

SERFF Tracking Number: SENR-126814876 State: Arkansas
Filing Company: Senior Life Insurance Company State Tracking Number: 46850
Company Tracking Number: 126814876
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life Conditional Receipt
Project Name/Number: WLCR10_4

Filing at a Glance

Company: Senior Life Insurance Company

Product Name: Whole Life Conditional Receipt SERFF Tr Num: SENR-126814876 State: Arkansas

TOI: L071 Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num: 46850
Closed

Sub-TOI: L071.101 Fixed/Indeterminate Co Tr Num: 126814876 State Status: Approved-Closed
Premium - Single Life

Filing Type: Form Reviewer(s): Linda Bird

Authors: Bonnie Hortman, Margaret Disposition Date: 09/27/2010

C. Sanders, Alisha Wiggins, John

Moss

Date Submitted: 09/21/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: WLCR10_4

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/27/2010

Deemer Date:

Submitted By: Bonnie Hortman

Filing Description:

Filing Whole Life Conditional Receipt WLCR10_4.

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 09/27/2010

Created By: Alisha Wiggins

Corresponding Filing Tracking Number:

Please see the Cover Letter attached under Supporting Documentation.

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Company and Contact

Filing Contact Information

Bonnie Hortman, Compliance Manager bhortman@srlife.net
 1327 West Jackson Street, Suite D 229-228-6936 [Phone] 154 [Ext]
 Thomasville, GA 31792 229-228-7074 [FAX]

Filing Company Information

Senior Life Insurance Company CoCode: 78662 State of Domicile: Georgia
 P O Box 2447 Group Code: Company Type:
 Thomasville, GA 31799 Group Name: State ID Number:
 (877) 777-8808 ext. [Phone] FEIN Number: 58-1097892

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: Georgia is Domicile State and their fees are \$25.00 per form. Arkansas fees are \$50.00 per form.
 1 Form @ \$50.00 each = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Senior Life Insurance Company	\$50.00	09/21/2010	39691701

<i>SERFF Tracking Number:</i>	<i>SEN-126814876</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Senior Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46850</i>
<i>Company Tracking Number:</i>	<i>126814876</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Whole Life Conditional Receipt</i>		
<i>Project Name/Number:</i>	<i>WLCR10_4/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/27/2010	09/27/2010

SERFF Tracking Number: *SEN-126814876* *State:* *Arkansas*
Filing Company: *Senior Life Insurance Company* *State Tracking Number:* *46850*
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Product Name: *Whole Life Conditional Receipt*
Project Name/Number: *WLCR10_4/*

Disposition

Disposition Date: 09/27/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *SEN-126814876* *State:* *Arkansas*
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Product Name: *Whole Life Conditional Receipt*
Project Name/Number: *WLCR10_4/*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Cover Letter		Yes
Form	Whole Life Conditional Receipt		Yes

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Form Schedule

Lead Form Number: WLCR10

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	WLCR10_4	Other	Whole Life Conditional Receipt	Initial		51.400	WLCR10_4.pdf

SENIOR LIFE INSURANCE COMPANY

Life Insurance That Gives You Peace Of Mind

Whole Life Policy

	Ages
<input type="checkbox"/> Super Preferred Whole Life	40-80
<input type="checkbox"/> Preferred Whole Life	0-80
<input type="checkbox"/> 10 Pay with 5% Growth	40-85
<input type="checkbox"/> Standard Whole Life	0-85
<input type="checkbox"/> 20 Pay Whole Life	0-60
<input type="checkbox"/> Joint First-To-Die	40-85
<input type="checkbox"/> Graded Whole Life	40-85

Your Policy Benefits

- ✓ Permanent Whole Life Protection
- ✓ Policies from \$1,000 - \$20,000
- ✓ Premiums DO NOT Increase
- ✓ Benefits DO NOT Decrease
- ✓ Builds Cash Value And Has Loan Value
- ✓ Policy Cannot Be Cancelled By The Company Except For Nonpayment of Premiums
- ✓ NO Medical Exam Required
(Insurance Based on Responses to Health Questions; Issuance of the Policy is Not Guaranteed)
- ✓ Accidental Death Benefit Rider Available
(Not Available on 10 Pay with 5% Growth Product)



Natural Death Benefit	
Accidental Death Benefit	
Age	\$ Premium

Natural Death Benefit	
Accidental Death Benefit	
Age	\$ Premium

Natural Death Benefit	
Accidental Death Benefit	
Age	\$ Premium



PREMIUM RECEIPT

**All Premium Checks must be made payable to Senior Life Insurance Company.
Do not make check payable to the agent or leave Payee blank.**

In connection with the application, which bears the same date as this receipt, made to Senior Life Insurance Company (and referred to in this paragraph as the "Company") for a policy on the life of _____, a payment of \$ _____ has been received for the _____ plan. Insurance under the terms of the policy applied for in the above referenced application shall not become effective unless actually issued by the Company and the first premium paid and honored upon first presentation, all during the Proposed Insured's lifetime and before any change in the Proposed Insured's health as stated in the application. Otherwise, there shall be no liability on the part of the Company except to refund this payment upon surrender of this receipt.

Date ____/____/____ Agent's Signature _____

SENIOR LIFE INSURANCE COMPANY
PO Box 2447 • Thomasville, GA 31799 • 877.777.8808
www.SeniorLifeInsuranceCompany.com

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Please see the attached Flesch Readability Certification.

Attachment:

Arkansas Flesch Readability Score.pdf

Item Status: **Status**
Date:

Satisfied - Item: Cover Letter

Comments:

Please see the attached Cover Letter dated September 20, 2010.

Attachment:

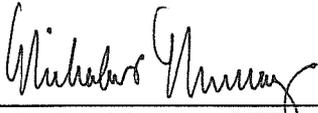
Cover Letter.09.20.2010.pdf

FLESCH READING EASE SCORE
(The Flesch Reading Ease Score meets standard requirements.)

I certify that the Form in this filing has been tested and meets the minimum required reading ease score.

Form Number: WLCR10_4

Flesch Reading Ease Score: 51.4%



Nicholas Murray, CFE
Senior Vice President

09.20.10

Date

**SENIOR
LIFE**
INSURANCE COMPANY

September 20, 2010

VIA SERFF

Ms. Linda Bird
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201

RE: Company Name: **Senior Life Insurance Company**
SERFF Tracking Number: **SENR-126814876**
NAIC Number: **78662**
Type of Insurance: **Individual Whole Life Products**

Miscellaneous Form:
WLCR10_4 Whole Life Conditional Receipt

Dear Ms. Bird:

Please allow the submission of this filing to serve as a request to review and approve the above-referenced form for use by Senior Life Insurance Company (the Company) in the State of Arkansas. Included in this filing are the above listed form and other required documents as necessary. All life insurance products sold by the Company are Individual Whole Life.

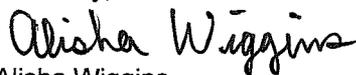
The Whole Life Conditional Receipt (WLCR10_4) is used by field agents to leave a receipt in the home of an insured/policyowner when a premium payment is received at the time of application.

The intended target market is ages 0 – 85 and the minimum initial premium is \$15.00 per household. Our products are marketed to people of all ages via means of television, newspaper inserts, mail wraps, mail drops, through licensed producers and lead initiated telemarketing. There have been no unusual or controversial issues with our Products to the Company's knowledge.

The attached forms are in final printed format, subject to only minor changes in ink, color, paper stock, company logo, margins and positioning. We reserve the right to make any typographical corrections, or make minor revisions to the appearance of the forms due to printing constraints. Otherwise, changes will be submitted for approval prior to use. The submission of this filing certifies that all Senior Life Insurance Company's policies are non-illustrated.

We enjoy the opportunity to be able to operate in your state. If you should have any questions, please feel free to contact me at 1.877.777.8808 x162. My email address is awiggins@srllife.net.

Sincerely,



Alisha Wiggins
Market Compliance Analyst

Attachments (filed on SERFF)