

SERFF Tracking Number: NAWS-126753657 State: Arkansas
Filing Company: National Western Life Insurance Company State Tracking Number: 46417
Company Tracking Number: 01-3141-10
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Return of Premium Rider for Flex Premium Life
Project Name/Number: Return of Premium Rider for Flex Premium Life/01-3141-10

Filing at a Glance

Company: National Western Life Insurance Company

Product Name: Return of Premium Rider for SERFF Tr Num: NAWS-126753657 State: Arkansas

Flex Premium Life

TOI: L08 Life - Other

SERFF Status: Closed-Approved- State Tr Num: 46417
Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num: 01-3141-10

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Stephanie Foskitt

Disposition Date: 08/10/2010

Date Submitted: 08/06/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Return of Premium Rider for Flex Premium Life

Status of Filing in Domicile: Authorized

Project Number: 01-3141-10

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: This form is deemed exempt by our state of domicile, Colorado.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/10/2010

Explanation for Other Group Market Type:

State Status Changed: 08/10/2010

Deemer Date:

Created By: Stephanie Foskitt

Submitted By: Stephanie Foskitt

Corresponding Filing Tracking Number:

Filing Description:

Re: Return of Premium Rider, Form 01-3141-10

National Western Life Insurance Company, NAIC 66850, FEIN 84-0467208

To Whom It May Concern:

Please find attached the above captioned form submitted to your state for formal approval. This form will not replace

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any previously approved forms. This form is deemed exempt by our state of domicile, Colorado, under Bulletin B-4.1. This filing contains no unusual or possibly controversial items from normal industry standards.

Form 01-3141-10, Return of Premium Rider, may be issued with Flexible Premium Life Insurance Policy form 01-1143-07 approved for use in Arkansas on June 6, 2007. The benefit is to set a minimum cash value of the policy equal to the Return of Premium shown on page 3 of the policy as described in this rider. The base policy will allow this cash value to be available for cash surrender and loans. The benefit terminates at age 121, or whenever the policy to which it is attached terminates.

Thank you for your time and consideration in this matter. If you have any questions or need more information, please feel free to contact me by email at SFoskitt@NationalWesternLife.com or by phone at 512-719-1563.

Sincerely,
Stephanie Foskitt
Contract Compliance Analyst

We reserve the right to change the format of this form without changing any of the language. Printing standards will never be less than those required by your state.

Company and Contact

Filing Contact Information

Stephanie Foskitt, Contract Compliance Analyst SFoskitt@NationalWesternLife.com
National Western Life Insurance Company 512-719-1563 [Phone]
850 East Anderson Lane 512-719-8522 [FAX]
Austin, TX 78752

Filing Company Information

National Western Life Insurance Company	CoCode: 66850	State of Domicile: Colorado
850 East Anderson Lane	Group Code: -99	Company Type:
Austin, TX 78752-1602	Group Name:	State ID Number:
(512) 836-1010 ext. [Phone]	FEIN Number: 84-0467208	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No

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Fee Explanation: \$50 per form x 1 form = \$50 total
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Western Life Insurance Company	\$50.00	08/06/2010	38579570

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/10/2010	08/10/2010

SERFF Tracking Number: *NAWS-126753657* *State:* *Arkansas*
Filing Company: *National Western Life Insurance Company* *State Tracking Number:* *46417*
Company Tracking Number: *01-3141-10*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Return of Premium Rider for Flex Premium Life*
Project Name/Number: *Return of Premium Rider for Flex Premium Life/01-3141-10*

Disposition

Disposition Date: 08/10/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *NAWS-126753657* State: *Arkansas*
 Filing Company: *National Western Life Insurance Company* State Tracking Number: *46417*
 Company Tracking Number: *01-3141-10*
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Supporting Document	Actuarial Description		No
Form	Return of Premium Rider		Yes

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Form Schedule

Lead Form Number: 01-3141-10

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	01-3141-10	Policy/Cont	Return of Premium ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.000	01-3141-10 Return of Premium Rider.pdf

NATIONAL WESTERN LIFE INSURANCE COMPANY

RETURN OF PREMIUM RIDER

This rider is issued, in consideration of the application and payment of premiums for this rider, as a part of the policy to which it is attached. This rider is subject to all the applicable terms, conditions, limitations, and exclusions of the policy that are not inconsistent with this rider. Nothing contained in this rider will be held to change, waive, or extend any provisions of the policy except as stated below. The following changes and/or additions apply with respect to the policy.

The Cash Value and Grace Period provisions of the policy are replaced with the following:

Cash Value

The Cash Value provision of the policy is replaced as follows:

The Cash Value is the greater of (1) or (2), the result less (3), where:

1. the greater of the Account Balance or the Minimum Guaranteed Account Balance on the date of Surrender, minus the surrender charge, if any;
2. the Return of Premium Value shown on Page 3, minus any partial surrenders and partial surrender charges, and minus any proportional Return of Premium reductions due to other rider benefit payments;
3. any outstanding Loans and Loan Interest.

If surrender is made within 30 days after a Policy Anniversary, the Cash Value will not be less than the Cash Value on that Policy Anniversary plus any Net Premiums received since the prior Policy Anniversary minus any partial surrenders and partial surrender charges or Loans made on or after that Policy Anniversary.

Grace Period

If on any Monthly Anniversary the Cash Value is equal to or less than zero, or if premiums paid are insufficient for the No Lapse Guarantee, then this policy will remain in force during the 61 day Grace Period that follows. Notice of the required premium will be sent to the Owner's last known address, and any assignee of record at least 31 days prior to the lapse of this policy. If the required premium is not paid by the end of the Grace Period, all coverages under this policy will terminate. If a Death Benefit claim becomes payable during the Grace Period, we will pay the Death Benefit Proceeds, less any overdue Monthly Deduction.

Rider Cost

We provide coverage under this rider in return for payment of the rider cost. The monthly rider cost is shown on Page 3. We will include the rider cost in the Monthly Deductions for the number of Policy Months shown on Page 3.

Termination

This rider will terminate on the earliest of:

1. The date of the Insured's death; or
2. The date the policy terminates; or
3. The date we receive written request from you to cancel this rider.

Reinstatement

If this rider was in force at the time the policy lapsed, it may only be reinstated if the policy is reinstated. The requirements for reinstatement of this rider are the same as those for reinstatement of the policy.

Effective Date

Unless otherwise provided in an endorsement to this policy, the Effective Date of this rider shall be the policy date of the policy.

A handwritten signature in black ink, appearing to read "Paul C. Hoody". The signature is written in a cursive style with a large initial "P".

President

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Supporting Document Schedules

Item Status:

**Status
Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

01-3141-10 Officer Flesch Cert.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Cover Letter

Comments:

Attachment:

AR 01-3141-10 Cover Letter.pdf

NATIONAL WESTERN LIFE INSURANCE COMPANY
FLESCH READING EASE TEST SCORE CERTIFICATE
Form Number 01-3141-10

I hereby certify the following:

1. The Flesch Reading Ease Test score is as indicated below.
2. The form is printed, except for specifications pages, schedules and tables, in not less than ten point type.
3. The number of words contained in the text is as indicated below.
4. The entire form was analyzed.

<u>Form No.</u>	<u>Flesch Score</u>	<u>Words</u>
01-3141-10	52	509



Paul D. Facey, FSA, MAAA, FCIA, FLMI
Senior Vice President and Chief Actuary

August 4, 2010

Date



August 6, 2010

Arkansas Department of Insurance
Life and Health Compliance
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: **Return of Premium Rider, Form 01-3141-10**
National Western Life Insurance Company, NAIC 66850, FEIN 84-0467208

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Thank you for your time and consideration in this matter. If you have any questions or need more information, please feel free to contact me by email at SFoskitt@NationalWesternLife.com or by phone at 512-719-1563.

Sincerely,

A handwritten signature in cursive script that reads "SFoskitt".

Stephanie Foskitt
Contract Compliance Analyst

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