

SERFF Tracking Number: AEGB-126998596 State: Arkansas
Filing Company: Western Reserve Life Assurance Co. of Ohio State Tracking Number: 47867
Company Tracking Number: RW01 1009
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: RW01 1009
Project Name/Number: New Business Rewrite Application/RW01 1009

Filing at a Glance

Company: Western Reserve Life Assurance Co. of Ohio

Product Name: RW01 1009

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: AEGB-126998596 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 47867

Co Tr Num: RW01 1009

Author: Deb Andregg

Date Submitted: 02/03/2011

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 02/08/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: New Business Rewrite Application

Project Number: RW01 1009

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Deb Andregg

Filing Description:

January 17, 2011

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 02/08/2011

State Status Changed: 02/08/2011

Created By: Deb Andregg

Corresponding Filing Tracking Number:

30822720, 30822750

Commissioner of Insurance

Arkansas Department of Insurance

Compliance - Life/Health

1200 West Third Street

Little Rock, AR 72201-1904

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Attn.: Policy Examination Division (Individual Life)

RE: WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO NAIC #468-91413
Form number: RW01 1009 – Individual Life Application

Dear Sir/Madam:

Please find attached a copy of the above referenced form. This is a new form which is not intended to replace any form previously approved by your Department. This form has been submitted in final printed form in which it will be distributed to the applicant. This form is subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officer's signatures. These forms are concurrently being filed under our sister companies of Monumental Life Insurance Company, Stonebridge Life Insurance Company, Transamerica Life Insurance Company and Transamerica Financial Life Insurance Company.

Application form RW01 1009 is an Individual Life Application that will be used with our non-variable life portfolio.

Licensed agents will use this if a change to a policy is requested within the delivery period for a policy that has been issued. Most of the time, it will be for situations when upon delivery of a policy originally agreed upon and the client decides he/she wants something different. This form will be used to clearly document the changes the client is requesting and get the client's signature. If approved, New Business will then reissue the policy with the changes. Since the client has signed this form, no additional amendment will be needed unless the company counters with something different from what the client requests in this form.

This application will be used via paper by licensed agents. We intend to use this form in a traditional manner whereby the Owner/applicant signs the application in ink and submits the application to the Company.

We would appreciate your review and approval of this form. Should you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO

Deb Andregg
Policy Analyst
Contract Development

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(319) 355-7265 (collect)

Fax #: (319) 355-2501

dandregg@aegonusa.com

Company and Contact

Filing Contact Information

Debra Andregg, Policy Analyst dandregg@aegonusa.com
 4333 Edgewood Rd. NE 319-355-7265 [Phone]
 MS 2225 319-355-2501 [FAX]
 Cedar Rapids, IA 52499

Filing Company Information

Western Reserve Life Assurance Co. of Ohio CoCode: 91413 State of Domicile: Ohio
 4333 Edgewood Road NE Group Code: 468 Company Type:
 Cedar Rapids, IA 52499 Group Name: State ID Number:
 (319) 355-7888 ext. [Phone] FEIN Number: 43-1162657

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 x 1 form.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Western Reserve Life Assurance Co. of Ohio	\$50.00	02/03/2011	44344563

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/08/2011	02/08/2011

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Disposition

Disposition Date: 02/08/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: RW01 1009

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	RW01 1009	Other	New Business Rewrite Application	Initial		50.400	RW01 1009.pdf

- Transamerica Life Insurance Company
 Stonebridge Life Insurance Company

- Western Reserve Life Assurance Co. of Ohio
 Monumental Life Insurance Company

Administrative Office: 4333 Edgewood Road NE, Cedar Rapids, IA 52499-0001

(Check appropriate "Company")

INSTRUCTIONS FOR USE: This form may be used to request changes to an application for a policy if that policy has not been delivered and prior to the delivery deadline.

Requests are subject to approval of the Company.

New Business Application Change Supplement

Policy/certificate ("policy") number: _____

Proposed Insured: _____ **Owner:** _____

Additional Proposed Insured (if any): _____

I hereby request the following changes to the application for my policy.

Section 1. Change to Face Amount or Premium Amount

Face Amount: Increase Decrease New Face Amount \$ _____

New Premium Amount \$ _____ Mode: _____ RAP: _____

Initial Lump Sum Amount: \$ _____

Note: Any increase in face amount may require additional underwriting. The terms, conditions and limits of the conditional receipt, if any, continue to apply. **No additional conditional coverage is provided for this requested increase.** Do not submit money with this Application Supplement.

Section 2. Plan change

New Plan Name: _____ New Premium Amount \$ _____

Kind Code (if applicable): _____ Mode: _____

If term, specify level premium period: _____ UL, specify Death Benefit Option in Section 3 below.

Note: Plan changes and death benefit option changes may require additional underwriting.

Section 3. Change UL death benefit option to the following general definition:

- The death benefit is the face amount. (Level)
 The death benefit is the face amount plus the policy value. (Increasing)
 The death benefit is the face amount plus the return of premium. (Plus Premium or ROP)

Section 4. Riders (There is no conditional coverage for riders.)

Add Delete

Rider Description: _____

Face amount or number of units (if applicable): _____

Section 5. Beneficiary Change

<u>Name</u>	<u>Relationship to Proposed Insured</u>
Primary : _____	_____
Address: _____	_____
Contingent: _____	_____
Address _____	_____

Section 6. Change of Risk Classification or Nicotine Classification

Change Risk Classification to: _____ . Extra Rating of: _____

Change Nicotine Classification to (check one): Nicotine Non-Nicotine

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

RW01 1009 flesch score.pdf

Item Status:

Status

Date:

Satisfied - Item: Supporting Documents

Comments:

Attachments:

AR - Rule and Regulation 19.pdf

RW01 1009 Cover Letter - WRL.pdf

FLESCH READABILITY CERTIFICATION

Form Number (may vary by state)

Flesch Score

RW01 1009

50.4

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.

Cheryl Bock, Assistant Vice President of Contract Development

**RULE AND REGULATION 19
STATE OF ARKANSAS**

Form Number:

Date:

I hereby certify that the accompanying life product is in compliance with Rule and Regulation 19.



Western Reserve Life Assurance Co. of
Ohio
Home Office:
Columbus, Ohio
Administrative Office:
4333 Edgewood Road NE
PO Box 3183
Cedar Rapids, Iowa 52406-3183

January 17, 2011

Commissioner of Insurance
Arkansas Department of Insurance
Compliance - Life/Health
1200 West Third Street
Little Rock, AR 72201-1904

Attn.: Policy Examination Division (Individual Life)

RE: **WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO** NAIC #468-91413
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WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO

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