

SERFF Tracking Number: BBLB-126816281 State: Arkansas
 Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 46802
 Company Tracking Number: FCSLAAPPANN
 TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
 Product Name: FCSLAAPPANN
 Project Name/Number: FCSLAAPPANN/

Filing at a Glance

Company: First Catholic Slovak Ladies Association of the United States of America

Product Name: FCSLAAPPANN SERFF Tr Num: BBLB-126816281 State: Arkansas
 TOI: A10 Annuities - Other SERFF Status: Closed-Approved- State Tr Num: 46802
 Closed

Sub-TOI: A10.000 Annuities - Other Co Tr Num: FCSLAAPPANN State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird
 Authors: Virginia Kiddle, Beth Pestka Disposition Date: 09/20/2010
 Date Submitted: 09/15/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: FCSLAAPPANN Status of Filing in Domicile:
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: 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: 09/20/2010 Explanation for Other Group Market Type:
 State Status Changed: 09/20/2010
 Deemer Date: Created By: Virginia Kiddle
 Submitted By: Virginia Kiddle Corresponding Filing Tracking Number:
 Filing Description:

We enclose the referenced forms for approval. The application will replace the current annuity application, Form AA2010 with AR2010, approved 7-06-10.

The Society is currently in 46 states and the District of Columbia. The Society would like to have one annuity application for most of these states. In order to do this, the Society has been editing and revising the array of Fraud Warnings for the various states. Although the Society recently filed annuity application Form AA2010, it has further revised the Fraud Warnings and now has them in a listing that the Society believes is complete in annuity application Form AA2010-08.

SERFF Tracking Number: BBLB-126816281 State: Arkansas
 Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 46802
 Company Tracking Number: FCCLAAPPANN
 TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
 Product Name: FCCLAAPPANN
 Project Name/Number: FCCLAAPPANN/

The array of Fraud Warnings in AA2010-08 is the only revision made to the previously filed Form AA2010.

Form AR2010-08 is the same as AR2010, except for the form number.

We appreciate your time in reviewing annuity application Form AA2010-08 and AR2010-08.

The new annuity application and receipt will be used with the following deferred and immediate annuity contracts:

- Form FPA(10)-0110, approved 7-6-10;
- Form FPA-0105, approved 10-7-08;
- Form SPIA-2005, approved 10-7-08.

In addition to the forms, we enclose the following:

1. NAIC Transmittal Document.
2. Authorization to file.
3. Readability Certification.
4. Certification of Compliance with Arkansas Code 23-79-138 and Bulletin 6-87 and Bulletin 11-88.
5. Certification Regarding Rule 19 Section 10B.
6. Retaliatory Fee, \$100 (2 forms, \$50 each).

Company and Contact

Filing Contact Information

Jerry Alexander, FLMI jerry@bandbco.com
 916 Sherwood Drive 888-278-2310 [Phone]
 Lake Bluff, IL 60044 847-295-6206 [FAX]

Filing Company Information

(This filing was made by a third party - bab01)

First Catholic Slovak Ladies Association of the United States of America	CoCode: 56332	State of Domicile: Ohio
24950 Chagrin Blvd	Group Code: -99	Company Type: Fraternal Benefit Society
Beachwood, OH 44122	Group Name:	State ID Number:
(800) 464-4642 ext. [Phone]	FEIN Number: 34-0220540	

SERFF Tracking Number: BBLB-126816281 State: Arkansas
Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 46802
Company Tracking Number: FCSLAAPPANN
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: FCSLAAPPANN
Project Name/Number: FCSLAAPPANN/

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: \$50 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
First Catholic Slovak Ladies Association of the United States of America	\$100.00	09/15/2010	39532480

SERFF Tracking Number: BBLB-126816281 State: Arkansas
Filing Company: First Catholic Slovak Ladies Association of the State Tracking Number: 46802
United States of America
Company Tracking Number: FCSLAAPPANN
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: FCSLAAPPANN
Project Name/Number: FCSLAAPPANN/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	09/20/2010	09/20/2010

SERFF Tracking Number: BBLB-126816281 State: Arkansas
Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 46802
Company Tracking Number: FCCLAAPPANN
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: FCCLAAPPANN
Project Name/Number: FCCLAAPPANN/

Disposition

Disposition Date: 09/20/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: BBLB-126816281 State: Arkansas
 Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 46802
 Company Tracking Number: FCSLAAPPANN
 TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
 Product Name: FCSLAAPPANN
 Project Name/Number: FCSLAAPPANN/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	No	No
Supporting Document	Life & Annuity - Acturial Memo	No	No
Supporting Document	NAIC Transmittal	Yes	Yes
Supporting Document	Authorization	Yes	Yes
Supporting Document	Cert. of Compliance	Yes	Yes
Supporting Document	Cert. Regarding Rule 19	Yes	Yes
Form	Annuity Application	Yes	Yes

SERFF Tracking Number: BBLB-126816281 State: Arkansas
 Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 46802
 Company Tracking Number: FCCLAAPPANN
 TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
 Product Name: FCCLAAPPANN
 Project Name/Number: FCCLAAPPANN/

Form Schedule

Lead Form Number: AA2010-08

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AA2010-08	Application/ Enrollment Form	Application/ Annuity Application Enrollment Form	Initial		50.320	FCCLA AA2010-08.pdf

A Fraternal Benefit Society

24950 Chagrin Boulevard, Beachwood, OH 44122 1-800-464-4642

Branch #: _____ Location: _____ Certificate #: _____

1. Proposed Annuitant

Name: _____
First Middle Last Suffix
 Telephone #: (____) _____
 Address: _____
 Date of Birth: ____/____/____ Sex: ____

 Place of Birth: _____
 Maiden Name if Female: _____
 Social Security Number: _____-____-_____

Is the Proposed Insured a member of First Catholic Slovak Ladies Association? ___ Yes ___ No. (If not, apply for membership.)

2. Type of Annuity

a) **Flexible Premium Deferred:** _____ **(Form #)** Initial Premium Amount: \$ _____
 Benefits to Commence at Age _____
 Premium Notice: ___ Annual ___ Semi-Annual ___ Quarterly ___ Monthly ___ None

b) **Single Premium Immediate** Single Premium Amount: \$ _____
 Settlement Option Elected: _____

Will this Annuity be a tax qualified plan? ___ Yes ___ No Is it a Rollover or Transfer? ___ Yes ___ No
 If Qualified, show basis: ___ Traditional ___ ROTH ___ SEP ___ SIMPLE ___ OTHER ___ Tax Year _____

Other Remarks/Instructions:

3. Beneficiary Designation (if more space is needed us an additional sheet. Date, sign and attach to this application.)

Name	Relationship to Proposed Insured	Date of Birth	Social Security #	Share (%)
Primary: _____				

Contingent: _____				

4.. Existing Life Insurance and Annuity Information

a. Other Life Insurance or annuities in force? ___ Yes ___ No.
 If Yes, total amount of life insurance: \$ _____ Total amount of annuities: \$ _____

b. Will this application change or replace any existing life insurance or annuity? ___ Yes ___ No.

c. Will any existing values from another policy or annuity (through loans, surrenders, or otherwise), be used to pay premiums for the policy applied for? ___ Yes ___ No.

If Yes to a, b, or c, list the insurer and the policy number. _____

FRAUD WARNINGS

For your protection, various state laws require the following statements to appear on this form.

For Residents of Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

For Residents of Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For Residents of Arkansas, Louisiana, New Mexico and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For Residents of District of Columbia: *WARNING.* It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For Residents of Delaware, Idaho, Indiana and Oklahoma: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a false statement of claim containing any false, incomplete or misleading information commits a felony.

For Residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

For Residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For Residents of Maine, Massachusetts, Tennessee, Virginia, and Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.

For Residents of Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

For Residents of Ohio: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For Residents of Oregon: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

For Residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

The undersigned: (1) REPRESENT that the information shown in this application is, to the best of their knowledge and belief, complete and true; (2) AGREE that this application shall be the basis for and a part of any contract issued; and (3) UNDERSTAND that: (A) the contract will be effective on the date the Association approves issue of the contract or the date of its receipt of the first premium for the contract; and (B) only an officer of the Association may, in writing: (a) make or modify contracts; or (b) waive any of the Association's rights or requirements.

Owner: The proposed Annuitant shall be the Owner of any contract issued, except when the Applicant is an entity other than a person, the applicant shall be the owner.

Signed At: _____
City, State

Date

Proposed Annuitant's Signature.

(Parent or Guardian if Proposed Annuitant is under age 16.)

(In **North Carolina**, Parent or Guardian of Proposed Applicant under age 15.)

Requirements Regarding Evidence of Date of Birth

Satisfactory evidence of the date of birth is required in all cases before annuity payments may be made. It is preferable to have such evidence on installment premiums retirement annuities before issue. A certified copy of any record furnished is required. The best and most acceptable evidence is:

Copy or Birth certificate filed at or near time of birth

Copy of Baptismal Certificate (certified by the appropriate authority).

Record from the bureau of Vital Statistics or equivalent office

Record of birth from family Bible or genealogical history presented on Proof of Age Affidavit.

Efforts to obtain one of the above should be made in all cases but if none can be obtained, the Association will consider the following sources. However, if one of these is used, a letter of explanation should accompany such evidence stating why it is being presented

School Records

Army or Navy discharge paper

Confirmation record

Passport, at least five years old

Certificate of marriage

Life insurance record under a contract issued at least five years ago.

Naturalization record

If none of the above is available, a detailed statement as to the effort made to secure such evidence should be submitted with the application and further instructions as to the evidence for consideration will be given.

AA2010-08

DO NOT WRITE IN THIS SECTION - FOR HOME OFFICE USE ONLY.

Certificate Mailed to: _____ Annuitant/Owner _____ Agent _____ Other: _____

Dated Mailed: _____ By: _____

The First Catholic Slovak Ladies Association of the USA

A Fraternal Benefit Society

RECEIPT

Received from _____ the sum of \$ _____ in connection with an annuity application, bearing the same date as this receipt, for _____, Proposed Annuitant. This receipt is not valid unless: (1) the check, draft, or money order tendered as payment is good and collectible; and (2) it is signed by the person receiving the payment.

Date: _____ Field Worker/ Recommender/ Agent/ ID #: _____

Please notify the Association within 30 days after the date of this Receipt, if you have not received: (1) the contract applied for; or (2) refund of the payment. Please be certain to include: (1) the amount paid; (2) the date of the payment; and (3) the name of the person to whom payment was made. Make all remittances payable to: First Catholic Slovak Ladies Association, 24950 Chagrin Boulevard, Beachwood, OH 44122.

AR2010-08

Agent/Fieldworker/Recommender's Report

To the best of my knowledge and belief:
A. I have asked the Proposed Insured each question on the application. The answers have been recorded by me exactly as stated.
B. I have accurately answered any questions contained in the Agent's Report completed by me in connection with this application.
C. I have verified the Proposed Insured's identity by viewing the individual's photograph on a driver's license, passport, or other official document.
D. I have reviewed the entire application for corrections or omissions.
E. I have personally solicited and secured this application.

Comments:

Agent/Fieldworker/Recommender's Interrogatory

1. To the Best of your knowledge and belief, does the Proposed Insured have existing life insurance or annuity policies in force? ____ Yes ____ No
(If yes, please provide insurer and amount.)_____

2. To the best of your knowledge and belief, will the insurance now applied for replace or change any existing insurance or annuity? ____ Yes ____ No
Agent: If the answer to Question #1 and/or Question #2 is Yes, you must present and read to the Applicant the Important Notice Regarding Replacement of Life Insurance or Annuities and return the Notice, signed by both you and the Applicant, with the completed application.

3. Advertising Materials:
I certify that I used FCSLA approved sales materials with this Applicant in the solicitation of this application.

I certify that this application is in accordance with FCSLA's Position Regarding the Replacement of Life Insurance and Annuity Policies.

By signing as Fieldworker/Recommender/Agent, I affirm that I am in compliance with the insurance sales laws of the state in which the contract was sold.

Printed Name of Fieldworker/Recommender/Agent. Agent ID#.

Date.

Signature of Fieldworker/Recommender/Agent. Agent ID#.

Telephone Number.

Address.

E-mail Address.

Address.

Fax Number.

SERFF Tracking Number: BBLB-126816281 State: Arkansas
Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 46802
Company Tracking Number: FCCLAAPPANN
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: FCCLAAPPANN
Project Name/Number: FCCLAAPPANN/

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: FCSLA AA2010-08 Readability.pdf		

	Item Status:	Status Date:
Satisfied - Item: NAIC Transmittal Comments: Attachment: FCSLA AA2010 Arkansas NAIC transmittal.pdf		

	Item Status:	Status Date:
Satisfied - Item: Authorization Comments: Attachment: FCSLA 2010 Authorization.PDF		

	Item Status:	Status Date:
Satisfied - Item: Cert. of Compliance Comments: Attachment: FCSLA AA AR Cert. of Compliance.pdf		

	Item Status:	Status Date:
Satisfied - Item: Cert. Regarding Rule 19		

READABILITY CERTIFICATION

This is to certify that the form listed below complies with the readability requirements of the New York Insurance Law.

A. Form

Form No.

Annuity Application with Receipt

AA2010-08 with AR2010-08

[] Forms listed, policy and its related forms, have been scored as one unit, score shown in D, below, is a combined score.

[x] Score shown in D, below, is for the form listed.

B. [x] Test applied to entire form.

[] Test was applied on a sample basis. Copy of form enclosed indicating text samples scored.

C. Standard for certification. A checked block indicates the standard has been achieved.

All Forms

[x] the form achieves the required minimum Flesch reading ease score in accordance with the option chosen in A above.

[x] the form, except for specification pages, schedules and tables, is printed in not less than 10 point type, one point leaded.

[x] the layout and spacing of the form separates the paragraphs from each other and from the border of the paper.

[x] the section titles are captioned in bold face or otherwise stand out significantly from the text.

[x] unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the form.

Policy Forms Only

[] the style arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

[] a table of contents or an index of the principal sections is included in the policy.

D. Flesch Scale Readability Score 50.32

Number of:
Sentences: 82

Ratio of:
Words to Sentences: 11.402

Words: 935

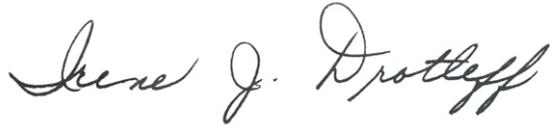
Syllables to Words: 1.713

Syllables: 1,602

Bruce and Bruce Company

Consulting Actuaries by: Jerry L. Alexander Date 9/3/10

By: 
Jerry L. Alexander, FLMI, Authorized Consultant

By: 
Irene J. Drotleff, Secretary, First Catholic Slovak Ladies Association of the United States of America

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
-----------	----------------------------------	----------

2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	First Catholic Slovak Ladies Assoc. 24950 Chagrin Boulevard Beachwood OH 44122	OH			56332	34-0220540	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Jerry L. Alexander Bruce and Bruce Company 916 Sherwood Drive Lake Bluff IL 60044	888-278-2310	847-295-6206	jalexander@babco.us.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
-----------	------------------------------	--

6.	Company Tracking Number	FCSLAAnnApp
-----------	--------------------------------	-------------

7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
-----------	--	-----------------------

8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
-----------	---------------	--

9.	Type of Insurance (TOI)	A10 Annuities – Other
-----------	--------------------------------	-----------------------

10.	Sub-Type of Insurance (Sub-TOI)	A10.000 Annuities - Other
------------	--	---------------------------

11.	Submitted Documents	<p>X FORMS</p> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input checked="" type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input checked="" type="checkbox"/> Other, Receipt
		<p>Rates</p> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate
		<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____
		<p>SUPPORTING DOCUMENTATION</p> <input type="checkbox"/> Articles of Incorporation <input checked="" type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____

12.	Filing Submission Date	9/14/10			
13.	Filing Fee (If required)	Amount	\$100	Check Date	EFT
		Retaliatory	X Yes <input type="checkbox"/> No	Check Number	EFT
14.	Date of Domiciliary Approval				
15.	Filing Description:				
<p>RE: FIRST CATHOLIC SLOVAK LADIES ASSOCIATION OF THE USA, NAIC 56332 FEIN 34-0220540 Form: AA2010-08, Annuity Application Form: AR2010-08, Receipt</p> <p>We enclose the referenced forms for approval. The application will replace the current annuity application, Form AA2010 with AR2010, approved 7-06-10.</p> <p>The Society is currently in 46 states and the District of Columbia. The Society would like to have one annuity application for most of these states. In order to do this, the Society has been editing and revising the array of Fraud Warnings for the various states. Although the Society recently filed annuity application Form AA2010, it has further revised the Fraud Warnings and now has them in a listing that the Society believes is complete in annuity application Form AA2010-08.</p> <p>The array of Fraud Warnings in AA2010-08 is the only revision made to the previously filed Form AA2010.</p> <p>Form AR2010-08 is the same as AR2010, except for the form number.</p> <p>We appreciate your time in reviewing annuity application Form AA2010-08 and AR2010-08.</p> <p>The new annuity application and receipt will be used with the following deferred and immediate annuity contracts: Form FPA(10)-0110, approved 7-6-10; Form FPA-0105, approved 10-7-08; Form SPIA-2005, approved 10-7-08.</p> <p>In addition to the forms, we enclose the following:</p> <ol style="list-style-type: none"> 1. NAIC Transmittal Document. 2. Authorization to file. 3. Readability Certification. 4. Certification of Compliance with Arkansas Code 23-79-138 and Bulletin 6-87 and Bulletin 11-88. 5. Certification Regarding Rule 19 Section 10B. 6. Retaliatory Fee, \$100 (2 forms, \$50 each). 					

16.	Certification (If required)			
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Arkansas</p>				
Print Name <u> Jerry L. Alexander </u>		Title <u> Authorized Consultant </u>		
 Signature		Date: <u> 9-14-10 </u>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		FCSLAAnnApp
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Annuity Application	AA2010-08	X Initial	AA2010 Approved 7/6/10
	Application		<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Receipt	AR2010-08	X Initial	AR2010 Approved 7-6-10
	Receipt		<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

LH RFA-1

FIRST CATHOLIC SLOVAK LADIES ASSOCIATION
Of the United States of America
A Fraternal Benefit Society
Cleveland Ohio 44122

Bruce and Bruce Company, Consulting Actuaries, 916 Sherwood Drive, Lake Bluff, Illinois 60044-2284, is hereby authorized to file insurance and insurance related forms on behalf, of the First Catholic Slovak Ladies Association of the United States of America. Bruce and Bruce Company is also authorized to represent the First Catholic Slovak Ladies Association of the United States of America, by telephone, FAX or letter or email, in matters relating to such filings.

Date: January 4, 2010

A handwritten signature in cursive script that reads "Mary Ann Johaneck". The signature is written in black ink and is positioned to the right of the date.

Mary Ann Johaneck, President

**FIRST CATHOLIC SLOVAK LADIES ASSOCIATION
Of the United States of America**

Compliance with Arkansas Code 23-79-138 and Bulletin 6-87 and Bulletin 11-88

On behalf of the First Catholic Slovak Ladies Association of the United States of America. I certify that the Society will comply with Arkansas Code 23-79-138 and Bulletin 6-87 and Bulletin 11-88 when issuing policies in Arkansas.

September 14, 2010

Date



Jerry L. Alexander, Authorized Consultant

**FIRST CATHOLIC SLOVAK LADIES ASSOCIATION
Of the United States of America**

Compliance Regarding Rule 19 Section 10B

On behalf of the First Catholic Slovak Ladies Association of the United States of America. I certify that the forms submission meets the requirements of Rule 19 Section 10B, as well as all applicable requirements of the Department.

September 14, 2010

Date



Jerry L. Alexander, Authorized Consultant