

SERFF Tracking Number: AOIC-127783590 State: Arkansas
Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 50367
Company Tracking Number:
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.003 Long Term - Unrelated to marketing
with employer or association groups
Product Name: Aviation Exclusion Provision
Project Name/Number: /

Filing at a Glance

Company: Auto-Owners Life Insurance Company

Product Name: Aviation Exclusion Provision SERFF Tr Num: AOIC-127783590 State: Arkansas

TOI: H111 Individual Health - Disability Income SERFF Status: Closed-Approved- State Tr Num: 50367
Closed

Sub-TOI: H111.003 Long Term - Unrelated to marketing with employer or association groups Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Author: Julia Karn

Date Submitted: 11/30/2011

Reviewer(s): Rosalind Minor

Disposition Date: 12/02/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: We have submitted this form to Michigan, our State of Domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 12/02/2011

State Status Changed: 12/02/2011

Deemer Date:

Created By: Julia Karn

Submitted By: Julia Karn

Corresponding Filing Tracking Number:

Filing Description:

Auto-Owners Life Insurance Company is submitting form 61993 (12-11), Aviation Exclusion Provision, for your review and approval. This form will replace a prior version of this form, 1059 (6-85), which was approved by your state on 05/03/2011, SERFF tracking # AOIC-126829993, along with our new Individual Disability Income Protection Insurance policy. We request to withdraw 1059 (6-85) at this time.

This provision can be attached to an Individual Disability Income policy when the insured is a pilot, an officer or member of a flight crew, or is being flown for the purpose of descending from an aircraft. The change made was to add Disability

SERFF Tracking Number: AOIC-127783590 State: Arkansas
 Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 50367
 Company Tracking Number:
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.003 Long Term - Unrelated to marketing
 with employer or association groups
 Product Name: Aviation Exclusion Provision
 Project Name/Number: /

language to the form, since 1059 (6-85) contains only Life language. 61993 (12-11) contains only Disability language.

No other items on the form have changed. May we please have your approval?

The attached forms are submitted in final printed format and are subject only to minor modifications, such as company address, logo and phone number, typographical errors, paper stock, ink and adaptation to computer printing.

Company and Contact

Filing Contact Information

Julia Karn, Method and Procedure Specialist karn.julia@aoins.com
 P.O. Box 30325 517-323-1493 [Phone]
 Lansing, MI 48909

Filing Company Information

Auto-Owners Life Insurance Company CoCode: 61190 State of Domicile: Michigan
 P.O. Box 30325 Group Code: 280 Company Type: LAH
 Lansing, MI 48917 Group Name: Auto-Owners Ins State ID Number:
 Group
 (800) 346-0346 ext. [Phone] FEIN Number: 38-1814333

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: MI is a retaliatory state and does not charge a fee, however, AR charges a \$50 fee for riders,
 which is the greater of the two.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Life Insurance Company	\$50.00	11/30/2011	54144943
Auto-Owners Life Insurance Company	\$50.00	12/02/2011	54211380

SERFF Tracking Number: AOIC-127783590 State: Arkansas
 Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 50367
 Company Tracking Number:
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.003 Long Term - Unrelated to marketing
 with employer or association groups
 Product Name: Aviation Exclusion Provision
 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/02/2011	12/02/2011

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	Rosalind Minor	12/02/2011	12/02/2011	Julia Karn	12/02/2011	12/02/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Aviation Exclusion Provision	Julia Karn	11/30/2011	11/30/2011

SERFF Tracking Number: AOIC-127783590 *State:* Arkansas
Filing Company: Auto-Owners Life Insurance Company *State Tracking Number:* 50367
Company Tracking Number:
TOI: H111 Individual Health - Disability Income *Sub-TOI:* H111.003 Long Term - Unrelated to marketing
with employer or association groups
Product Name: Aviation Exclusion Provision
Project Name/Number: /

Disposition

Disposition Date: 12/02/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AOIC-127783590 State: Arkansas
 Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 50367
 Company Tracking Number:
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.003 Long Term - Unrelated to marketing
 with employer or association groups

Product Name: Aviation Exclusion Provision

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form (<i>revised</i>)	Aviation Exclusion Provision	Withdrawn	No
Form	Aviation Exclusion Provision	Approved-Closed	Yes
Form	Aviation Exclusion Provision	Replaced	No

SERFF Tracking Number: AOIC-127783590 State: Arkansas
Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 50367
Company Tracking Number:
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.003 Long Term - Unrelated to marketing
with employer or association groups
Product Name: Aviation Exclusion Provision
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 12/02/2011
Submitted Date 12/02/2011

Respond By Date

Dear Julia Karn,

This will acknowledge receipt of the captioned filing.

Objection 1

- Aviation Exclusion Provision, 1059 (6-85) (Form)
- Aviation Exclusion Provision, 61993 (12-11) (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$50.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

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,

Rosalind Minor

SERFF Tracking Number: AOIC-127783590 State: Arkansas
Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 50367
Company Tracking Number:
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.003 Long Term - Unrelated to marketing
with employer or association groups
Product Name: Aviation Exclusion Provision
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 12/02/2011
Submitted Date 12/02/2011

Dear Rosalind Minor,

Comments:

Thank you for your response.

Response 1

Comments: An additional \$50 was added to our total EFT.

Related Objection 1

Applies To:

- Aviation Exclusion Provision, 61993 (12-11) (Form)
- Aviation Exclusion Provision, 1059 (6-85) (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$50.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking Number: AOIC-127783590 *State:* Arkansas
Filing Company: Auto-Owners Life Insurance Company *State Tracking Number:* 50367
Company Tracking Number:
TOI: H111 Individual Health - Disability Income *Sub-TOI:* H111.003 Long Term - Unrelated to marketing
with employer or association groups

Product Name: Aviation Exclusion Provision
Project Name/Number: /

Thank you for your continued review of this filing.

Sincerely,
Julia Karn

SERFF Tracking Number: AOIC-127783590 State: Arkansas
 Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 50367
 Company Tracking Number:
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.003 Long Term - Unrelated to marketing
 with employer or association groups
 Product Name: Aviation Exclusion Provision
 Project Name/Number: /

Amendment Letter

Submitted Date: 11/30/2011

Comments:

We apologize for the error, but an incorrect edition date was entered on the Form Schedule tab. The edition date, 1059 (6-85), has been corrected.

Thank you.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
1059 (6-85)	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Aviation Exclusion Provision	Other	withdrawn				1059 (6-85) Aviation Exclusion Provision john doe.pdf

SERFF Tracking Number: AOIC-127783590 State: Arkansas
 Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 50367
 Company Tracking Number:
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.003 Long Term - Unrelated to marketing with employer or association groups
 Product Name: Aviation Exclusion Provision
 Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Withdrawn 12/02/2011	1059 (6-85)	Policy/Contract	Aviation Exclusion Provision	Other	Other Explanation: withdrawn		1059 (6-85) Aviation Exclusion Provision john doe.pdf
Approved-Closed 12/02/2011	61993 (12-11)	Policy/Contract	Aviation Exclusion Provision	Initial		50.000	61993 (12-11) Aviation Exclusion Provision_DI_ john doe.pdf

AVIATION EXCLUSION PROVISION

DISABILITY PROVISION

If any insured person:

- is a pilot, officer or member of the crew of any kind of aircraft; or
- is giving or receiving any kind of training or instruction or has any duties aboard such aircraft; or
- is being flown for the purpose of descent from such aircraft while in flight; and
- he or she is Disabled as a direct result of operating, riding in or descending from that aircraft;

then there will be no benefit payable under the policy.

Signed for Auto-Owners Life Insurance Company at Lansing, Michigan, on the effective date.

[*Joe Secretary*]

Secretary

[*John President*]

President

SERFF Tracking Number: AOIC-127783590 State: Arkansas
 Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 50367
 Company Tracking Number:
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.003 Long Term - Unrelated to marketing
 with employer or association groups
 Product Name: Aviation Exclusion Provision
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments: Please see attached.		
Attachment: Certificate of Readability_Aviation Exclusion Provision_AR.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: n/a		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: n/a		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: n/a		
Comments:		

**AUTO-OWNERS LIFE INSURANCE COMPANY
P.O. Box 30325
Lansing, MI 48909**

CERTIFICATION OF READABILITY

I hereby certify, to the best of my knowledge and belief, that the following forms have the respective Flesch Scores, which meet the readability requirements of the ARKANSAS Department of Insurance.

A handwritten signature in black ink that reads "Gayle A. Fisher". The signature is written in a cursive style with a large initial 'G' and 'F'.

Gayle A. Fisher
Assistant Vice President, Life Operations

FORM 61993 (12-11) Aviation Exclusion Provision
FLESCH SCORE = 50