

SERFF Tracking Number: AMFT-127201509 State: Arkansas
Filing Company: Monitor Life Insurance Company of New York State Tracking Number: 50141
Company Tracking Number: ML-E100-2011-05
TOI: L02I Individual Life - Endowment Sub-TOI: L02I.001 Single Life - Fixed/Indeterminate Premium
Product Name: Endowment Life Insurance Policy
Project Name/Number: Endowment Life Insurance Policy/ML-E100-2011-05

Filing at a Glance

Company: Monitor Life Insurance Company of New York

Product Name: Endowment Life Insurance Policy SERFF Tr Num: AMFT-127201509 State: Arkansas

TOI: L02I Individual Life - Endowment SERFF Status: Closed-Approved-Closed State Tr Num: 50141

Sub-TOI: L02I.001 Single Life - Fixed/Indeterminate Premium Co Tr Num: ML-E100-2011-05 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Rebecca Ewing, Brian Stentz

Disposition Date: 12/01/2011

Date Submitted: 10/31/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Endowment Life Insurance Policy

Project Number: ML-E100-2011-05

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Rebecca Ewing

Filing Description:

This is an Endowment Life Insurance Policy.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 12/01/2011

State Status Changed: 12/01/2011

Created By: Rebecca Ewing

Corresponding Filing Tracking Number:

Please find attached the following forms for your review and approval:

Form Number Form Description

ML-E100-2011-05 Endowment Life Insurance Policy

SERFF Tracking Number: AMFT-127201509 State: Arkansas
 Filing Company: Monitor Life Insurance Company of New York State Tracking Number: 50141
 Company Tracking Number: ML-E100-2011-05
 TOI: L021 Individual Life - Endowment Sub-TOI: L021.001 Single Life - Fixed/Indeterminate Premium

Product Name: Endowment Life Insurance Policy
 Project Name/Number: Endowment Life Insurance Policy/ML-E100-2011-05
 ML-GTL-ConvApp-2011-05 Group Life Conversion Application for Endowment at 100

This is an individual endowment plan to be used for conversion situations for Group Term Life plans approved in your state.

Thank you for your review of this filing. Please feel free to contact me if you have any questions or comments.

Sincerely,
 Rebecca Ewing, FLMI, HIA, ACS, ACP
 Compliance Consultant
 Lewis & Ellis, Inc.

Company and Contact

Filing Contact Information

Ewing Rebecca, Compliance Consultant rewing@lewisellis.com
 P O Box 851857 972-850-3272 [Phone]
 Richardson, TX 75085 972-850-3273 [FAX]

Filing Company Information

Monitor Life Insurance Company of New York CoCode: 81442 State of Domicile: New York
 5722 N I-55 Frontage Road Group Code: Company Type: Insurance Company
 Jackson, MS 39211 Group Name: State ID Number:
 (800) 422-6200 ext. 342[Phone] FEIN Number: 16-0986348

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: \$50.00 per form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monitor Life Insurance Company of New York	\$100.00	10/31/2011	53340225

SERFF Tracking Number: AMFT-127201509 State: Arkansas
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 Product Name: Endowment Life Insurance Policy
 Project Name/Number: Endowment Life Insurance Policy/ML-E100-2011-05

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/01/2011	12/01/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	11/04/2011	11/04/2011	Rebecca Ewing	11/30/2011	11/30/2011

SERFF Tracking Number: AMFT-127201509 *State:* Arkansas
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TOI: L021 Individual Life - Endowment *Sub-TOI:* L021.001 Single Life - Fixed/Indeterminate
Premium
Product Name: Endowment Life Insurance Policy
Project Name/Number: Endowment Life Insurance Policy/ML-E100-2011-05

Disposition

Disposition Date: 12/01/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMFT-127201509 State: Arkansas
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 Product Name: Endowment Life Insurance Policy
 Project Name/Number: Endowment Life Insurance Policy/ML-E100-2011-05

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Authorization letter		Yes
Supporting Document	Notice		Yes
Supporting Document	CERTIFICATION		Yes
Form	Endowment Life Insurance Policy		Yes
Form	Group Life Conversion Application for Endowment at 100		Yes

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Product Name: Endowment Life Insurance Policy
Project Name/Number: Endowment Life Insurance Policy/ML-E100-2011-05

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 11/04/2011
Submitted Date 11/04/2011
Respond By Date 12/05/2011

Dear Ewing Rebecca,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

SERFF Tracking Number: AMFT-127201509 State: Arkansas
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Product Name: Endowment Life Insurance Policy
Project Name/Number: Endowment Life Insurance Policy/ML-E100-2011-05

Response Letter

Response Letter Status Submitted to State
Response Letter Date 11/30/2011
Submitted Date 11/30/2011

Dear Linda Bird,

Comments:

Response 1

- Comments: 1. Please see attached Notice under Supporting Documents.
2. We assure you that we are in compliance with Regulation 49.
3. Please see attached Certification of Compliance under Supporting Documents.

Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

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Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Notice

Comment:

Satisfied -Name: CERTIFICATION

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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Premium
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Sincerely,
Brian Stentz, Rebecca Ewing

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Form Schedule

Lead Form Number: ML-E100-2011-05

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ML-E100-2011-05	Policy/Contract/Fraternal Certificate	Endowment Life Insurance Policy	Initial		61.800	ML-E100-2011-05.pdf
	ML-GTL-ConvApp-2011-05	Application/Group Life Enrollment Form	Life Conversion Application for Endowment at 100	Initial			ML-GTL-ConvApp-2011-05.pdf

MONITOR LIFE INSURANCE COMPANY OF NEW YORK
Administrative Office: [5722 I-55 North Frontage Rd., Jackson, Mississippi 39211]
Telephone Number: 601-956-2028

READ THIS POLICY CAREFULLY!

It is a legal contract between You and the Company.

Monitor Life Insurance Company of New York agrees to pay the Proceeds of this Policy to the Beneficiary when We receive proper written claim and due proof of the death of the Insured while this Policy is in force or to the Insured on the Maturity Date provided the Insured is then living and this Policy is in force. Our payment will be subject to the terms and provisions of this Policy.

This Policy is issued in consideration of the application for the Policy, a copy of which is attached, and in consideration of premiums as provided herein, for the full premium paying period as stated herein or until the prior death of the Insured.

NOTICE OF 30 DAY RIGHT TO EXAMINE POLICY

If You are not satisfied with this Policy, it may be cancelled on or before the thirtieth (30th) day after its receipt by delivering or mailing it to Our Administrative Office[, to the agent through whom it was purchased or to any of Our agents]. Immediately upon such delivery or mailing, this Policy will be treated as if it never existed. Any premium paid will be refunded within ten (10) days after We have received this Policy.

NOTICE

When You write to Us, please give Us Your name, address and policy number. Please notify Us promptly of any changes. We will write to You at Your last known address.

In Witness Whereof, Monitor Life Insurance Company of New York has caused this Policy to be executed at its Home Office in Jackson, Mississippi to take effect on the Policy Date.

[David R. White], [President]

ENDOWMENT LIFE INSURANCE POLICY

Proceeds payable on the Maturity Date or if the Insured dies while this policy is in force
Premiums payable during the Insured's life
Non-Participating

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POLICY SCHEDULE

INSURED:	[John H. Doe]	POLICY NUMBER:	[123456]
OWNER:	[John H. Doe]	ISSUE AGE/GENDER:	[35] / [Male]
FACE AMOUNT:	[\$10,000]	ISSUE DATE:	[10/31/2010]
ANNUAL PREMIUM:	[\$140]	MATURITY DATE:	[10/31/2075]

TABLE OF GUARANTEED POLICY VALUES

POLICY YEAR	CASH VALUE	REDUCED PAID-UP AMOUNT
1	[0]	[0.00]
2	[0]	[0.00]
3	[4]	[240]
4	[13]	[740]
5	[22]	[1,190]
6	[32]	[1,660]
7	[41]	[2,040]
8	[52]	[2,480]
9	[62]	[2,840]
10	[73]	[3,210]
11	[84]	[3,550]
12	[96]	[3,900]
13	[107]	[4,180]
14	[120]	[4,500]
15	[133]	[4,800]
16	[146]	[5,060]
17	[160]	[5,340]
18	[174]	[5,580]
19	[188]	[5,810]
20	[203]	[6,040]
Age 60	[2,820]	[7,020]
Age 65	[3,680]	[7,780]
Age 70	[4,590]	[8,370]

DEFINITIONS

You, Your	The Owner of this Policy
We, Us, Our	Monitor Life Insurance Company of New York
The Insured	The person whose life is insured under this Policy, as shown in the Policy Schedule.
Face Amount	The amount of insurance shown in the Policy Schedule or on any endorsement to the Policy Schedule.
Age	The Insured's age on his last birthday.
Proceeds	The amount We are obligated to pay under the terms of this Policy.
Indebtedness	Unpaid policy loans and loan interest.
Cash Value	The amount shown in the Table of Policy Values for the age and gender at issue.
Cash Surrender Value	The Cash Value less any Indebtedness.
Loan Value	The amount which, with accrued interest, equals the Cash Value on the next premium due date or the next Policy Anniversary, if earlier, less Indebtedness.
Policy Date	The date this Policy takes effect, as shown in the Policy Schedule.
Policy Month	A period beginning each month on the day of the Policy Date and ending the next month on the day preceding the day of the Policy Date.
Policy Anniversary	The same day and month as Your Policy Date for each succeeding year Your policy stays in force.
Policy Year	A period of twelve months beginning each year on the month and day of the Policy Date.
Written Request	A request in writing, signed by You. All correspondence should be sent to Our Administrative Office as shown on the front of Your policy. We may also require that Your policy be sent in with Your request.
Payee	The designated recipient of the Proceeds under a Settlement Option
Maturity Date	The date shown in the Policy Schedule. It is the date on which the Insured will be paid the Proceeds, if the Insured is then living, provided this Policy is still in force.

DEATH BENEFIT

Proceeds

If the Insured dies while this Policy is in force, We will pay the Proceeds to the Beneficiary. If the Insured is living on the Maturity Date, and this Policy is still in force, We will pay the Proceeds to the Insured.

The Proceeds are the sum of:

- (a) the Face Amount;
- (b) PLUS any insurance on the Insured's life that may be provided by riders to this Policy
- (c) PLUS that portion of any premium which applies to a period beyond the policy month in which the Insured dies;
- (d) LESS any unpaid premium if death occurs during the Grace Period; and
- (e) LESS any outstanding Indebtedness.

We will pay the Proceeds to the Beneficiary after We receive due proof of death and proper written claim. We will pay interest of not less than [3.5%] per year from the date of death to the payment date, or any higher rate as required by law, from the date of death to the payment date.

PREMIUMS AND REINSTATEMENT

Premiums must be paid to Us at Our Administrative Office; however, you may pay the first premium to Us at Our Administrative Office or to Our agent.

Premium Payments

The first premium must be paid no later than when this Policy is issued. There is no insurance unless this premium is paid while all statements and answers in all parts of the application remain correct.

Each premium after the first must be paid on or before its due date. The due dates of premiums after the first are measured from the Policy Date.

Grace Period

We will allow You thirty-one (31) days from the premium due date to pay each premium after the first. This period is called the Grace Period. This Policy will stay in force during the Grace Period. If You do not pay the premium due by the end of the Grace Period, this Policy will terminate on the day after the Grace Period ends.

A written notice will be sent to You at Your last known address as shown on Our records. If this Policy has been assigned, written notice will be sent to the assignee of record. The written notice will be sent at least 30 days prior to the date the grace period ends.

If the Insured dies during the Grace Period, We will pay the death benefit, but We will deduct from it the premium needed to cover the period from the beginning of the Grace Period to the end of the Policy Month in which the Insured died.

Automatic Premium Loan

If You so choose, any premium not paid before the end of its Grace Period will be automatically paid by Automatic Premium Loan (APL), charging the premium as a policy loan against this Policy if the policy loan and the loan interest do not exceed the Loan Value. Interest at the Policy Loan Interest rate will be charged on an APL from the premium due date. If the premium cannot be paid by APL, non-forfeiture options will apply. You may revoke the option to have premiums paid by APL at any time.

Reinstatement

If a Grace Period has ended without payment of the needed premium and this Policy has terminated, You may apply to reinstate it. To reinstate this Policy You must:

- (a) apply in writing within three (3) years after the end of the Grace Period;
- (b) provide due proof at Your expense, at Our underwriter's discretion that the Insured's health, occupation, and other risk factors have not materially changed since the Effective Date; and, if approved for reinstatement,
- (c) pay all overdue premiums plus [6%] interest per year, compounded annually, from their due dates to the date of reinstatement; and
- (d) pay or reinstate any Indebtedness, plus [6%] interest per year compounded annually, thereon.

The date of reinstatement will be the first day of the Policy Month on or next following the date We approve Your application for reinstatement.

If a person other than the Insured is covered by an attached rider, such person's coverage will be reinstated according to that rider.

OWNERSHIP AND BENEFICIARY

Owner

The Owner of this Policy is shown in the Policy Schedule, unless stated otherwise in the application, or later changed. As Owner, You can exercise all rights under this Policy while the Insured is alive. You can change Ownership if You send Us a Written Request to do so. If a new Owner is named, any earlier designations will be void, unless specified otherwise.

Beneficiary

The Beneficiary is the person or persons named by You in the attached application (unless later changed by You) to receive the Proceeds when the Insured dies. If two (2) or more beneficiaries are alive when the Insured dies, We will pay them in equal shares unless You have chosen otherwise.

If We cannot determine whether a Beneficiary or the Insured died first in a common disaster, We will assume that the Beneficiary dies first. Proceeds will be paid on this basis unless otherwise provided.

If no Beneficiary is alive when the Insured dies, You will be the Beneficiary if living, otherwise Your estate.

Change

You may change the Beneficiary at any time unless the Beneficiary has been designated as irrevocable. To change the Owner or Beneficiary, send Us a Written Request while the Insured is alive. The change will take effect on the date the notice is signed (subject to Our receipt of the notice). The change will not apply to any payment made by Us before We recorded Your request.

Assignment

You may assign this Policy. We will not be bound by any assignment unless it is in writing, signed by You, and is recorded at Our Administrative Office. We are not responsible for the validity of any assignment. Any amount to be paid to an assignee will be paid in a single sum. Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of the assignment. The rights of any named Beneficiary are subordinate to those of any assignee, unless the Beneficiary was effectively named as an irrevocable Beneficiary prior to the assignment.

SURRENDER BENEFITS

Surrender

While this Policy is in force, You may surrender it for its Cash Surrender Value by sending Us a Written Request and this Policy. The date of surrender will be the date We receive such request and policy or later if indicated. All coverage under this Policy will end on such date. The Cash Surrender Value will be determined from the date of surrender. However, if this Policy is surrendered within thirty (30) days after the due date of an unpaid premium, the Cash Surrender Value will not be less than the value on that premium due date. If this Policy is surrendered within thirty (30) days after a policy anniversary, the Cash Surrender Value will not be less than the value on that policy anniversary.

Non-Forfeiture Options

If this Policy has a Cash Surrender Value, one of the following options may be chosen by Written Request. Such request must be made within sixty (60) days after the due date of an unpaid premium and before the Insured's death. The options available are:

- (1) **Paid-Up Insurance** – This Policy is continued from the due date of the unpaid premium at a reduced amount of paid-up life insurance. The amount of coverage will be that which the Cash Surrender Value will provide when applied as a net single premium for the Insured's gender (as shown on page 3) and attained age on the date of the unpaid premium.
- (2) **Cash Surrender** – This Policy ends and is surrendered in accordance with the Surrender provision stated above.

Automatic Option

If no option is chosen within sixty (60) days of the due date of the unpaid premium, the automatic option will be: (1) if available; otherwise (2).

Surrender of Paid-Up Insurance

Paid-up insurance may be surrendered for a Cash Surrender Value. The Cash Surrender Value of Paid-Up Insurance will be the net single premium at the attained Age of the Insured on the surrender date. If the insurance is surrendered within thirty (30) days after a Policy Anniversary, the Cash Surrender Value will not be less than that on that anniversary. The date of surrender will be the date We receive the Written Request for surrender at Our Administrative Office. We may request this Policy be sent with Your Written Request.

Deferment

We may delay paying any values for up to six (6) months from the date of surrender. If We delay for ten (10) days or more, interest will be paid on such value at an effective annual rate of [3.5%] per year or any higher rate We declare or as required by law.

Riders

Any additional benefit riders attached to this Policy are disregarded in computing values of these options. Insurance provided under options (1) and (2) will not include such benefits

Basis of Values

The guaranteed Policy Values applicable to this Policy are shown in the Table of Policy Values. Values shown apply only if this Policy is free from a policy loan. Values for policy years not shown will be furnished upon request. Values are shown for the end of a policy year when premiums were paid for the full policy year. If premiums were paid for a part of a policy year, values will be calculated on a consistent basis with allowance for the length of time premiums

were paid.

All guaranteed minimum cash values, present values and net single premiums are calculated on the following basis:

1. Interest at [5.00%] per year.
2. Mortality as provided in the Commissioners 2001 Standard Ordinary Ultimate Mortality Tables, Insured's gender (as shown on page 3) and attained age at last birthday.
3. On the assumption that death benefits are payable at the end of the policy year in which the Insured dies and that premiums are paid annually in advance.

The non-forfeiture values are at least equal to those required by law of the state in which this Policy is delivered. All policy values equal or exceed those required by the state in which this Policy is issued. A detailed statement of the method of computing these values has been filed with the insurance supervisory official of the state in which this Policy is issued.

LOANS

Policy Loans

By sending Us a Written Request, You may obtain a policy loan. Making such a request will automatically assign the policy value to Us, which is the only security required. The most You can borrow at any time is the Loan Value.

Policy Loan Interest

Interest on a loan will never be greater than a rate of [7.4%] per year in advance. Loan interest is payable each year on the policy anniversary. Interest not paid when due will then be added to the loan and bear interest at the same rate. Interest accrues on a daily basis. It constitutes an additional loan against this Policy.

Repayment

Any outstanding loans and loan interest may be repaid at any time before the Insured's death or within sixty (60) days after the Insured's death if:

- (a) the Proceeds of this Policy have not been paid in cash or applied under a payment option; and
- (b) this Policy is in full force with no premium in default or is in force as paid-up insurance.

Termination

This policy will terminate if all outstanding loans and loan interest exceed the Cash Value.

Deferment

We may delay paying values for up to six (6) months from the date We receive Your Written Request. If We delay for ten (10) days or more, interest will be paid at an effective annual rate of [3.5%] or any higher rate that We declare. We cannot, however, defer payment of any values if the amount is to be used to pay a premium to Us.

GENERAL PROVISIONS

Entire Contract

The entire contract consists of this Policy, any supplemental applications and any riders or endorsements attached to this Policy. All statements made by, or by the authority of, the applicant for the issuance, reinstatement or renewal of this Policy shall be deemed representations and not warranties. No statement will be used to contest this Policy or to contest a claim under it, unless it appears in an application, is a material misrepresentation and could have been used to contest coverage under the group policy that provided coverage prior to this Policy.

Modifications

No agent has the authority to modify, change or waive any provision of this Policy. A modification will only be valid if it is in writing and approved by Our President [, a Vice President, the Secretary, or other duly appointed officer]. We may request You submit this Policy for endorsement to show any change.

Incontestability

We will not contest this Policy after it has been in force during the Insured's life for two (2) years from the original policy's issue date.

If this Policy is reinstated, this provision will be measured from the reinstatement date and any contest will be based only on statements in the reinstatement application.

This provision does not apply to any provision for Waiver of Premiums or Accidental Death Benefits.

Suicide

If the Insured commits suicide within two (2) years of the original policy's issue date, the Proceeds will not be paid. Instead, the Beneficiary will receive an amount equal to the premiums paid. If the law of the state where this Policy is issued provides a shorter period, that law will govern.

If this Policy is reinstated, this provision does not begin anew.

Protection of Payments

Unless You and We agree to it, or unless otherwise provided in this Policy, no one entitled to receive benefits under this Policy may commute, pledge, sell or assign any part of such benefits. To the extent permitted by law, such benefits shall not be subject to the claims of any Payee's creditors or to legal process against any Payee.

Age or Gender

If the Insured's Age or gender is misstated in the application, the Face Amount will be adjusted. The adjusted amount will be the Face Amount the premium paid would have provided based on the Insured's correct Age or gender. The Age shown on page three (3) is the Insured's Age on his last birthday as of the Policy Date.

Non-participation

This policy does not participate in the distribution of Our surplus. As a result, no dividends will be paid under this Policy.

Unearned Premium Refund

Upon cancellation of this Policy by You, We will refund the unearned premiums for the remainder of the term for which premiums have been paid.

MONITOR LIFE INSURANCE COMPANY OF NEW YORK
Administrative Office: [5722 I-55 North Frontage Rd., Jackson, Mississippi 39211]
Telephone Number: 601-956-2028

ENDOWMENT LIFE INSURANCE POLICY

Proceeds payable on the Maturity Date or if the Insured dies while this policy is in force
Premiums payable during the Insured's life
Non-Participating

Monitor Life Insurance Company of New York

5722 I-55 North Frontage Road, Jackson, Mississippi 39211, Telephone 601-956-2028
GROUP LIFE CONVERSION APPLICATION FOR ENDOWMENT AT 100

Proposed Insured

Social Security # _____

Address: _____ (Last) _____ (First) _____ (MI) _____

Home Telephone: _____

_____ Street _____ City _____ State _____ ZIP _____

Date of Birth / /	Current Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	Name and Address of Employer	Work Telephone	Occupation/Job Title
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Owner

Social Security # _____

(If other than Proposed Insured) (Last) _____ (First) _____ (MI) _____

Address: _____

Home Telephone: _____

_____ Street _____ City _____ State _____ ZIP _____

POLICY INFORMATION		Automatic Policy Loan	Premium Amount	Home Office Use
Face Amount: \$ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
[Optional Rider(s): (Only riders present on previous group term policy may be elected.)]			TOTAL PREMIUM	
Premium Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (Draft only) (First premium must accompany this application.)				

Previous Group Term Policy number and Name of Employer Sponsor	Effective Date: TERMINATION DATE OF GROUP TERM POLICY
--	--

BENEFICIARY INFORMATION			
*Name	*Address	*Relationship	*Percentage Allocated

APPLICANT SIGNATURE

Fraud Notice

Arkansas 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

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.

Louisiana 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

Ohio Any person who, with 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.

Oklahoma Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

Oklahoma Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Tennessee 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 and denial of insurance benefits.

Virginia 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 may have violated the state law.

General Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement may have violated state law.

To the best of my knowledge and belief, I represent that all information supplied in this application is true and correct. I have thoroughly reviewed, understand, and accurately responded to all questions and information on this application.

Proposed Insured's Signature

Date

Owner's Signature (if different from Insured)

Date

Agent's Signature

Agent Number and Date

SERFF Tracking Number: AMFT-127201509 State: Arkansas
 Filing Company: Monitor Life Insurance Company of New York State Tracking Number: 50141
 Company Tracking Number: ML-E100-2011-05
 TOI: L021 Individual Life - Endowment Sub-TOI: L021.001 Single Life - Fixed/Indeterminate Premium
 Product Name: Endowment Life Insurance Policy
 Project Name/Number: Endowment Life Insurance Policy/ML-E100-2011-05

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: ML-E100-2011-05-Readability.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: Please see "Forms Schedule" field for application form.		

	Item Status:	Status Date:
Satisfied - Item: Life & Annuity - Acturial Memo		
Comments:		
Attachment: ML-Actuarial Statement of Methods.pdf		

	Item Status:	Status Date:
Satisfied - Item: Authorization letter		
Comments:		
Attachment: ML-Lewis&Ellis Authorization letter (05-20-2011).pdf		

	Item Status:	Status Date:
Satisfied - Item: Notice		
Comments:		

SERFF Tracking Number: AMFT-127201509 State: Arkansas
Filing Company: Monitor Life Insurance Company of New York State Tracking Number: 50141
Company Tracking Number: ML-E100-2011-05
TOI: L021 Individual Life - Endowment Sub-TOI: L021.001 Single Life - Fixed/Indeterminate Premium
Product Name: Endowment Life Insurance Policy
Project Name/Number: Endowment Life Insurance Policy/ML-E100-2011-05

Attachment:
ML-NOTICE-AR.pdf

Item Status: **Status**
Date:

Satisfied - Item: CERTIFICATION

Comments:

Attachment:

ML Certification of Compliance.pdf

June 7, 2011

Re: Readability Certification for Policy Forms
Monitor Life Insurance Company of New York

To Whom It May Concern:

The following forms have been tested for readability and meet the minimum reading ease score as required by this state.

Form Number	Flesch Score
ML-E100-2011-05, et al	61.8



Rebecca Ewing, FLMI, HIA ACS, ACP
Compliance Consultant
Lewis & Ellis, Inc. – Actuaries & Consultants



May 20, 2011

To Whom It May Concern:

This letter or a copy thereof, confirms the authority of Lewis & Ellis Inc. to submit on behalf of Monitor Life Insurance Company of New York (the Company), the required forms and rates for any insurance products to the insurance departments of those jurisdictions in which the Company is licensed, and to represent the Company in the negotiation of the approval of said forms and rates, including the provision of necessary assurances and commitments regarding specific conditions of the forms to secure said approvals.

This authorization shall be valid until such time as it is revoked by the Company.

Sincerely,

A handwritten signature in blue ink, appearing to read "R. Eaton", is positioned above the typed name.

Richard L. Eaton
Chief Financial Officer
Monitor Life Insurance Company of New York

**IMPORTANT INFORMATION FOR
ARKANSAS POLICYOWNERS**

If you have questions about your policy or a claim you have filed, please contact your insurance company or your agent:

Monitor Life Insurance Company of New York
P.O. Box 14067
Jackson, Mississippi - 39236

Telephone: 1-800-252-3439

Agent_____

Address_____

Telephone_____

If you are unable to resolve a problem with your insurance company or your agent, you may contact the Arkansas Department of Insurance:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1804

Telephone: 1-800-852-5494
1-501-371-2640

E-Mail: Insurance@mail.state.ar.us

Web Site: www.state.ar.us/insurance

Arkansas – Rule and Regulation 19 Certification of Compliance

Please accept our assurances that this submission meets the provisions of Regulation 19 along with all other applicable requirements of the Arkansas Insurance Department.

Monitor Life Insurance Company of New York.



David R. White, President

11/29/11