

SERFF Tracking Number:	AULD-127664630	State:	Arkansas
Filing Company:	State Life Insurance Company	State Tracking Number:	49910
Company Tracking Number:	I-23442		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.101 Fixed/Indeterminate Premium - Single Life
Product Name:	Asset Care Worksheet		
Project Name/Number:	Asset Care Worksheet/I-23442		

Filing at a Glance

Company: State Life Insurance Company

Product Name: Asset Care Worksheet

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate
Premium - Single Life

Filing Type: Form

SERFF Tr Num: AULD-127664630 State: Arkansas

SERFF Status: Closed-Filed-
Closed State Tr Num: 49910

Co Tr Num: I-23442

State Status: Filed-Closed

Author: Ann Smith

Date Submitted: 09/28/2011

Reviewer(s): Linda Bird

Disposition Date: 10/05/2011

Disposition Status: Filed-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Asset Care Worksheet

Project Number: I-23442

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 10/05/2011

State Status Changed: 10/05/2011

Created By: Ann Smith

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Ann Smith

Filing Description:

RE: The State Life Insurance Company

FEIN: 35-0684263 NAIC: 69116

Advertising Form:

I-23442 Asset-Care Worksheet - Invitation to Inquire

The above referenced advertisement is being submitted for your review and approval. This form is new and does not replace any form currently in use by our company.

Our brokers will use this advertisement with prospective clients for State Life's Asset Care form number L301, (whole life

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with long term care provisions) approved by your department on March 8, 2006; R518, Caregiver/Equipment Rider approved by your department on January 7, 2008 (SERFF AULD-125411699); and Inflation Protection Rider, form number R519 approved by your Department on July 16, 2008 (SERFF AULD-125734674).

This advertising piece is pending approval from our domiciliary state of Indiana.

State Life has reviewed the form and believes, to the best of its knowledge, the form is both consistent with the laws and regulations of your state and in compliance with those laws and regulations. The form contains no unusual or possibly controversial items deviating from normal company or industry standards.

Company and Contact

Filing Contact Information

Ann Smith, Sr. Contract Analyst Ann.Smith@oneamerica.com
 One American Square 317-285-4223 [Phone]
 Indianapolis, IN 46206

Filing Company Information

State Life Insurance Company CoCode: 69116 State of Domicile: Indiana
 One American Square Group Code: 619 Company Type:
 P.O. Box 406 Group Name: State ID Number:
 Indianapolis, IN 46206 FEIN Number: 35-0684263
 (877) 285-7660 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Life Insurance Company	\$50.00	09/28/2011	52231947

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Linda Bird	10/05/2011	10/05/2011

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Disposition

Disposition Date: 10/05/2011

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	Life & Annuity - Acturial Memo		No
Form	Asset Care Worksheet		Yes

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Form Schedule

Lead Form Number: I-23442

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	I-23442	Advertising	Asset Care Worksheet	Initial		0.000	I-23442_Asset-Care_benefits_worksheet_L OREZ_09131 1.pdf

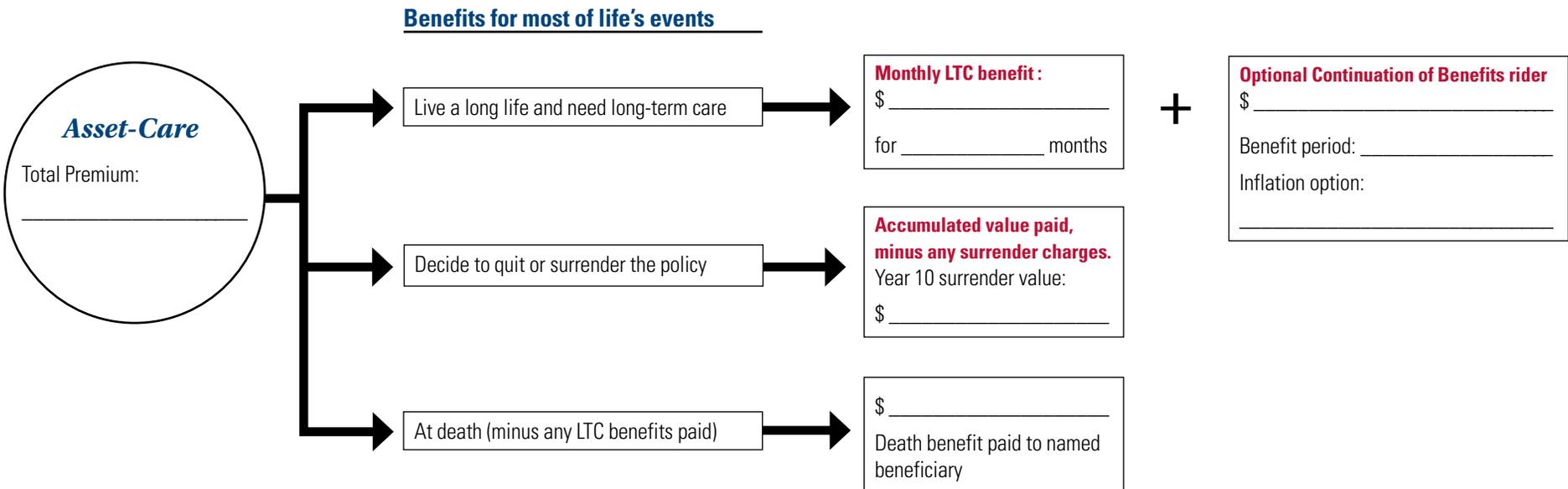
The Value of Asset-Care[®]

Name(s): _____

Age or Joint Equal Age: _____

Proposed Asset-Care premium: \$ _____

Optional Continuation of Benefits premium: \$ _____



Notes: Products not available in all states or may vary by state. Asset Care Policy Forms: L301, SA31, R501, R518 and R519 (or state variation). Key aspects of the joint life Asset-Care have been awarded a patent by the U.S. Patent and Trademark Office. All guarantees are subject to the claims paying ability of State Life.

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 P.O. Box 406 | Indianapolis, IN 46206 | 1-800-275-5101 | www.oneamerica.com

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: We believe this requirement is not applicable to this advertising only filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: We believe this requirement is not applicable to this advertising only filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: We believe this requirement is not applicable to this advertising only filing.		
Comments:		