

SERFF Tracking Number: UUIN-126765853 State: Arkansas
Filing Company: Reliable Life Insurance Company State Tracking Number: 46498
Company Tracking Number: RLIC-5289-AR
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Life Application
Project Name/Number: Life App/5289

Filing at a Glance

Company: Reliable Life Insurance Company

Product Name: Life Application

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: UUIN-126765853 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 46498

Co Tr Num: RLIC-5289-AR

State Status: Approved-Closed

Author: Jill Harvey

Reviewer(s): Linda Bird

Date Submitted: 08/13/2010

Disposition Date: 08/17/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: 10/01/2010

Implementation Date:

State Filing Description:

General Information

Project Name: Life App

Project Number: 5289

Requested Filing Mode: Other

Explanation for Combination/Other: revision of approved form

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/17/2010

Deemer Date:

Submitted By: Jill Harvey

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Missouri is state of
domicile

Market Type:

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/17/2010

Created By: Jill Harvey

Corresponding Filing Tracking Number: UUIN-
126752041

Filing Description:

Enclosed is a revision to our existing life insurance application. The original application was approved by your department on March 9, 2006. The revised application will replace the original.

It is necessary to make minor modifications to our existing life insurance application to make it usable for a new product that we have filed for approval, a 10 Year Level Term Insurance Rider. This rider is to be added to new and existing whole life insurance policies. The new rider was submitted as UUIN-126752041.

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The only changes made are:

1. The addition of a revision date of (08/10) to the lower right corner
2. top right corner under H.O. Use Only, the wording was changed to "If adding benefits to existing policy, indicate policy # _____"
3. #8 , we added a 10 in front of 20/65 Term Rider.

We are filing this amended rider on an "Other" basis as no change is needed to the Form Number.

Company and Contact

Filing Contact Information

Jill Harvey, Compliance Specialist
 12115 Lackland Rd.
 St. Louis, MO 63146

jharvey@unitrin.com
 314-819-4629 [Phone]
 314-819-4768 [FAX]

Filing Company Information

Reliable Life Insurance Company
 12115 Lackland Rd.
 St. Louis, MO 63146
 (314) 819-4627 ext. [Phone]

CoCode: 68357
 Group Code: 215
 Group Name: Unitrin, Inc.
 FEIN Number: 43-0476110

State of Domicile: Missouri
 Company Type: Life & Accident
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: 1 form @\$50/each
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reliable Life Insurance Company	\$50.00	08/13/2010	38766125

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Correspondence Summary

Dispositions

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

<i>SERFF Tracking Number:</i>	<i>UUIIN-126765853</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Reliable Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46498</i>
<i>Company Tracking Number:</i>	<i>RLIC-5289-AR</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Life Application</i>		
<i>Project Name/Number:</i>	<i>Life App/5289</i>		

Disposition

Disposition Date: 08/17/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UUIIN-126765853

State: Arkansas

Filing Company: Reliable Life Insurance Company

State Tracking Number: 46498

Company Tracking Number: RLIC-5289-AR

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Life Application		Yes

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Form Schedule

Lead Form Number: 5289-NARL

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	5289-NARL	Application/ Life Application Enrollment Form	Revised	Replaced Form #: 5289-NARL Previous Filing #:	50.500	5289-NARL 08-10.pdf

District Agency



The Reliable Life Insurance Company

A UNITRIN Company

HOME OFFICE: St. Louis, Missouri 63146 (800) 630-8645

PLEASE PRINT ALL INFORMATION IN BLACK INK

H.O. Use Only

Family Group Number:
Family Group Name:

If adding benefits to existing policy, indicate policy #

1. Proposed Insured Owner (First, Middle Initial, Last) Age Birth Date Sex Height Weight
Residence Number and Street Town or City State Zip Code Driver's License Number:
Social Security Number: Telephone Number Birth State Married Widowed Common Law Spouse
Single Divorced State of Issue:

Occupation/Source of Income of Proposed Insured: Years Employed or Grade Level (if student):

2. Name of Other Persons Proposed for Insurance: (Spouse or Child) Social Security Number Relationship Sex Age Birth Date Birth State Height (Ft) Weight (Lbs.)

2a. Are all children proposed for insurance living in the home of the Proposed Insured?
3. Has any person proposed for insurance smoked cigarettes or used tobacco products within the past 12 months?

4. Policy Plan 5. Face Amount 6. Total Premium 7. Payable: Monthly (MDO) Bank Transfer Semi-Annual Quarterly Annual

8. Additional Benefits: Amount Waiver of Premium Rider (10 / 20 / 65) Term Rider (circle year selection) (15/30) Mort. Term Rider ADB on Term Rider
MDO: \$25,000 or less on base plan
PNO: \$30,000 or more on base plan

9. Proposed Insured is Owner Yes No MUST BE COMPLETED if "No" Birth Date Relationship Social Security Number
Primary Address

9a. Contingent

10. Primary Beneficiary Name Percent Birth Date Relationship Social Security Number

10a. Contingent Beneficiary Name Percent Birth Date Relationship Social Security Number

AGREEMENT

IT IS AGREED that all statements in this application are, to the best of my (our) knowledge and belief, complete and true. This application and any amendments to it, with the answers made to the medical examiner (should an exam be required) shall be the basis of any insurance issued. No agent can: a) accept any risks; b) modify policies; or c) waive any rights or requirements of The Reliable Life Insurance Company (Company). It is further agreed that unless otherwise stated in a Conditional Receipt bearing the date of this application, no liability exists until: a) a policy is delivered to and accepted by the owner; and b) the first premium is paid while the health and occupations of all proposed Insureds are as described in this application. The acceptance of any policy issued on this application shall be an acceptance and ratification of all corrections, additions or changes made by the Company. Any change in the amount of insurance, class, plan of insurance, benefits or the age at issue must be accepted, in writing, by the applicant. I authorize the Medical Information Bureau to provide any information it has on me and my minor children to the Company in connection with this application. I ACKNOWLEDGE receipt of the Disclosure Notice to Proposed Insured.

I ELECT to be interviewed if an investigative consumer report is prepared in connection with this application.

Cash Received with Application \$ Dated and Signed at Mo/Day/Yr City State
X Witness or Agent Signature Employee Number X Signature of Proposed Insured (who is the Owner unless otherwise designated above)
X Signature of Applicant/Owner (if other than Proposed Insured) X Signature of 2nd Proposed Insured (or spouse, if insurance is applied for)

11. Replacement exists when a policy is lapsed, surrendered or "substantially borrowed against" in the 4 months before or 13 months after the application date of a new or increased policy on the same life. Is this policy intended to in whole or in part replace any life insurance?
 Yes No If yes, please complete any applicable forms.
12. Does any person proposed for insurance have life insurance in force or applied for with this or any other company? Yes No If "yes", list information here, including any Accidental Death Benefit Coverage. Include all Reliable Life Insurance Company policy numbers.

INSURED	COMPANY	POLICY NO.	LIFE INS. AMOUNT	ISSUE OR APP. DATE

MEDICAL QUESTIONS - COMPLETE FOR ALL PROPOSED INSURED

Has (or is) any Person proposed for insurance: (All Primary Proposed Insureds and any spouse applying for STR must initial each and every response to the following questions). Circle applicable condition(s), place initials wholly in box provided and give complete details in Question 25.

	Yes	No
13. Consulted a physician or other medical practitioner or been hospitalized for any reason during the last 5 years?.....		
14. Ever been treated for or diagnosed with asthma, bronchitis, emphysema, pleurisy, or other disease or disorder of the lungs?.....		
15. Ever been treated for cancer, tumor, heart trouble, blood disorders, diabetes, high or low blood pressure or elevated cholesterol?.....		
16. Ever been treated for disease or disorder of stomach, intestines, rectum, liver or gall bladder, ulcer, rupture or gland disorder?.....		
17. Ever been treated for mental or nervous disorder, fainting spells, epilepsy or convulsions, paralysis or stroke?.....		
18. Ever been treated for disease or disorder of the kidney, bladder, prostate, trouble with the male or female sexual or reproductive organs, or for venereal disease?.....		
19. Ever been treated for disease or disorder of bone, joints, muscle, back or spine; rheumatism, arthritis, gout, loss of limb or deformity?.....		
20. Within the last 3 years had a drunk driving conviction, had any moving violations, auto accidents, or participated in any motor racing or aviation activities. skin diving, scuba diving, skydiving, or any other hazardous sport?.....		
21. Currently receiving Social Security Disability benefits, supplemental security income benefits due to disability, or health or medical benefit payments under Medicaid?.....		
22. a. Ever been treated by a doctor or in a hospital or other medical facility because of alcohol, drug or narcotic usage; or been diagnosed as suffering from alcohol or drug abuse?.....		
b. Ever used marijuana, barbiturates, amphetamines, hallucinatory drugs, heroin, cocaine, opiates or other narcotics, except as prescribed by a physician?.....		
23. Ever been declined, postponed or offered insurance at a higher rate from that applied for?.....		
24. Ever been treated or diagnosed by a physician or medical professional as having AIDS, ARC, or any immunological disorder (including testing positive for the HIV virus)?		

WARNING: Any person who knowingly includes any false or misleading information on an application for an insurance policy, or who makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information may be guilty of a felony and may be subject to fines and confinement in prison.

25. Give complete details of "yes" answers to Question 13 -24 and information on all Medical Care Providers:

Provider's Full Name	Full Telephone No.	Complete Address	Indicate Question No. and include full details and date

Proposed Insured _____

AGENT'S REPORT

1. COMPLETE WHEN INDIVIDUAL PROPOSED INSURED IS UNDER AGE 15:

- a. On the back of this report, list all children under the age of 15, and the amount of insurance on each.
- b. How much insurance coverage does the father have? _____ Does the mother have? _____

2. COMPLETE WHEN A CHILD RIDER IS REQUESTED:

- a. Is each child named on the application a natural child, a stepchild or a legally adopted child of the Proposed Insured? Yes No
Provide details of "No" answer.
- b. Are all children under the age of 18 included in this application? Yes No Provide details of "No" answer.

3. COMPLETE FOR ALL APPLICATIONS:

- a. Did you see the Proposed Insured(s) when this application was completed? Yes No
- b. How long have you known the Proposed Insured, or, if the Proposed Insured is a child under the age of 15, how long have you known the applicant? _____
- c. Does the applicant have any existing life insurance policies? Yes No
- d. Replacement exists when a policy is lapsed, surrendered or "substantially borrowed against" in the 4 months before or 13 months after the application date of a new or increased policy on the same life. Do you have reason to believe replacement is involved in this transaction? Yes No
- e. Has a Medical Examination been ordered? Yes No Date ordered: _____ From: _____
- f. Has an Inspection Report been ordered? Yes No
- g. If the amount of insurance applied for is \$100,000 or greater or the premium is \$1,000 or more, the identity and address of the insured/applicant was verified? Yes No Photo ID used was _____

Signature of Writing Agent

Employee Number

Date

CONDITIONAL RECEIPT - DO NOT DETACH UNLESS FIRST PREMIUM IS PAID WITH APPLICATION

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY

08042010

DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

The Reliable Life Insurance Company has received a payment of \$ _____ for insurance applied for on the life of _____ with this application.

No insurance will be provided under this receipt unless all Company Requirements are first fulfilled exactly during the lifetime of the Proposed Insured. If all Company requirements are not met, or the Proposed Insured dies by suicide, the liability of the Company shall be limited to a refund to the Applicant of the payment made for this receipt. Company Requirements are defined by the Company's current rules and practices and include hospital and physician reports, medical examinations, tests and any other information requested by the Company. No agent may alter or waive any part of this receipt. This receipt provides no insurance for riders or additional benefits.

IMPORTANT: The payment is accepted by the Company subject to the conditions set forth on the back of this receipt. This receipt is not valid unless it is signed by a licensed agent of the Company and unless the amount paid with the application, if paid by check or draft, is honored on first presentation for payment.

DATE

SIGNATURE OF AGENT

EMPLOYEE NUMBER

DISCLOSURE NOTICE TO PROPOSED INSURED

Consumer Disclosure Notification

As part of our procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews made by a consumer reporting agency with you, your family, neighbors, friends and others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. In addition, physicians, hospitals, clinics and other medically-related facilities may be contacted, using your signed authorization to obtain details of your past medical treatment.

You have the right to be interviewed as a part of any investigative consumer report that may be prepared. If you desire to be interviewed, you should indicate this on the space provided in the Authorization. You also have the right of access, correction and amendment with respect to any personal information collected. Upon your request, you are entitled to receive a description of procedures which allow access to, and correction of personal information which may be obtained, and a description of the circumstances under which personal information may be disclosed without prior authorization. Your written request should be addressed to Career Agency Insurance Services, The Reliable Life Insurance Company, 12115 Lackland Rd., St. Louis, Missouri 63146.

Question 1.a. listing of children under the age of 15

Name	Age	Amount of Insurance

REFERRALS:

Name	Address	Phone No.

LIFE APPLICATION - CONDITIONAL RECEIPT (CONTINUED)

- Conditions** - For insurance to be effective, the following conditions must be fulfilled:
- a. All Company Requirements have been completed and received by the Company within 60 days from the date of the application;
 - b. The first premium has been paid in full;
 - c. All questions in the application have been answered;
 - d. All answers given in the application are true and complete, and
 - e. The Proposed Insured is acceptable to the Company under its rules and practices, for the plan and amount applied for, without amendment, at the rate class applied for at the standard premium, as of the date all the Company Requirements are received by it.

Start of Insurance - If all the above requirements are met, this Receipt will provide insurance beginning the later of: (1) the date of the application; or (2) the date of receipt of all requirements.

End of Insurance - Once begun, any insurance this Receipt may provide ends at the earliest of: (1) 60 days after the date of the application; (2) when the Company sends a refund of the premium received in exchange for this Receipt; or (3) the date any policy issued goes into effect.

Amount Limit - The amount of insurance provided by this Receipt is the lesser of: a) the face amount of the insurance applied for in the application; or b) \$50,000.

DISCLOSURE NOTICE TO PROPOSED INSURED

MIB DISCLOSURE NOTIFICATION

Information regarding your insurability will be treated as confidential. The Reliable Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB (Medical Information Bureau), a not-for-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

The Reliable Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

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State: Arkansas

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Sub-TOI: L08.000 Life - Other

Product Name: Life Application

Project Name/Number: Life App/5289

Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

please see attached

Attachment:

AR Flesch.pdf

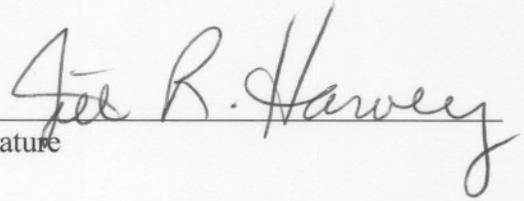
CERTIFICATION

This is to certify that the attached:

5289-NARL

has achieved Flesch reading ease score of 50.5 and complies with the requirements of Ark. Stat. Ann. §§ 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Signature



Director, Regulator Compliance
Title

August 11, 2010

AR