

SERFF Tracking Number: PSEN-127847017 State: Arkansas
 Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 50363
 Company Tracking Number: FLA ADDRESS CHANGE
 TOI: ML02 Multi-Line - Other Sub-TOI: ML02.000 Multi-Line - Other
 Product Name: FLA Address Change 2011
 Project Name/Number: /

Filing at a Glance

Company: Fidelity Life Association, A Legal Reserve Life Insurance Company
 Product Name: FLA Address Change 2011 SERFF Tr Num: PSEN-127847017 State: Arkansas
 TOI: ML02 Multi-Line - Other SERFF Status: Closed-Filed- State Tr Num: 50363
 Closed
 Sub-TOI: ML02.000 Multi-Line - Other Co Tr Num: FLA ADDRESS State Status: Filed-Closed
 CHANGE
 Filing Type: Form Reviewer(s): Linda Bird
 Authors: Barbara Ritzke, Deb Howver, Joanne Miller Disposition Date: 12/05/2011
 Date Submitted: 11/30/2011 Disposition Status: Filed-Closed
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 12/05/2011
 State Status Changed: 12/05/2011
 Deemer Date: Created By: Joanne Miller
 Submitted By: Deb Howver Corresponding Filing Tracking Number:
 Filing Description:

This filing is submitted as notification that effective Monday, November 21, 2011, Fidelity Life Association, A Legal Reserve Life Insurance Company has moved its address and City of Domicile within the State of Illinois.

- All of the Company's employees and all contacts have moved to the new address in accordance with this change.
- We have included a copy of UCAA Form 2C signed by our Corporate Secretary as well as a copy of UCAA Form 14 for your reference.
- We have also provided a copy of a Policy Endorsement reflecting our change of address. This will be provided to all

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current Arkansas policyholders. We will also include this Policy Endorsement with any newly issued policies until our policy documents are fully updated to reflect the change of address.

- There have been no changes in the Bylaws of Fidelity Life Association as a result of this change in our City of Domicile.
- No changes have been made in the Officers or Directors of the Company.
- There has been no change made to the Registered Agent for Service of Process. The Company's telephone numbers, facsimile numbers, and email addresses all remain in place.

If you have any questions, you may contact Jon Campbell, Corporate Counsel I at (630) 371-1877 or by email at jonathan.campbell@fidelitylife.com.

Company and Contact

Filing Contact Information

Joanne Miller, joanne@myactuary.com
 35W841 Burr Oak Lane 215-450-5767 [Phone]
 West Dundee, IL 60118

Filing Company Information

(This filing was made by a third party - problemsolvingenterprises)

Fidelity Life Association, A Legal Reserve Life Insurance Company CoCode: 63290 State of Domicile: Illinois
 8700 W. Bryn Mawr Avenue Group Code: Company Type:
 Suite 900S Group Name: State ID Number:
 Chicago, IL 60631 FEIN Number: 36-1068685
 (630) 522-0392 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Life Association, A Legal Reserve Life	\$0.00	11/30/2011	

SERFF Tracking Number: PSEN-127847017 *State:* Arkansas
Filing Company: Fidelity Life Association, A Legal Reserve Life *State Tracking Number:* 50363
Insurance Company
Company Tracking Number: FLA ADDRESS CHANGE
TOI: ML02 Multi-Line - Other *Sub-TOI:* ML02.000 Multi-Line - Other
Product Name: FLA Address Change 2011
Project Name/Number: /
Insurance Company

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Company Tracking Number: FLA ADDRESS CHANGE
TOI: ML02 Multi-Line - Other Sub-TOI: ML02.000 Multi-Line - Other
Product Name: FLA Address Change 2011
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Linda Bird	12/05/2011	12/05/2011

SERFF Tracking Number: PSEN-127847017 *State:* Arkansas
Filing Company: Fidelity Life Association, A Legal Reserve Life *State Tracking Number:* 50363
Insurance Company
Company Tracking Number: FLA ADDRESS CHANGE
TOI: ML02 Multi-Line - Other *Sub-TOI:* ML02.000 Multi-Line - Other
Product Name: FLA Address Change 2011
Project Name/Number: /

Disposition

Disposition Date: 12/05/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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 TOI: ML02 Multi-Line - Other Sub-TOI: ML02.000 Multi-Line - Other
 Product Name: FLA Address Change 2011
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Name Change Endorsement	No	
Supporting Document	Address Change Endorsement	Yes	
Supporting Document	Cover Letter - Address Chg	Yes	
Supporting Document	FLA Form 14 - Change of Mailing Address/Contact Notification Form	Yes	
Supporting Document	FLA Form 2C - Uniform Certificate of Authority Application	Yes	
Supporting Document	Third Party Authorization Letter	Yes	

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Name Change Endorsement		
Bypass Reason: Not applicable to this filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Address Change Endorsement		
Comments:		
Attachment: F1511 Policy Endorsement (11-11).pdf		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter - Address Chg		
Comments:		
Attachment: Address Chg Cover Ltr AR.pdf		

	Item Status:	Status Date:
Satisfied - Item: FLA Form 14 - Change of Mailing Address/Contact Notification Form		
Comments:		
Attachment: FLA Form 14.pdf		

	Item Status:	Status Date:
Satisfied - Item: FLA Form 2C - Uniform Certificate		

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Product Name: FLA Address Change 2011
Project Name/Number: /
of Authority Application

Comments:

Attachment:

FLA Form 2C.pdf

Item Status:

Status

Date:

Satisfied - Item: Third Party Authorization Letter

Comments:

Attachment:

SignedLetterOfAuthorization_FLA_110106.pdf

POLICY ENDORSEMENT

Fidelity Life Association, A Legal Reserve Life Insurance Company



Established 1896

ADDRESS CHANGE ENDORSEMENT

Change of Company Address

Effective November 21, 2011, the Company's address has changed.

Previous Company Address: 1211 W. 22nd Street, Suite 209, Oak Brook, IL 60523

Current Company Address: 8700 West Bryn Mawr Avenue, Suite 900S, Chicago, IL 60631

This change does not affect any of the provisions of your insurance policy(ies). Your coverage remains fully in force and has not been altered as a result of this change. Only the address of the Company has changed.

Please place this Address Change Endorsement with your policy(ies) for future reference.

Contact Information

If you have any questions regarding the change of address, or to file a complaint, you may contact us at the phone number below:

(800) 369-3990

**FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE
LIFE INSURANCE COMPANY**

Signed for the Company at Chicago, Illinois.

Handwritten signature of Mark A. Wray in black ink.

Secretary

Handwritten signature of Pamela D. Smith in black ink.

President



Established 1896

Fidelity Life Association
8700 W. Bryn Mawr Avenue, Suite 900S
Chicago, IL 60631
Tel 630.522.0392
Fax 866.375.8175

November 29, 2011

Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

Company: Fidelity Life Association, A Legal Reserve Life Insurance Company
NAIC: 63290

RE: Change of Address and City of Domicile

Dear Sir or Madam:

Effective Monday, November 21, 2011, Fidelity Life Association has moved its address and City of Domicile within the State of Illinois. We intend to have this change be transparent to all regulatory agencies. A completed copy of UCAA Form 2C, signed by our Corporate Secretary, is provided with this SERFF Filing.

All of the Company's employees and all contacts have moved to the new address in accordance with this change. We have included a copy of UCAA Form 14 for your reference.

We have also provided a copy of a Policy Endorsement reflecting our change of address. This will be provided to all current Arkansas policyholders. We will also include this Policy Endorsement with any newly issued policies until our policy documents are fully updated to reflect the change of address.

There have been no changes in the Bylaws of Fidelity Life Association as a result of this change in our City of Domicile. No changes have been made in the Officers or Directors of the Company. We have not changed our Registered Agent for Service of Process. The Company's telephone numbers, facsimile numbers, and email addresses all remain in place.

If you have any questions, please contact me on my direct line at (630) 371-1877 or by email at jonathan.campbell@fidelitylife.com.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jonathan M. Campbell', written over a white background.

Jonathan M. Campbell
Corporate Counsel I

CHANGE OF MAILING ADDRESS/CONTACT NOTIFICATION FORM

NAME CHANGE

If there has been a name change and/or a mailing address change, please complete the following:

Previous Company Name: N/A – No Name Change _____

Current Company Name: Fidelity Life Association, A Legal Reserve Life Insurance Company _____

MAILING ADDRESS/CONTACT CHANGE

This form is to be completed as a courtesy filing in conjunction with other changes or to notify regulatory officials of mailing address changes or contact person changes applicable to your Company. For each address change, please indicate one or more areas for which the change given below is applicable:

X	Catastrophe/Disaster Coordination Contact	A contact person for state departments to contact for information if there is a catastrophe or disaster.
X	Claim Information Contact	A contact person for the public to contact for claim information.
X	Consumer Complaints Contact	A contact person for state consumer complaint staff to contact for resolution of complaints filed with the state department.
X	Form and/or Rate Filings Contact	A person for state departments to contact regarding issues on policy forms filings or rate filings.
X	Local Office in Domestic/Foreign State Contact	A person for the public or state departments to contact.
X	Managing General Agent	A person for the public or state departments to contact.
X	Market Conduct Contact	A person for state departments to contact regarding market conduct issues.
X	Policyholder Information Contact	A person for the public to contact.
X	Producer Licensing Contact (Appointment)	A person for state departments to contact regarding issues of producer licensing or appointments of agents.
X	Regulatory Compliance/Government Relations Contact	A person for state departments to contact on matters related to regulation but unrelated to public complaints filed with the state department.)
X	Premium Tax Contact	A person for state departments to contact regarding issues of payment of premium tax.
X	Company Licenses/Fees Contact	A person for state departments to contact regarding issues of payment of license fees.
X	Deposits Contact	A person for state departments to contact regarding statutory deposits.
X	U.S. Legal Counsel (for aliens)	A person for state departments to contact.
X	Annual Statement Contact	A contact person responsible for answering questions in the completion of the annual statement.
X	Company Mailing Address	A change to the mailing address of the company.

Note: Do not use this form to notify states for a change of address requiring a corporate amendment or person receiving Service of Process. This change should be submitted by completing a Corporate Amendment Application or a Uniform Consent to Service of Process.

Applicant Name Fidelity Life Association, A Legal Reserve Life Insurance Company NAIC No. 63290
FEIN: 36-1068685

This notice is for all states; **OR** this notice is for the following state(s) only:

AL	AK	AS	AZ	AR	CA	CO	CT	DE	DC	FL	GA
GU	HI	ID	IL	IN	IA	KS	KY	LA	ME	MD	MA
MI	MN	MS	MO	MT	NE	NV*	NH	NJ	NM	NY	NC
ND	OH	OK	OR	PA	PR	RI	SC	SD	TN	TX	UT
VT	VI	VA	WA	WV	WI	WY					

* State Specific Form required

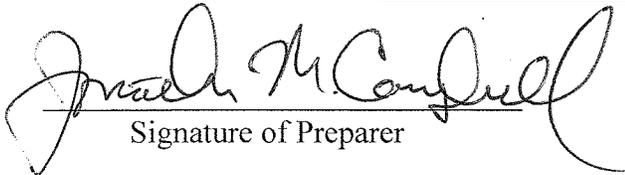
NEW CONTACT

Contact Name: N/A – No new contacts _____
Title: _____
Address: _____
Phone #: _____ Fax #: _____ E-Mail Address: _____
Previous Contact Name (if changed): _____
Name of MGA (if contact or address changed): _____

Note: If there are multiple contacts in different locations, please attach a separate sheet with all pertinent information for each.

NEW MAILING ADDRESS

Address: 8700 W. Bryn Mawr Avenue _____
Address 2: _____ Suite/Mail Stop: Suite 900S _____
City: Chicago _____ State: IL _____ Zip Code: 60631 _____
Email: For Customer Service Use: service@fidelitylife.com _____
Phone Number: (630) 522-0392 _____ Fax: (866) 375-8175 _____


Signature of Preparer

Jonathan M. Campbell _____
Typed or Printed Name

(630) 371-1877 _____
Phone Number of Preparer

11/21/2011 _____
Date of Preparation

Corporate Counsel _____
Title of Preparer

jonathan.campbell@fidelitylife.com _____
E-Mail Address of Preparer

**Uniform Certificate of Authority Application (UCAA)
Corporate Amendments Application
Application to Amend Certificate of Authority**

To the Insurance Commissioner/Director/Superintendent of the State of:

Alabama	X	Montana	X
Alaska	X	Nebraska	X
Arizona	X	Nevada	X
Arkansas	X	New Hampshire	X
California	X	New Jersey	X
Colorado	X	New Mexico	X
District of Columbia	X	New York	
Connecticut	X	North Carolina	X
Delaware	X	North Dakota	X
Florida	X	Ohio	X
Georgia	X	Oklahoma	X
Hawaii	X	Oregon	X
Idaho	X	Pennsylvania	X
Illinois	X	Rhode Island	X
Indiana	X	South Carolina	X
Iowa	X	South Dakota	X
Kansas	X	Tennessee	X
Kentucky	X	Texas	X
Louisiana	X	Utah	X
Maine	X	Vermont	X
Maryland	X	Virginia	X
Massachusetts	X	Washington	X
Michigan	X	West Virginia	X
Minnesota	X	Wisconsin	X
Mississippi	X	Wyoming	
Missouri	X		

(Check the appropriate states in which you are applying.)

The Uniform Certificate of Authority Corporate Amendments Application can be used to file more than one change in the same submission. The applicant should mark all changes being filed on the application form and submit all items required for those changes in one package

- Add Lines of Business: The undersigned Insurer hereby certifies that the lines of insurance as indicated on the Lines of Insurance Form 3 are all lines of business that (a) the insurer is currently authorized to transact, (b) are currently transacted and (c) which the Insurer is applying to transact.
- Name Change
- Delete Lines of Business
- Redomestication of a Foreign Insurer
- Change of city of domicile within domestic state/ mailing address
- Change of Address/Contact Notification
- Merger of Two or More Foreign Insurers
- Pre-notification of Change of Control of Foreign Insurer
- Notification of Change of Control of Foreign Insurer
- Amended Articles of Incorporation
- Amended Bylaws

(Check the type of transaction for which you are applying.)

Applicant Name: Fidelity Life Association, A Legal Reserve Life Insurance Company NAIC No. 63290
FEIN: 36-1068685

Previous Name of Insurer: _____ NAIC # _____ -- _____
(Group Code)

New Name of Insurer: _____ NAIC # _____ -- _____
(Group Code)

Effective Date of Redomestication _____

Effective Date of Name Change _____

Effective Date of Change of City within the State of Domicile _November 21, 2011_____

Previous Home Office Address: 1211 W. 22nd Street, Suite 209, Oak Brook, IL 60523 _____

New Home Office Address: 8700 W. Bryn Mawr Avenue, Suite 900S, Chicago, IL 60631 _____

Previous Administrative Office Address: 1211 W. 22nd Street, Suite 209, Oak Brook, IL 60523 _____

New Administrative Office Address: 8700 W. Bryn Mawr Avenue, Suite 900S, Chicago, IL 60631 _____

Previous Mailing Address: PO Box 9269, Oak Brook, IL 60522-9269 _____

New Mailing Address: No Change _____

Previous Phone: (630) 522-0392 _____ Fax: (866) 375-8175 _____

New Phone: No Change _____ Fax: No Change _____

Has the Insurer's designee to appoint and remove agents changed as a result of this corporate amendment?

Yes No

If yes, please note the new designee (name natural persons only): _____

If a merger of two or more foreign insurers:

Effective Date: N/A _____

Current Name of Surviving Insurer: _____ NAIC # _____ Group Code _____

Proposed New Name of Surviving Insurer: _____ NAIC # _____ Group Code _____

Name of Non-Surviving Insurer: _____ NAIC # _____ Group Code _____

Name of Surviving Insurer _____ NAIC # _____ Group Code _____

Surviving Insurer's Home Office Address _____

Surviving Insurer's Administrative Office Address: _____

Surviving Insurer's Mailing Address: _____

Surviving Insurer's Telephone: _____ Fax: _____

Are these addresses the same as those shown on your Annual Statement?

Yes No

If not, indicate why.

If this application represents a name change, did the Company experience a merger or an owner change prior to the name change?

Yes No

If yes, please be sure an application is also submitted for the merger and/or ownership change transaction.

Date of Last Market Conduct Examination _____

Has your company had an application for these lines of business refused by this or any other state prior to the date of this application?

Yes No

If yes, give full explanation in an attached letter.

The following information is required of the individual (company employee or paid consultant) who is authorized to represent the applicant before the department.

Name Jonathan M. Campbell _____
Title Corporate Counsel I _____
Mailing Address 8700 W. Bryn Mawr Avenue, Suite 900S, Chicago, IL 60631 _____
E-Mail Address: jonathan.campbell@fidelitylife.com Phone: (630) 371-1877 __ Fax: (866) 375-8175

Please provide a listing of all other applications filed by the applicant, or any of its affiliates, which are pending before the Department.
None _____

A Certificate of Compliance from applicant's state of domicile (for foreign applicants) and the applicant's original Certificate of Authority or an Affidavit of Lost Certificate of Authority must accompany this application. (not applicable for Change of Control, Amended Articles of Incorporation or Amended Bylaws.)

Applicant Officers' Certification and Attestation

One of the three officers (listed below) of the Applicant must read the following very carefully before signing:

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me, the Applicant, or both, to civil or criminal penalties.
2. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions in which the Applicant is licensed or to which the Applicant is applying for licensure.
3. I acknowledge that I am the Senior Vice President, Treasurer, and Secretary of the Applicant, am authorized to execute and am executing this document on behalf of the Applicant.
4. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the foregoing is true and correct, executed at Chicago, Illinois.

Date
Nov. 21, 2011
Date

Signature of President

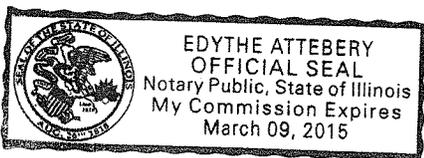
Full Legal Name of President
Mark S. Wray
Signature of Secretary

Mark S. Wray
Full Legal Name of Secretary

[Signature]
Date

Signature of Treasurer

Full Legal Name of Treasurer



Applicant
Edythe Attebery
Signature of Witness
Edythe Attebery
Full Legal Name of Witness
11/21/11



Fidelity Life Association
1211 West 22nd Street, Suite 209
Oak Brook, IL 60523
Tel: 630.522.0392 Fax: 866.375.8175

January 6th, 2011

To Whom It May Concern:

Please allow this letter to serve as authorization for Problem Solving Enterprises, Inc to make rate, rule and form filings on behalf of Fidelity Life Association, a Legal Reserve Life Insurance Company. Problem Solving Enterprises serves as actuarial and compliance consultants for Fidelity Life Association.

Any questions may be directed to me at 630-371-1888.

Sincerely,

A handwritten signature in black ink, appearing to be 'CJ' or similar initials.

Ciaran Brady
cn=Ciaran Brady, o=Fidelity Life Association,
ou=Vice President of Operations,
email=Ciaran.Brady@FidelityLife.com, c=US
2011.01.06 15:23:29 -06'00'

Ciaran Brady
Vice President of Operations