the nonforfeiture values. No changes have been made to the text of the previously approved policy form.

If I may be of assistance in your review, please contact me at 1-800-736-7311, extension 3216, or ckeel@aatx.com.

Sincerely,



Clara Keel, FLMI
Product Filing Manager & Assistant Secretary



BENEFIT DESCRIPTION	ANNUAL PREMIUM
BASIC POLICY- LEVEL TERM TO AGE 95	\$ 565.00 FOR 30 YEARS*
TOTAL ANNUAL PREMIUM	\$ 565.00
ISSUED METHOD OF PAYMENT – ANNUAL	\$ 565.00
OTHER METHODS OF PAYMENT	
SEMIANNUAL	\$ 303.41
QUARTERLY	\$ 154.25
MONTHLY	\$ 53.11

PREMIUM CLASS: NON-TOBACCO

* PREMIUMS ARE LEVEL FOR THE FIRST 30 POLICY YEARS. AFTER 30 POLICY YEARS, THE PREMIUM WILL INCREASE EACH YEAR UNTIL THE EXPIRY DATE. THE PREMIUMS AFTER 30 YEARS ARE SHOWN IN THE TABLE OF GUARANTEED ANNUAL PREMIUMS ON PAGE 3B OF THE POLICY.

RETURN OF PREMIUM PERIOD: 30 YEARS

INSURED:	JOHN DOE	FACE AMOUNT:	\$100,000
AGE:	35	DATE OF ISSUE:	AUGUST 1, 2010
SEX:	MALE	EXPIRY DATE:	AUGUST 1, 2070
POLICY NUMBER: XXXXXXXXXXXX			

INSURED: JOHN DOE

FACE AMOUNT: \$100,000

AGE: 35

DATE OF ISSUE: AUGUST 1, 2010

SEX: MALE

EXPIRY DATE: AUGUST 1, 2070

POLICY NUMBER: XXXXXXXXXXXX

TABLE OF GUARANTEED VALUES

LEVEL TERM TO AGE 95

END OF POLICY YEAR	GUARANTEED CASH VALUE	EXTENDED TERM INSURANCE YEARS	DAYS	END OF POLICY YEAR
1	.00	0	0	1
2	.00	0	0	2
3	.00	0	0	3
4	.00	0	0	4
5	101.00	0	266	5
6	419.00	2	250	6
7	753.00	4	83	7
8	1,106.00	5	185	8
9	1,476.00	6	256	9
10	1,866.00	7	278	10
11	2,277.00	8	229	11
12	2,710.00	9	105	12
13	3,167.00	9	290	13
14	3,648.00	10	66	14
15	4,156.00	10	174	15
16	4,692.00	10	250	16
17	5,258.00	10	295	17
18	5,856.00	10	316	18
19	6,489.00	10	318	19
20	7,161.00	10	310	20
21	7,875.00	10	299	21
22	8,634.00	10	285	22
23	9,442.00	10	271	23
24	10,303.00	10	253	24
25	11,222.00	10	232	25
26	12,204.00	10	208	26
27	13,258.00	10	183	27
28	14,393.00	10	158	28
29	15,621.00	10	137	29
30	16,950.00	0	0	30
31	.00	0	0	31
32	.00	0	0	32
33	.00	0	0	33

INSURED: JOHN DOE

FACE AMOUNT: \$100,000

AGE: 35

DATE OF ISSUE: AUGUST 1, 2010

SEX: MALE

EXPIRY DATE: AUGUST 1, 2070

POLICY NUMBER: XXXXXXXXXXXX

TABLE OF GUARANTEED VALUES

LEVEL TERM TO AGE 95

END OF POLICY YEAR	GUARANTEED CASH VALUE	EXTENDED TERM INSURANCE		END OF POLICY YEAR
		YEARS	DAYS	
34	.00	0	0	34
35	.00	0	0	35
36	.00	0	0	36
37	.00	0	0	37
38	.00	0	0	38
39	.00	0	0	39
40	.00	0	0	40
41	.00	0	0	41
42	.00	0	0	42
43	.00	0	0	43
44	.00	0	0	44
45	.00	0	0	45
46	.00	0	0	46
47	.00	0	0	47
48	.00	0	0	48
49	.00	0	0	49
50	.00	0	0	50
51	.00	0	0	51
52	.00	0	0	52
53	.00	0	0	53
54	.00	0	0	54
55	.00	0	0	55
56	.00	0	0	56
57	.00	0	0	57
58	.00	0	0	58
59	.00	0	0	59
60	.00	0	0	60

NONFORFEITURE INTEREST RATE: 5.0%

NONFORFEITURE TABLE: 2001 CSO ANB MALE NONSMOKER

EXTENDED TERM MORTALITY TABLE: 2001 CSO ANB MALE NONSMOKER

REINSTATEMENT INTEREST RATE: 6% ANNUAL RATE

TABLE OF GUARANTEED ANNUAL PREMIUMS

LEVEL TERM TO AGE 95

POLICY YEAR	ANNUAL PREMIUM	POLICY YEAR	ANNUAL PREMIUM
31	3,868.00	46	16,968.00
32	4,253.00	47	18,960.00
33	4,643.00	48	21,035.00
34	5,063.00	49	23,273.00
35	5,498.00	50	25,750.00
36	6,025.00	51	28,518.00
37	6,615.00	52	31,585.00
38	7,390.00	53	34,935.00
39	8,208.00	54	38,525.00
40	9,068.00	55	42,313.00
41	10,008.00	56	46,265.00
42	11,033.00	57	49,983.00
43	12,223.00	58	53,858.00
44	13,613.00	59	57,945.00
45	15,218.00	60	62,263.00