

SERFF Tracking Number: AMLC-127871461 State: Arkansas  
Filing Company: Liberty National Life Insurance Company State Tracking Number: 50414  
Company Tracking Number: GE2 INFORMATIONAL LETTER FILING  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: GE2 Informational Letter Filing  
Project Name/Number: GE2 Informational Letter Filing/GE2 Informational Letter Filing

## Filing at a Glance

Company: Liberty National Life Insurance Company

Product Name: GE2 Informational Letter Filing SERFF Tr Num: AMLC-127871461 State: Arkansas  
TOI: L08 Life - Other SERFF Status: Closed-Accepted State Tr Num: 50414  
For Informational Purposes

Sub-TOI: L08.000 Life - Other Co Tr Num: GE2 INFORMATIONAL State Status: Filed-Closed  
LETTER FILING

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Pattie Church, Donna  
Kennedy

Disposition Date: 12/09/2011

Date Submitted: 12/06/2011

Disposition Status: Accepted For  
Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: GE2 Informational Letter Filing  
Project Number: GE2 Informational Letter Filing  
Requested Filing Mode:

Status of Filing in Domicile:  
Date Approved in Domicile: 12/01/2011  
Domicile Status Comments: This informational  
filing letter was approved in Nebraska, our state  
of domicile, on 12/01/11.

Explanation for Combination/Other:

Market Type: Group

Submission Type:

Group Market Size: Small and Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 12/09/2011

State Status Changed: 12/09/2011

Deemer Date:

Created By: Donna Kennedy

Submitted By: Donna Kennedy

Corresponding Filing Tracking Number:

Filing Description:

This is an informational filing for GE2, see supporting documents for additional information.

## Company and Contact

### Filing Contact Information

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Pattie Church, Compliance Analyst regulatory@libnat.com  
 100 Concourse Parkway 205-325-4919 [Phone]  
 Suite 350 205-325-2720 [FAX]  
 Hoover, AL 35244

**Filing Company Information**

Liberty National Life Insurance Company CoCode: 65331 State of Domicile: Nebraska  
 P.O. Box 2612 Group Code: 290 Company Type: Life and Health  
 Birmingham, AL 35202 Group Name: Liberty National Life State ID Number:  
 (205) 325-4307 ext. [Phone] FEIN Number: 63-0124600

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**Filing Fees**

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty National Life Insurance Company	\$0.00	12/06/2011	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	12/09/2011	12/09/2011

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## Disposition

Disposition Date: 12/09/2011

Implementation Date:

Status: Accepted For Informational Purposes

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	AR - GE2 Infor Filing Letter and GE2 page 2		Yes

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification <b>Bypass Reason:</b> This is an informational filing letter. <b>Comments:</b>		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> This is an informational filing letter. <b>Comments:</b>		
<b>Satisfied - Item:</b> AR - GE2 Infor Filing Letter and GE2 page 2 <b>Comments:</b> See Attached <b>Attachments:</b> AR - GE2-Info filing letter.pdf AR - GE2 - pg 2.pdf		

Re:	<u>Form</u>	<u>Description</u>	<u>Approval Date</u>
	GE100	Group Term Life Insurance Policy	6/15/1993
	GE100-CERT	Group Term Life Insurance Certificate	6/15/1993
	GE2	Group Term Life Insurance Policy	01/14/2010
	GE2-CERT	Group Term Life Insurance Certificate	01/14/2010
	AGE5AR	Group Term Life Enrollment Form	8/24/2011
	GE-APP	Group Term Employer Application	8/24/2011
	GEAD	Group Term Accidental Death Rider	8/24/2011
	GEPW	Group Term Premium Waiver Rider	8/24/2011

Liberty National is submitting this information to notify the state that we would like to place in general use with our Group Term Life Insurance products the recently approved Group Term Life Employer Application, GE-APP, Group Term Life Enrollment Form, AGE5AR, Group Term Accidental Death Benefit Rider, GEAD, and Group Term Premium Waiver Rider, GEPW. The referenced forms were recently filed and approved for use with Group Term Life Insurance Policy, GE65, et al, under SERFF Tracking number AMLC-127367873. The approval dates are noted above.

The Company has determined that the use of these new forms with our previously approved Group Term Life Insurance Policies, GE2 and GE100, will permit the Company to simplify worksite administration and market the new optional benefit riders to other group term life applicants in these plans. The prior approval dates for the GE2 and GE100 Policy Forms and the corresponding GE2-CERT and GE100-CERT Certificates are shown above.

The Company has also updated page 2 in the GE2 policy form to remove outdated references to state-specific dependent coverage limits in AR, FL and LA that have since been repealed. A copy of this changed page is enclosed for your information.

To the best of our knowledge and belief, these forms comply with the laws and regulations of your State and do not contain language that is unusual in terms of Company or industry standards. We hereby certify that there are no other changes to any provisions, applicable in your state, of the approved policy or certificate forms other than as necessary to accommodate the addition of the optional benefit riders.

If transmittal documents, actuarial memorandum or filing fees are required by your State, those items are submitted with this filing.

Should you require additional information or if you should have any questions, please do not hesitate to contact me at 205-325-4919 or by email at: [regulatory@libnat.com](mailto:regulatory@libnat.com).

Sincerely,

Pattie Church  
Compliance Analyst



## DEFINITIONS

Where used in this policy:

**HOLDER** - The legal entity named as the Holder on the first page of this policy.

**INSURED** - An eligible person who is insured under this policy.

**CERTIFICATE HOLDER** - The person who completes the enrollment form applying for insurance coverage on an Insured.

**WE, US, OUR, OR THE COMPANY** - means Liberty National Life Insurance Company.

**EVIDENCE OF INSURABILITY** - Satisfactory proof, as determined by us, that a person is acceptable for insurance.

**AGE** - Means the age last birthday of the Insured.

**GENDER** - A personal pronoun in the masculine gender in this policy will include the feminine gender also unless the context clearly indicates the contrary.

**CERTIFICATE MONTHS, CERTIFICATE YEARS, CERTIFICATE ANNIVERSARIES** - Shall be determined from the Effective Date of the Certificate.

**BENEFICIARY** - A person or entity named, on a form and in a manner approved by us, to receive benefits for loss of life.

## ELIGIBILITY

Persons specified in the application for this policy are eligible persons for insurance afforded by the policy, subject to the Company's issue age limits. If eligible persons include family members, then application may be made by the spouse and any child who is under the age of 19 or who is a dependent and a full-time student under 25 years of age.

### EFFECTIVE DATE OF GROUP TERM LIFE INSURANCE COVERAGE

Insurance may be requested for any eligible person by completing an enrollment form and making the necessary premium payment. If an eligible person meets the underwriting standards of the Company and is accepted for insurance coverage by the Company, the insurance will become effective on the Effective Date shown on the eligible person's certificate.

But, in no case shall coverage take effect on any date prior to the Group Effective Date of this policy.

## BENEFITS

**LIFE INSURANCE BENEFIT** - Upon due proof of the death of an Insured, we will pay the Amount of Insurance shown in the Schedule of Benefits and Premiums of the Insured's Certificate.

**EXTENDED TERM INSURANCE BENEFIT** - If the premium required for a certificate is not paid by the end of the grace period, the coverage provided by the certificate will continue only as shown in the Schedule of Extended Term Insurance Benefits on Page 1 of the certificate. For purposes of this provision, the certificate year will be the number of full years since the effective date of this certificate for which premiums have been paid. The extended term insurance benefit period, if any, will commence on the due date of the unpaid premium.

## TERMINATION OF COVERAGE

The coverage of any Insured shall terminate:

- (a) at the end of the Grace Period following any premium due date for which the Insured's required premium has not been paid;
- (b) at the end of the Insured's Extended Term Insurance Benefit period, if available;
- (c) on the Expiry Date as shown in the Schedule of Benefits and Premiums of the Insured's certificate;
- (d) when the Insured's certificate is converted as provided below;
- (e) on any premium due date if so requested in writing by the Insured and such request is received at our Home Office.

Any Insured's premium paid for any period after the date coverage terminates will not continue that Insured's coverage in force and will be returned.