

SERFF Tracking Number: PRLD-127011350 State: Arkansas  
Filing Company: Principal National Life Insurance Company State Tracking Number: 47871  
Company Tracking Number: SN 55 PNL OYT  
TOI: L04I Individual Life - Term Sub-TOI: L04I.203 Specified Age or Duration - Single Premium - Single Life  
Product Name: Single Premium One Year Term Life  
Project Name/Number: 2011 OYT/SN 55

## Filing at a Glance

Company: Principal National Life Insurance Company

Product Name: Single Premium One Year Term SERFF Tr Num: PRLD-127011350 State: Arkansas  
Life

TOI: L04I Individual Life - Term SERFF Status: Closed-Approved- State Tr Num: 47871  
Closed

Sub-TOI: L04I.203 Specified Age or Duration - Co Tr Num: SN 55 PNL OYT State Status: Approved-Closed  
Single Premium - Single Life

Filing Type: Form

Author: R Grubb

Date Submitted: 02/03/2011

Reviewer(s): Linda Bird

Disposition Date: 02/08/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested: 03/19/2011

Implementation Date:

State Filing Description:

## General Information

Project Name: 2011 OYT

Project Number: SN 55

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: R Grubb

Filing Description:

Individual Term Life - New Submission

SN 55 Single Premium One Year Term Life Insurance Policy

SN 55 -1 Data Page

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 01/28/2011

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 02/08/2011

State Status Changed: 02/08/2011

Created By: Carol Dewey

Corresponding Filing Tracking Number:

Our new Single Premium One Year Term Life Insurance Policy and Data Page are enclosed for your approval. They are new forms, and do not replace any forms that are currently on file with your department.

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Agents and brokers who are duly licensed by Principal National Life Insurance Company will market this new individual life insurance product. The policy will not be marketed with sales illustrations. The maximum policy issue ages for this product are from 20 to 99. Previously approved applications AA 2000 N and AA 1800 N will be used with this policy. Our normal underwriting guidelines will apply.

SN 55, Single Premium One Year Term Life Insurance Policy: provides a level death benefit prior to the expiration date. This non-renewable and non-convertible policy provides single life coverage on a unisex, unismoke basis.

SN 55-1, Data Page: is the data page ("schedule page") that will be used with policy form SN 55. The enclosed data page provides sample data based on the insured and policyowner choices. A Statement of Variability is enclosed.

Please note that we are concurrently submitting versions of these forms for use by Principal Life Insurance Company under SERFF Tracking Number PRLD-127011472. The only differences in the forms between the two filings are the form number, the company name, and the company officers shown on the cover page. We would appreciate any efforts you can make to coordinate the review of these filings.

The forms enclosed for your review and approval are in final print form, subject only to minor modifications in paper size, stock, ink, border, company logo, and adaptation to computer printing. In addition, depending on printer capabilities, the forms may be printed either simplex or duplex.

If you have questions or would like more information, please contact me.

## Company and Contact

### Filing Contact Information

Rosemary Grubb, Senior Analyst grubb.rosemary@prinipal.com  
 711 High Street 800-255-6603 [Phone] 2 [Ext]  
 Des Moines, IA 50392-0001 515-235-5494 [FAX]

### Filing Company Information

Principal National Life Insurance Company CoCode: 71161 State of Domicile: Iowa  
 711 High Street Group Code: 332 Company Type: Life, Health & Annuities  
 Des Moines, IA 50392-0001 Group Name: State ID Number:  
 (515) 246-7062 ext. [Phone] FEIN Number: 34-1022982

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Principal National Life Insurance Company	\$0.00	02/03/2011	
Principal National Life Insurance Company	\$100.00	02/03/2011	44365568

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 Project Name/Number: 2011 OYT/SN 55

## Correspondence Summary

### Dispositions

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

### 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	02/07/2011	02/07/2011	R Grubb	02/07/2011	02/07/2011
Pending Industry Response	Linda Bird	02/03/2011	02/03/2011	R Grubb	02/03/2011	02/03/2011

*SERFF Tracking Number:* PRLD-127011350      *State:* Arkansas  
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Premium - Single Life  
  
*Product Name:* Single Premium One Year Term Life  
*Project Name/Number:* 2011 OYT/SN 55

## **Disposition**

Disposition Date: 02/08/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Product Name: Single Premium One Year Term Life  
 Project Name/Number: 2011 OYT/SN 55

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Single Premium One Year Term Life Insurance Policy		Yes
Form	Data Page		Yes
Rate	PNL 2011 Single Life OYT Rates		Yes

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Product Name: Single Premium One Year Term Life  
Project Name/Number: 2011 OYT/SN 55

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 02/07/2011  
Submitted Date 02/07/2011  
Respond By Date 03/07/2011

Dear Rosemary Grubb,

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. Please review your procedures and assure us that you are in compliance.

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.

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.

Please feel free to contact me if you have questions.

Sincerely,  
Linda Bird

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Product Name: Single Premium One Year Term Life  
Project Name/Number: 2011 OYT/SN 55

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 02/07/2011  
Submitted Date 02/07/2011

Dear Linda Bird,

### Comments:

Please accept my apology for not addressing this in the initial filing.

### Response 1

Comments: We have reviewed our procedures and assure you that we are in compliance with and provide the notice required by Arkansas Code Ann. 23-79-138.

We have reviewed our issue procedures and assure you that we are in compliance with and provide the Life and Health guaranty notice required by Regulation 49.

We certify that the forms in the above numbered submission meet the provision of Rule and Regulation 19 regarding unfair sex discrimination in the sale of insurance, as well as all applicable requirements of the Department.

### Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please review your procedures and assure us that you are in compliance.

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.

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.

### Changed Items:

No Supporting Documents changed.

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Premium - Single Life  
  
*Product Name:* Single Premium One Year Term Life  
*Project Name/Number:* 2011 OYT/SN 55

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Best regards.

Sincerely,  
R Grubb

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*Project Name/Number:* 2011 OYT/SN 55

## **Objection Letter**

Objection Letter Status Pending Industry Response  
Objection Letter Date 02/03/2011  
Submitted Date 02/03/2011  
Respond By Date 03/03/2011

Dear Rosemary Grubb,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the \$100.00 filing fee is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Premium - Single Life  
Product Name: Single Premium One Year Term Life  
Project Name/Number: 2011 OYT/SN 55

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 02/03/2011  
Submitted Date 02/03/2011

Dear Linda Bird,

### Comments:

Thank you for your note. My apology for not including the filing fee are required.

### Response 1

Comments: The \$100 fee is being submitted via EFT.

### Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the \$100.00 filing fee is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Best regards.

Sincerely,  
R Grubb

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 Project Name/Number: 2011 OYT/SN 55

## Form Schedule

Lead Form Number: SN 55

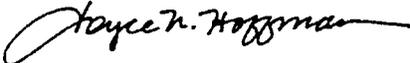
Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	SN 55	Policy/Contract/Fraternal Certificate	Single Premium One Year Term Life Insurance Policy	Initial		48.000	SN 55.pdf
	SN 55-1	Schedule Pages	Data Page	Initial		0.000	SN 55-1 annotated.pdf

**SINGLE PREMIUM ONE YEAR TERM LIFE INSURANCE POLICY.** Benefits are payable at the death of the Insured prior to the Policy Expiration Date and while this policy is in force. Premium payable is shown on the Data Page. This policy is non-renewable, non-convertible, and non-participating.

This policy is a legal contract between You, as owner(s), and Us, Principal National Life Insurance Company, a stock company. Your policy is issued based on the information in the application and payment of premium as shown on the Data Page. We will pay the benefits of this policy in accordance with its provisions.

**EXAMINATION OFFER. IT IS IMPORTANT TO US THAT YOU ARE SATISFIED WITH THIS POLICY. IF YOU ARE NOT SATISFIED, YOU MAY RETURN YOUR POLICY TO EITHER YOUR AGENT OR OUR HOME OFFICE BEFORE THE LATER OF: (1) TEN DAYS AFTER YOU RECEIVE YOUR POLICY OR (2) SUCH LATER DATE AS SPECIFIED BY APPLICABLE STATE LAW. IF YOU RETURN YOUR POLICY, WE WILL REFUND ANY PREMIUM PAID AND YOUR POLICY WILL BE CONSIDERED VOID FROM ITS INCEPTION. PLEASE READ YOUR POLICY CAREFULLY SO YOU MAY BETTER USE ITS BENEFITS.**

This policy starts on the Policy Date and will stay in force until the earlier of the Policy Expiration Date shown on the Data Page or the death of the Insured so long as You satisfy the requirements outlined in Your policy.

 Senior Vice President and Corporate Secretary	 President
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**Principal National Life  
Insurance Company**

711 High Street  
Des Moines, Iowa 50392-0001

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A copy of the application follows the last page of this policy.

## DEFINITIONS IN THIS POLICY

All of the following defined terms and phrases and certain items on Your Data Pages are capitalized throughout the policy. Please read them carefully as they will help You understand the policy provisions.

**AGE** is the Insured's age on the birthday nearest to the Policy Date.

**HOME OFFICE** is the address shown on Your policy cover page or such other address We provide.

**INSURED** is the person named as the Insured on the Data Page of the policy. The Insured may or may not be the owner.

**NOTICE** is a communication that is acceptable to Us in form and substance and that We receive in Our Home Office. We will require You to use a form We provide for certain Notices, including, for example, a policy surrender or a change of beneficiary.

**POLICY DATE** is the date shown on the Data Page. The Policy Date will never be the 29<sup>th</sup>, 30<sup>th</sup>, or 31<sup>st</sup> of any month.

**WE, OUR, US** is Principal National Life Insurance Company.

**YOU, YOUR** is the owner(s) of this policy.

## PURCHASING AND KEEPING THE POLICY IN FORCE

### PREMIUM PAYMENT

Your single premium payment is due on the Policy Date. We will give You a receipt on request.

### TERMINATION

Your policy and all of its privileges and rights terminate on the date:

1. the Insured dies; or
2. the policy expires; or
3. We receive Your Notice to cancel it.

## DEATH PROCEEDS

We will pay the death proceeds in a lump sum to the beneficiary(ies) subject to the provisions of this policy, after We receive Notice and due proof that the Insured died while the policy was in force and prior to the Policy Expiration Date. We require notification of the Insured's death as soon as it occurs, or as soon thereafter as is reasonably possible. Proof of death includes documentation necessary to pay the death proceeds. The death proceeds will be the Face Amount of this policy as shown on the Data Page.

We will pay interest on death proceeds as required by law.

## **OWNER, BENEFICIARY, ASSIGNMENT**

### **OWNER**

The owner(s) is as named in the application unless You change ownership as provided in the Change of Owner Or Beneficiary provision. As owner(s), You may exercise every right and privilege provided by Your policy, subject to the rights of any irrevocable beneficiary(ies). Your ownership rights and privileges continue while Your policy is in force. If an owner dies before the policy terminates, the surviving owner(s), if any, shall succeed to that person's ownership interest, unless otherwise specified. If all owners die before the policy terminates, the policy will pass to the Insured. With Our consent, You may specify a different arrangement for contingent ownership.

### **BENEFICIARY**

The beneficiary(ies) named in the application will receive the death proceeds unless You change the beneficiary designation as provided in the Change of Owner Or Beneficiary provision. If any beneficiary dies before the Insured, We will pay the death proceeds to any surviving beneficiary(ies) according to terms of the beneficiary designation then in effect. If no beneficiary(ies) survives the Insured, the death proceeds will be paid to the surviving owner(s) in equal percentages or, if applicable, to the last surviving owner's estate unless otherwise specified.

If the beneficiary is not a natural person, We may require proof the beneficiary is a validly existing entity immediately prior to making payment but no later than 180 days following the death of the Insured. If proof cannot be provided, then the beneficiary(ies) will be deemed to NOT have survived the Insured.

### **CHANGE OF OWNER OR BENEFICIARY**

You may change the owner(s) or beneficiary(ies) of this policy by sending Us Notice. Our approval is needed and no change is effective until We approve it. Once approved, the change is effective as of the date You signed the request. We may require that You send Us this policy so We can record the change.

### **ASSIGNMENT**

You may assign Your policy as collateral for a loan by providing Us with an original or a certified copy of the assignment which must be in a form acceptable to Us. We assume no responsibility for the assignment's validity. An assignment does not change the ownership of the policy. The rights of beneficiaries, whenever named, except for irrevocable beneficiaries named prior to Our receipt in Our Home Office of the assignment, become subordinate to those of the assignee. The assignment becomes effective on the date We receive it and is subject to any action taken by Us prior to that date.

## **GENERAL INFORMATION**

### **THE CONTRACT**

This policy, the attached application(s), any riders or endorsements, any amendments to the application(s), and the Data Page make up the entire contract. Any statements made in the application(s), or any amendments to the application(s) will be considered representations and not warranties. No statement, unless made in an application(s), or amendments thereto, will be used to void Your policy or to defend against a claim.

### **ALTERATIONS**

This policy may be altered by mutual agreement, but any alterations must be in writing and signed by one of Our corporate officers. No one else, including the agent, may change the contract or waive any provisions.

### **CONTESTABILITY**

With respect to statements made in the initial application(s) for this policy, this policy may be contested during a period of one year from the Policy Date.

### **MISSTATEMENT OF AGE**

If the age of the Insured has been misstated, the death benefit will be the amount the premium would have purchased at the correct age of the Insured.

### **SUICIDE**

This policy's death proceeds will not be paid if the Insured dies by suicide, while sane or insane, within one year of the Policy Date. Instead, We will return all premiums paid. This amount will be paid to the beneficiary(ies).

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**This page is intentionally left blank**

**SINGLE PREMIUM ONE YEAR TERM LIFE INSURANCE POLICY.** Benefits payable at the death of the Insured prior to the Policy Expiration Date and while this policy is in force. Premium payable is shown on the Data Page. This policy is non-renewable, non-convertible, and non-participating.

SAMPLE



Principal National Life  
Insurance Company  
Des Moines, Iowa 50392-0001

## DATA PAGE

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### Single Premium One Year Term Life Insurance

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#### POLICY DATA

**Policy Number:** [Sample] **1.**  
**Owner(s):** [John Doe] **2.**  
[Jane Doe] **2.**

For additional owners or subsequent ownership changes, see application or letter(s) of acknowledgement.

**Insured's Name:** [John Doe] **3.**  
**Insured's Risk Class:** Standard  
**Insured's Age and Gender:** [35] **4.** Unisex

**Policy Date:** [March 1, 2011] **5.**  
**Policy Expiration Date:** [February 29, 2012] **6.**

**Face Amount:** [\$200,000] **7.**  
**Premium:** [\$86.00] **8.**  
**Premium Frequency:** Single Pay

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 Project Name/Number: 2011 OYT/SN 55

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	PNL 2011 Single Life OYT Rates	SN 55	New		PNL 2011 Single Life OYT Rates.pdf

Table of 2011 Single Life One Year Term Rates  
for \$1000 of Life Insurance Protection  
Principal National Life Insurance Company  
Form: SN 55

<b>Age</b>	<b>Rate</b>	<b>Age</b>	<b>Rate</b>
20	0.51	60	1.91
21	0.49	61	2.06
22	0.47	62	2.23
23	0.46	63	2.45
24	0.45	64	2.73
25	0.44	65	3.09
26	0.44	66	3.43
27	0.43	67	3.8
28	0.43	68	4.21
29	0.43	69	4.68
30	0.42	70	5.21
31	0.42	71	5.78
32	0.42	72	6.39
33	0.42	73	7.07
34	0.43	74	7.86
35	0.43	75	8.71
36	0.44	76	9.67
37	0.45	77	10.69
38	0.46	78	11.83
39	0.48	79	13.12
40	0.5	80	14.57
41	0.52	81	16.14
42	0.55	82	17.82
43	0.59	83	19.67
44	0.62	84	21.67
45	0.66	85	23.82
46	0.7	86	26.19
47	0.74	87	28.7
48	0.79	88	31.48
49	0.83	89	34.65
50	0.88	90	38.01
51	0.93	91	41.52
52	0.99	92	44.91
53	1.05	93	48.38
54	1.14	94	51.99
55	1.23	95	59.74
56	1.36	96	78.58
57	1.49	97	91.54
58	1.63	98	100.9
59	1.76	99	107.2

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## Supporting Document Schedules

**Item Status:** **Status Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

Attached is a readability certificate for this submission.

**Attachment:**

AR Readability cert.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Application

**Comments:**

Previously approved application forms AA 2000 N and AA 1800 N approved by your department on October 24, 2008, will be used with this product.

**Item Status:** **Status Date:**

**Satisfied - Item:** Statement of Variability

**Comments:**

The Statement of Variability for the submitted forms is attached.

**Attachment:**

SN 55-1 Statement of Variability.pdf



**ARKANSAS CERTIFICATION**

**PRINCIPAL NATIONAL LIFE INSURANCE COMPANY**

RE: SN 55

This is to certify that the submitted forms have achieved a Flesch Reading Ease Score as noted below and comply with the requirement of Arkansas Statute Annotated 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form No.</u>	<u>Score</u>
SN 55	48

A handwritten signature in black ink, appearing to read "Jeff Hostetter", written in a cursive style.

Date 1/31/2011

---

Jeff Hostetter  
Assistant Director, Individual Product Management

## **Statement of Variability**

### **SN 55**

#### **SN 55-1**

The variability for bracketed items in the above-referenced forms is provided below. This Statement of Variability reflects bracketing of items that will vary based upon policy specific information.

#### **SN 55:**

Company officer signature and title are bracketed to allow for future changes to the officer signature and/or officer title without refiling the forms for state approval.

#### **SN 55-1**

1. Prints policy number.
2. Prints owner's name(s).
3. Prints Insured's name.
4. Prints Insured's Age.
5. Prints Policy Date.
6. Prints Policy Expiration Date.
7. Prints the policy Face Amount.
8. Prints the Premium amount.