

SERFF Tracking Number: BALT-127727936 State: Arkansas
Filing Company: The Baltimore Life Insurance Company State Tracking Number: 50224
Company Tracking Number: 1483-1011
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: APPLICATION AMENDMENTS
Project Name/Number: APPLICATION AMENDMENTS/1483-1011

Filing at a Glance

Company: The Baltimore Life Insurance Company

Product Name: APPLICATION AMENDMENTS SERFF Tr Num: BALT-127727936 State: Arkansas

TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num: 50224
Closed

Sub-TOI: L08.000 Life - Other Co Tr Num: 1483-1011 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Author: Lesia Braddy Disposition Date: 11/15/2011

Date Submitted: 11/09/2011 Disposition Status: Approved-
Closed

Implementation Date Requested: 02/01/2012

Implementation Date:

State Filing Description:

General Information

Project Name: APPLICATION AMENDMENTS

Project Number: 1483-1011

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 10/19/2011

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 11/15/2011

State Status Changed: 11/15/2011

Created By: Lesia Braddy

Corresponding Filing Tracking Number: 1483-
1011

Deemer Date:

Submitted By: Lesia Braddy

Filing Description:

Attached for your review and formal approval are the final copies of the following forms:

Form 1483-1011, Attachment to Application will be used as an attachment to the application when additional space is needed to provide further information. This form will supersede Form 1483-190, which was approved by your department on 3/20/03. The form was revised to remove references to Life of Maryland, Inc.

Form 2831-1011, Amendment to Application will be used to describe modifications when the policy is issued other than as applied for. This form will supersede form 2831-0701 which was approved by your department on 2/5/02. The form was revised to remove references to Life of Maryland, Inc, and various marketing divisions.

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We certify that this submission meets the provisions of Regulations 19, as well as all of the applicable requirements of the department.

These revised forms will be attached to, and continue to be used where appropriate in conjunction with our fully underwritten application, Form 7637(AR), which was approved by your Department on 4/1/03.

Company and Contact

Filing Contact Information

Lesia Braddy, Director Policy Forms Compliance
 10075 Red Run Boulevard Owings Mills, MD 21117-4871
 lesia.williams@baltlife.com
 800-628-5433 [Phone] 7586 [Ext]
 410-581-6605 [FAX]

Filing Company Information

The Baltimore Life Insurance Company
 10075 Red Run Boulevard Owings Mills, MD 21117
 (443) 681-7586 ext. [Phone]
 CoCode: 61212 State of Domicile: Maryland
 Group Code: 4723 Company Type:
 Group Name: State ID Number:
 FEIN Number: 52-0236900

Filing Fees

Fee Required? Yes
 Fee Amount: \$500.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Baltimore Life Insurance Company	\$500.00	11/09/2011	53607727

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/15/2011	11/15/2011

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Disposition

Disposition Date: 11/15/2011

Implementation Date:

Status: Approved-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		Yes
Supporting Document	Application		No
Form	Attachement to Application		Yes
Form	AMENDMENT TO APPLICATION		Yes

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Form Schedule

Lead Form Number: 1483-1011

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	1483-1011	Application/ Attachement to Enrollment Application Form	Initial		0.000	1483-1011.pdf
	2831-1011	Application/ AMENDMENT TO Enrollment APPLICATION Form	Initial		54.000	2831-1011.pdf



The Baltimore Life Companies
 10075 Red Run Boulevard • Owings Mills, Maryland 21117-4871
 800.628.5433 • www.baltlife.com

ATTACHMENT TO APPLICATION
Continuation of Medical History and/or Comments

Attachment to Application for Insurance date _____ on Form Number _____

Attachment to Application for Policy Change _____ Policy Number _____

Further Details in accordance with application bearing Form/Policy Number state below

Question #	Proposed Insured	Details (Date, Test, Treatment, Results, Physician and/or Hospital Name and Address)

 Signature of Applicant/Proposed Insured Date
 (Applicant must be age 15 last birthday or older)

 Signature of Owner Date

 Signature of Payor (if other than applicant) Date

 Signature of Additional Insured Date
 (Age 18 and over must sign)

 Signature of Parent Date
 (if Proposed Insured is under age of majority last birthday and
 neither the proposed Insured or the parent, nor the legal
 guardian of the Proposed Insured has signed above)

 Agent or Broker Date
 (Signature of person who witnessed signature(s) above)

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

ar-read 1483-1011 et al.pdf

Item Status:

Status

Date:

Bypassed - Item: Application

Bypass Reason: N/A

Comments:

THE BALTIMORE LIFE INSURANCE COMPANY
10075 Red Run Boulevard • P.O. Box 1060 • Owings Mills, Maryland 21117-6050
(410) 581-6600

CERTIFICATION OF READABILITY

This is to certify that Form listed below meet the minimum reading ease score for the state of Arkansas on the Flesch reading ease test.

Form #
Form 1483-1011
Form 2831-1011



Sr. Vice President

11/8/11

Date