

<i>SERFF Tracking Number:</i>	<i>UUIN-126997657</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Reliable Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47825</i>
<i>Company Tracking Number:</i>	<i>RLIC-IWL-AR</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Increasing Whole Life Policy</i>		
<i>Project Name/Number:</i>	<i>21 Pay/IWL</i>		

Filing at a Glance

Company: Reliable Life Insurance Company
 Product Name: Increasing Whole Life Policy
 TOI: L071 Individual Life - Whole

SERFF Tr Num: UUIN-126997657 State: Arkansas
 SERFF Status: Closed-Approved- Closed State Tr Num: 47825

Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Filing Type: Form

Co Tr Num: RLIC-IWL-AR State Status: Approved-Closed
 Author: Jill Harvey Reviewer(s): Linda Bird
 Date Submitted: 01/28/2011 Disposition Date: 02/07/2011
 Disposition Status: Approved-Closed
 Implementation Date:

Implementation Date Requested: 06/01/2011
 State Filing Description:

General Information

Project Name: 21 Pay
 Project Number: IWL
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments: Missouri is the state of domicile.

Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:

Market Type: Individual
 Individual Market Type:
 Filing Status Changed: 02/07/2011
 State Status Changed: 02/07/2011
 Created By: Jill Harvey
 Corresponding Filing Tracking Number: UUIN-126765853

Deemer Date:
 Submitted By: Jill Harvey

Filing Description:

We are submitting this Increasing Whole Life Policy for your review and approval for use in your state.

This is a whole life insurance policy where premiums are level and payable for twenty-one (21) years on a monthly basis. After 21 years of premium payments the policy will become paid-up for the life of the insured. The policy provides a death benefit that increases by 5% of the first year death benefit each year until the year that the ultimate death benefit is 200% of the first year death benefit.

SERFF Tracking Number: UUIIN-126997657 State: Arkansas
 Filing Company: Reliable Life Insurance Company State Tracking Number: 47825
 Company Tracking Number: RLIC-IWL-AR
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Increasing Whole Life Policy
 Project Name/Number: 21 Pay/IWL

The policy will not be sold with an illustration. It will be marketed by our captive agency force using the home service distribution method. Our target market is individuals with low to modest income levels, ages 0 to 75. The maximum death benefit available will be \$25,000, with a minimum of \$3,000.

We will be using application form #5289-NARL which was approved by your department on 8/17/10 under SERFF tracking number UUIIN-126765853.

Company and Contact

Filing Contact Information

Jill Harvey, Compliance Specialist jharvey@unitrin.com
 12115 Lackland Rd. 314-819-4629 [Phone]
 St. Louis, MO 63146 314-819-4768 [FAX]

Filing Company Information

Reliable Life Insurance Company CoCode: 68357 State of Domicile: Missouri
 12115 Lackland Rd. Group Code: 215 Company Type: Life & Accident
 St. Louis, MO 63146 Group Name: Unitrin, Inc. State ID Number:
 (314) 819-4627 ext. [Phone] FEIN Number: 43-0476110

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 form at \$50 per form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reliable Life Insurance Company	\$50.00	01/28/2011	44158695

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/07/2011	02/07/2011

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	01/31/2011	01/31/2011	Jill Harvey	02/03/2011	02/03/2011

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Disposition

Disposition Date: 02/07/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Certification Reg. 19		Yes
Form	Increasing Whole Life Policy		Yes

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Product Name: Increasing Whole Life Policy
Project Name/Number: 21 Pay/IWL

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/31/2011
Submitted Date 01/31/2011
Respond By Date 03/02/2011

Dear Jill Harvey,

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 submissin 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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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 recent comments.

Response 1

Comments: I would like to assure you that with every policy issue a Consumer Information Notice that provide information to the policyholder on our toll-free telephone number and mailing address as well as the the same information for the Arkansas Department of Insurance.

I have attached a certification regarding Unfair Sex Discrimination in the Sale of Insurance.

A Life and Health Guaranty Notices is issued with every life and health policy issued in the state of Arkansas.

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 submissin 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:

Supporting Document Schedule Item Changes

Satisfied -Name: Certification Reg. 19

Comment: Please see attached.

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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Just as a suggestion, it would be very helpful to industry filers if you could have your tech people add these requirements to your SERFF tabs and/or the general instructions.

I trust this information will now allow you to approve our filing for sale in your state.

Sincerely,
Jill Harvey

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Form Schedule

Lead Form Number: IWL-AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	IWL-AR	Policy/Cont ract/Fraternal Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.700	IWL-AR.pdf



The Reliable Life Insurance Company

Home Office: St Louis, Missouri
Administrative Office: 12115 Lackland Road, St Louis, MO 63146
(800) 630-8645

Throughout this policy "we", "our", "us" and "the company" refer to The Reliable Life Insurance Company.

We will pay the proceeds to the beneficiary if the Insured dies while this policy is in force. Payment will be made after we receive proof of the Insured's death, subject to the terms of this policy. If the Insured is living when the policy matures, the proceeds will be paid to the owner.

The consideration for this policy is the application and the payment of premium. The first premium must be paid on or before delivery of this policy. Future premiums are to be paid as stated on page 3 or until the death of the Insured, if earlier.

The owner and beneficiary are as named in the application unless they are changed as provided in this policy.

NOTICE OF 20 DAY RIGHT TO EXAMINE POLICY

Within 20 days from receipt of this policy the Owner may return it to us, or our agent, for any reason. If returned, it is void and any premium paid will be returned.

Signed for The Reliable Life Insurance Company at St. Louis, Missouri, on the date of issue.

John R. Camillo
Secretary

Eduard J. K...
President

INCREASING WHOLE LIFE POLICY-PROCEEDS PAYABLE AT EARLIEST OF INSURED'S DEATH OR THE DATE THE POLICY MATURES-PREMIUMS PAYABLE FOR 21 YEARS WHILE THE INSURED IS ALIVE DURING THE PREMIUM PAYING PERIOD NON-PARTICIPATING

POLICY NUMBER

0123456789

DATE OF ISSUE

AUGUST 5, 2011

INSURED

JOHN Q DOE

ISSUE AGE

35

INITIAL FACE AMOUNT

\$10,000

SEX

MALE

ULTIMATE FACE AMOUNT

\$20,000

PREMIUM CLASS

STANDARD

DISTRICT

014

AGENCY

1412

IWL-AR

SCHEDULE OF BENEFITS AND PREMIUMS

BENEFIT DESCRIPTION	BENEFIT AMOUNT	ANNUAL PREMIUM	PREMIUM PAYING PERIOD
55H - INCREASING WHOLE LIFE	\$10,000 - INITIAL	\$492.40	21 YEARS MATURES 01/01/2075
ACCIDENTAL DEATH BENEFIT	\$5,000 - 5 UNITS	\$ 5.25	21 YEARS EXPIRES 01/01/2046

TOTAL ANNUAL PREMIUM **\$497.65**
 PREMIUM PAYABLE MONTHLY **\$52.14**

PREMIUM PAYMENT MODE

MONTHLY (MDO)	MONTHLY EFT
\$ 52.14	\$ 52.14

POLICY DATA

POLICY NUMBER	0123456789	DATE OF ISSUE	AUGUST 5, 2011
INSURED	JOHN Q DOE	ISSUE AGE	35
INITIAL FACE AMOUNT	\$10,000	SEX	MALE
ULTIMATE FACE AMOUNT	\$20,000	PREMIUM CLASS	STANDARD
DISTRICT	014	AGENCY	1412

TABLE OF GUARANTEED POLICY VALUES – INCREASING WHOLE LIFE

THESE VALUES ARE CALCULATED USING THE COMMISSIONERS 2001 STANDARD ORDINARY MORTALITY TABLE WITH INTEREST COMPOUNDED ANNUALLY AT 5 PERCENT.

INSURED	JOHN Q. DOE	POLICY NUMBER	0123456789
INITIAL FACE AMOUNT	\$10,000	ULTIMATE FACE AMOUNT	\$20,000
ANNUAL INCREASE	\$ 500		

END OF POLICY YEAR	ATTAINED AGE OF INSURED	FACE AMOUNT DURING POLICY YEAR	CASH OR LOAN VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM INSURANCE YEARS	DAYS
1	36	\$10,000	0	0	0	0
2	37	\$10,500	70	430	4	229
3	38	\$11,000	320	1,880	15	157
4	39	\$11,500	580	3,270	21	227
5	40	\$12,000	850	4,590	25	176
6	41	\$12,500	1130	5,850	28	72
7	42	\$13,000	1420	7,050	30	97
8	43	\$13,500	1730	8,240	31	334
9	44	\$14,000	2040	9,330	33	18
10	45	\$14,500	2370	10,410	33	361
11	46	\$15,000	2710	11,440	34	243
12	47	\$15,500	3070	12,460	35	84
13	48	\$16,000	3440	13,420	35	231
14	49	\$16,500	3830	14,360	35	354
15	50	\$17,000	4230	15,250	36	69
16	51	\$17,500	4650	16,120	36	142
17	52	\$18,000	5080	16,930	36	182
18	53	\$18,500	5530	17,740	36	232
19	54	\$19,000	6000	18,530	36	308
20	55	\$19,500	6480	19,280	37	26
21	56	\$20,000	6980	PAID-UP	PAID-UP	

INCREASING WHOLE LIFE
PLAN CV355

CASH VALUE FACTOR
245.7844

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NOTICE TO INSURED

If you have questions concerning your coverage or benefits, please write us at:

THE RELIABLE LIFE INSURANCE COMPANY

CAIS ADMINISTRATIVE OFFICE

12115 Lackland Road

St. Louis, Missouri 63146

Or call (800) 777-8467

DEFINITIONS

Age	Means the age of the Insured on his/her last birthday. The age of the Insured during any policy year is his/her age at the beginning of the policy year.
Contingent Beneficiary	Is the person so named in the application, or later changed and recorded by us, to receive the proceeds of this policy, only if, at the time of the Insured's death, the Primary Beneficiary is deceased or otherwise legally disqualified.
Date of Issue	Is shown on page 3 and is the effective date of coverage under this policy. It is the date from which premium due dates, policy years and policy anniversaries are determined.
Insured	Is the person so named on page 3 and who is covered under this policy.
Loan Balance	Means all outstanding loans on this policy plus interest.
Non-Participating	Means this policy does not participate in the profits or surplus of the company.
Owner	Is the Insured or other person so designated in the application, or later changed and recorded by us, who has all rights granted by this policy as explained in the Ownership and Beneficiary Provision.
Policy Anniversary	Is the same day and month as the Date of Issue for each succeeding year your policy remains in force.
Primary Beneficiary	Is the person so named in the application, or later changed and recorded by us, to receive the proceeds of this policy in the event of the Insured's death.

PREMIUMS

PAYMENT OF PREMIUMS. Premiums are payable in advance at our Administrative Office or to one of our authorized agents. We will furnish a receipt signed by an officer of the company upon request.

Premiums are payable for the amount and until the final premium payment due date as shown on page 3. The first premium is due and payable on the Date of Issue. All other premiums are due on the same day of the month as the Date of Issue and at the premium payment mode shown on page 3.

Upon written request, we will allow the premium payment mode to be changed to any mode available at the time of the request. Any such change is subject to our rules at the date of the request.

GRACE PERIOD. We will grant a grace period of 31 days after the premium due date for the payment of every premium after the first premium. During this grace period the policy will remain in force. If the Insured dies during the grace period, any unpaid premium will be deducted from the face amount of the policy. If the premium is unpaid at the end of the grace period, the policy will terminate except as provided in the Non-Forfeiture Options provision of this policy.

REINSTATEMENT. Reinstatement means to return the policy to premium-paying status. This policy may be reinstated after the due date of the first unpaid premium, unless the policy has been surrendered for its surrender value. The requirements for reinstatement are:

1. Evidence of insurability satisfactory to us;
2. Payment of all unpaid premiums with interest compounded annually at 5% to the date of reinstatement, and
3. Payment or reinstatement of any Loan Balance that existed at the due date of the first unpaid premium with interest compounded annually at 8%.

OWNERSHIP AND BENEFICIARY

OWNERSHIP. The Owner of this policy is the Insured, or other person so designated in the application, unless later changed. While the Insured is living, only the Owner may exercise all benefits, rights, and privileges under this policy. This includes the right to change the beneficiary, the right to take out a loan, the right to surrender the policy, and the right to change the Owner.

While the Insured is living, the designation of Owner may be changed at any time by sending us written notice in a form satisfactory to us. A new designation will not be binding until it is recorded in our Administrative Office and shall be subject to any payments made or actions taken by the company prior to the new designation being recorded.

If the Owner, other than the Insured, dies during the Insured's lifetime, and has not named a successor, the ownership rights will pass to the Insured.

If the Insured is under the statutory age to contract for life insurance, he/she cannot exercise the rights of ownership. Until the Insured reaches the statutory age, the following persons may exercise these rights, while living and legally competent, in this order:

1. the person who applied for the policy;
2. the legal guardian of the Insured;
3. the Primary Beneficiary (or any Primary Beneficiary, if more than one); or
4. the Contingent Beneficiary (or any Contingent Beneficiary, if more than one).

BENEFICIARY. Each beneficiary who is to receive any proceeds upon the death of the Insured is named in the application, unless later changed. Each beneficiary is classified as a Primary or Contingent Beneficiary. All surviving beneficiaries of the same class, who are not otherwise legally disqualified, will share equally in any payments to that class, unless provided otherwise in the beneficiary designation.

While the Insured is living, the designation of beneficiary may be changed at any time by sending us written notice in a form satisfactory to us. Such change will not be effective until recorded by us at our Administrative Office and shall be subject to any payments made or actions taken by the company prior to the change of beneficiary being recorded. An irrevocable beneficiary cannot be changed without the written consent of that beneficiary.

If no beneficiary is living or if all beneficiaries are legally disqualified at the time of the Insured's death, the proceeds will be paid to the Owner, if living, otherwise to the Owner's estate.

SIMULTANEOUS DEATH. If we cannot determine whether a beneficiary or the Insured died first, we will assume that the beneficiary died first. Proceeds will be payable on this basis unless otherwise provided in any endorsements or riders.

LOAN PROVISIONS

POLICY LOANS. Unless the policy is continued as extended term insurance, the Owner may make a written request for a policy loan. The request must be submitted to us on a form satisfactory to us. The policy will be assigned as security for the loan.

We may defer loans for a period not exceeding 6 months as provided by law. A loan used to pay premiums to us will not be deferred.

AMOUNT OF LOAN AVAILABLE. Subject to applicable state laws, the amount of the loan shall not be greater than:

1. The policy's cash value on the day we process the loan;
2. Less loan interest to the end of the current policy year;
3. Less any unpaid premiums for the balance of the current policy year;
4. Less any existing policy loan.

LOAN INTEREST. Loan interest will be compounded annually at a rate of 8%. The loan interest is payable at the end of the policy year. If the loan interest is not paid when due, it will be added to the loan and will bear interest at the same rate.

REPAYMENT. Loans may be repaid in full or in part at any time before the Insured's death and while the policy is in force, except when the policy is continued as extended term insurance. Failure to repay a loan or to pay interest will terminate the policy when the Loan Balance equals or exceeds the cash value. This termination will not occur until 31 days after we have mailed notice to the last known address of the Owner and any assignee of record.

GUARANTEED CASH VALUES AND RESERVES

SURRENDER VALUE. The surrender value of this policy is the cash value less any Loan Balance.

CASH VALUES. The formula for computing guaranteed cash value at the end of any policy year is stated in the Basis of Cash Values provision below. Cash values for selected policy anniversaries are shown on page 4, based on the assumptions that all due premiums are paid and that there is no Loan Balance. Such cash values will be adjusted for any premiums paid and coverage provided beyond a policy anniversary. Any cash values not shown will be provided on request.

If a premium is due and unpaid, the cash value within 60 days after the premium due date will be determined as of such due date. If this policy has become fully paid-up or is in force under Non-Forfeiture Value Option 1 or 2, the cash value within 30 days after any policy anniversary will not be less than the cash value on such anniversary.

NON-FORFEITURE OPTIONS. Any one of the following non-forfeiture options may be elected by sending us a written request in a form acceptable to us. The request must be received at our Administrative Office within 60 days after the due date of the premium in default and prior to the death of the Insured. Benefits provided by supplementary agreements, if any, will cease when a non-forfeiture option becomes effective.

1. **Extended Term Insurance.** This policy may be continued in force as level extended term insurance unless the premium class stated on page 3 is "Rated". The amount of such insurance will be the face amount of this policy less any Loan Balance. The period for which such insurance is provided will be calculated using the surrender value of the policy as a net single premium as of the due date of the first unpaid premium, based on the Insured's attained Age on such date.
2. **Reduced Paid-up Insurance.** This policy may be continued in force as reduced paid-up insurance. The amount of reduced paid-up insurance will be calculated using the surrender value of this policy as a net single premium as of the due date of the first unpaid premium, based on the Insured's attained Age on such date.
3. **Paid In Cash.** The Owner may surrender this policy for its surrender value. Upon surrender, this policy will terminate and the surrender value will be paid to the Owner in one sum. Surrender will be effective on the date we have received both this policy and a written surrender request in a form acceptable to us. We reserve the right to defer payment for not more than 6 months from the date of the surrender. If payment is deferred for 30 days or more, the surrender value will bear interest at the rate of 2-1/2% a year.

AUTOMATIC OPTION. If a premium for this policy is not paid within the grace period and no non-forfeiture option has been elected, the policy will be continued under the extended term insurance option, if available. If not available, the policy will be continued under the reduced paid-up insurance option.

BASIS OF CASH VALUES. The cash value at the end of any policy year is:

1. The present value of future insurance benefits guaranteed by this policy, not including benefits provided by any supplementary agreements, less
2. The present value of a series of amounts, each equal to the appropriate cash value factor stated on page 4, payable annually for the remaining premium-paying period.

A detailed statement of the method of computing cash values has been filed with the state in which this policy is delivered. Cash values for this policy equal or exceed the minimum values required by that state. Guaranteed values, including extended term insurance values, are calculated using the Commissioners 2001 Standard Ordinary Mortality Table. All values are based on interest compounded at the rate stated on page 4 and the assumptions that death benefits are paid at the end of the policy year and the cash value factor amounts are paid at the beginning of policy years.

BASIS OF RESERVES. The reserve at the end of any policy year is:

1. The present value of future insurance benefits guaranteed by this policy, not including benefits provided by any supplementary agreements, less
2. The present value of net premiums determined by the Commissioners Reserve Valuation Method, payable for the remaining premium paying period.

The mortality basis shall be the mortality table used for computing cash values or, at our option, a mortality table that produces reserves that equal or exceed the reserves computed by using the cash value mortality table. The interest rate shall be the maximum interest rate prescribed by the Standard Valuation Law for the year this policy is issued or, at our option, an interest rate that produces reserves that equal or exceed the reserves computed by using the maximum interest rate prescribed by the Standard Valuation Law.

A detailed statement of the method of computing reserves has been filed with the state in which this policy is delivered. Reserves for this policy equal or exceed the minimum values required by that state. Reserves are based on the assumptions that death benefits are paid at the moment of death and net premiums are paid continuously over the premium-paying period.

PAYMENT OF PROCEEDS

AMOUNT OF PROCEEDS. We will pay, upon receipt of due proof of the death of the Insured, the sum of the following:

1. The face amount on the date of the insured's death;
2. Less any Loan Balance;
3. Plus interest, if any, at the rate required by state law;
4. Plus the portion of any premium paid which applies to a period beyond the policy month in which the Insured dies; or
5. Less the portion of any premium due and unpaid which applies to the period up to and including the policy month in which the Insured dies.

Due proof of the Insured's death means either a certified copy of the death certificate, a certified copy of a decree of a court of competent jurisdiction as to the finding of death, or any other proof satisfactory to us.

GENERAL PROVISIONS

ENTIRE CONTRACT. The entire contract consists of this policy, any endorsements and a copy of the application, which is attached. In the absence of fraud, all statements made in the application are representations and not warranties. No statement shall be used in defense of a claim under this policy unless it is contained in the application.

ALTERATION OF CONTRACT. Only the President, a Vice President, the Secretary, an Assistant Vice President, or an Assistant Secretary is authorized to change any of the provisions of the policy. No agent has authority to change this policy or to waive any of its provisions. Any change must be in writing and attached to the policy.

ASSIGNMENT. We will not be bound by any assignment of this policy until it is recorded by us at our Administrative Office and an assignment shall be subject to any payments made or actions taken by the company prior to the assignment being recorded. We are not responsible for the validity of any assignment.

INCONTESTABILITY. We cannot contest this policy after it has been in force during the lifetime of the Insured for two years from its Date of Issue. This provision will not apply to non-payment of premiums or to fraud in the procurement of the policy, when permitted by applicable state law.

SUICIDE. If the Insured dies by suicide, while sane or insane, within two years from the Date of Issue (within one year in Missouri), the amount payable will be limited to the premiums paid less any Loan Balance.

MISSTATEMENT OF AGE OR SEX. If the Age or sex of the Insured has been misstated, the benefits will be those the premium would have purchased for the correct Age and/or sex.

CHANGE IN PLAN. The plan of insurance may be changed with our consent. We will determine the requirements to make a plan change, including the cost.

CLERICAL ERROR. A clerical error in the records relative to this insurance shall not invalidate insurance or cause insurance to be in force or to continue in force. Upon discovery of such error, an equitable adjustment shall be made in the premium.

SEVERABILITY CLAUSE. All of the clauses of this contract are distinct and severable. If any clause shall be deemed illegal, void, or unenforceable, it shall not affect the validity, legality, or enforceability of any other clause or provision of this contract.

LEGAL ACTION No legal action may be brought to recover on this policy within 60 days after written proof of loss has been given as required by this policy. No such action may be brought after three years have passed from the time written proof of loss is required to be given. If this three year limit is deemed to be too short by the laws of the state in which You live, it will be increased to the limit allowed by the laws of that state.

THIS PAGE IS INTENTIONALLY BLANK.



The Reliable Life Insurance Company

Home Office: St. Louis, Missouri
Administrative Office: 12115 Lackland Road, St. Louis, MO 63146
(800) 630-8645

NOTE

A copy of the application for this policy is attached. Please examine this copy carefully and if any errors or omissions are found, full details with the policy number, should be sent immediately to the company.

**INCREASING WHOLE LIFE POLICY-PROCEEDS PAYABLE AT EARLIEST OF INSURED'S DEATH
OR THE DATE THE POLICY MATURES-PREMIUMS PAYABLE FOR 21 YEARS
WHILE THE INSURED IS ALIVE DURING THE PREMIUM PAYING PERIOD
NON-PARTICIPATING**

SERFF Tracking Number: UUIIN-126997657 State: Arkansas
 Filing Company: Reliable Life Insurance Company State Tracking Number: 47825
 Company Tracking Number: RLIC-IWL-AR
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Increasing Whole Life Policy
 Project Name/Number: 21 Pay/IWL

Supporting Document Schedules

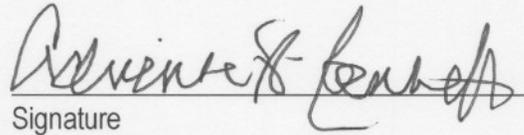
	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments: please see attached</p> <p>Attachment: Flesch Cert.pdf</p>		
<p>Satisfied - Item: Application</p> <p>Comments: Please see attached</p> <p>Attachment: 5289-NARL 08-10.pdf</p>		
<p>Satisfied - Item: Certification Reg. 19</p> <p>Comments: Please see attached.</p> <p>Attachment: Cert 19s10B.pdf</p>		

CERTIFICATION

This is to certify that the attached:

IWL-AR

has achieved a Flesch reading ease scores of 50.7 and complies with the requirements of Ark. Stat. Ann. §§ 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Signature

Chief Compliance Officer

Title

January 25, 2011

AR

District Agency



The Reliable Life Insurance Company

A UNITRIN Company

HOME OFFICE: St. Louis, Missouri 63146 (800) 630-8645

PLEASE PRINT ALL INFORMATION IN BLACK INK

H.O. Use Only

Family Group Number:
Family Group Name:

If adding benefits to existing policy, indicate policy #

1. Proposed Insured Owner (First, Middle Initial, Last) Age Birth Date Sex Height Weight
Residence Number and Street Town or City State Zip Code Driver's License Number:
Social Security Number: Telephone Number Birth State Married Widowed Common Law Spouse
Single Divorced State of Issue:

Occupation/Source of Income of Proposed Insured: Years Employed or Grade Level (if student):

2. Name of Other Persons Proposed for Insurance: (Spouse or Child) Social Security Number Relationship Sex Age Birth Date Birth State Height (Ft) Weight (Lbs.)

2a. Are all children proposed for insurance living in the home of the Proposed Insured?
3. Has any person proposed for insurance smoked cigarettes or used tobacco products within the past 12 months?

4. Policy Plan 5. Face Amount 6. Total Premium 7. Payable: Monthly (MDO) Bank Transfer Semi-Annual Quarterly Annual

8. Additional Benefits: Amount Waiver of Premium Rider (10 / 20 / 65) Term Rider (circle year selection) (15/30) Mort. Term Rider ADB on Term Rider
MDO: \$25,000 or less on base plan
PNO: \$30,000 or more on base plan

9. Proposed Insured is Owner Yes No MUST BE COMPLETED if "No" Birth Date Relationship Social Security Number
Primary Address

9a. Contingent

10. Primary Beneficiary Name Percent Birth Date Relationship Social Security Number

10a. Contingent Beneficiary Name Percent Birth Date Relationship Social Security Number

AGREEMENT

IT IS AGREED that all statements in this application are, to the best of my (our) knowledge and belief, complete and true. This application and any amendments to it, with the answers made to the medical examiner (should an exam be required) shall be the basis of any insurance issued. No agent can: a) accept any risks; b) modify policies; or c) waive any rights or requirements of The Reliable Life Insurance Company (Company). It is further agreed that unless otherwise stated in a Conditional Receipt bearing the date of this application, no liability exists until: a) a policy is delivered to and accepted by the owner; and b) the first premium is paid while the health and occupations of all proposed Insureds are as described in this application. The acceptance of any policy issued on this application shall be an acceptance and ratification of all corrections, additions or changes made by the Company. Any change in the amount of insurance, class, plan of insurance, benefits or the age at issue must be accepted, in writing, by the applicant. I authorize the Medical Information Bureau to provide any information it has on me and my minor children to the Company in connection with this application. I ACKNOWLEDGE receipt of the Disclosure Notice to Proposed Insured.

I ELECT to be interviewed if an investigative consumer report is prepared in connection with this application.

Cash Received with Application \$ Dated and Signed at Mo/Day/Yr City State

X Witness or Agent Signature Employee Number X Signature of Proposed Insured (who is the Owner unless otherwise designated above)

X Signature of Applicant/Owner (if other than Proposed Insured) X Signature of 2nd Proposed Insured (or spouse, if insurance is applied for)

11. Replacement exists when a policy is lapsed, surrendered or "substantially borrowed against" in the 4 months before or 13 months after the application date of a new or increased policy on the same life. Is this policy intended to in whole or in part replace any life insurance?
 Yes No If yes, please complete any applicable forms.
12. Does any person proposed for insurance have life insurance in force or applied for with this or any other company? Yes No If "yes", list information here, including any Accidental Death Benefit Coverage. Include all Reliable Life Insurance Company policy numbers.

INSURED	COMPANY	POLICY NO.	LIFE INS. AMOUNT	ISSUE OR APP. DATE

MEDICAL QUESTIONS - COMPLETE FOR ALL PROPOSED INSURED

Has (or is) any Person proposed for insurance: (All Primary Proposed Insureds and any spouse applying for STR must initial each and every response to the following questions). Circle applicable condition(s), place initials wholly in box provided and give complete details in Question 25.

	Yes	No
13. Consulted a physician or other medical practitioner or been hospitalized for any reason during the last 5 years?.....		
14. Ever been treated for or diagnosed with asthma, bronchitis, emphysema, pleurisy, or other disease or disorder of the lungs?.....		
15. Ever been treated for cancer, tumor, heart trouble, blood disorders, diabetes, high or low blood pressure or elevated cholesterol?.....		
16. Ever been treated for disease or disorder of stomach, intestines, rectum, liver or gall bladder, ulcer, rupture or gland disorder?.....		
17. Ever been treated for mental or nervous disorder, fainting spells, epilepsy or convulsions, paralysis or stroke?.....		
18. Ever been treated for disease or disorder of the kidney, bladder, prostate, trouble with the male or female sexual or reproductive organs, or for venereal disease?.....		
19. Ever been treated for disease or disorder of bone, joints, muscle, back or spine; rheumatism, arthritis, gout, loss of limb or deformity?.....		
20. Within the last 3 years had a drunk driving conviction, had any moving violations, auto accidents, or participated in any motor racing or aviation activities. skin diving, scuba diving, skydiving, or any other hazardous sport?.....		
21. Currently receiving Social Security Disability benefits, supplemental security income benefits due to disability, or health or medical benefit payments under Medicaid?.....		
22. a. Ever been treated by a doctor or in a hospital or other medical facility because of alcohol, drug or narcotic usage; or been diagnosed as suffering from alcohol or drug abuse?.....		
b. Ever used marijuana, barbiturates, amphetamines, hallucinatory drugs, heroin, cocaine, opiates or other narcotics, except as prescribed by a physician?.....		
23. Ever been declined, postponed or offered insurance at a higher rate from that applied for?.....		
24. Ever been treated or diagnosed by a physician or medical professional as having AIDS, ARC, or any immunological disorder (including testing positive for the HIV virus)?		

WARNING: Any person who knowingly includes any false or misleading information on an application for an insurance policy, or who makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information may be guilty of a felony and may be subject to fines and confinement in prison.

25. Give complete details of "yes" answers to Question 13 -24 and information on all Medical Care Providers:

Provider's Full Name	Full Telephone No.	Complete Address	Indicate Question No. and include full details and date

Proposed Insured _____

AGENT'S REPORT

1. COMPLETE WHEN INDIVIDUAL PROPOSED INSURED IS UNDER AGE 15:

- a. On the back of this report, list all children under the age of 15, and the amount of insurance on each.
- b. How much insurance coverage does the father have? _____ Does the mother have? _____

2. COMPLETE WHEN A CHILD RIDER IS REQUESTED:

- a. Is each child named on the application a natural child, a stepchild or a legally adopted child of the Proposed Insured? Yes No
Provide details of "No" answer.
- b. Are all children under the age of 18 included in this application? Yes No Provide details of "No" answer.

3. COMPLETE FOR ALL APPLICATIONS:

- a. Did you see the Proposed Insured(s) when this application was completed? Yes No
- b. How long have you known the Proposed Insured, or, if the Proposed Insured is a child under the age of 15, how long have you known the applicant? _____
- c. Does the applicant have any existing life insurance policies? Yes No
- d. Replacement exists when a policy is lapsed, surrendered or "substantially borrowed against" in the 4 months before or 13 months after the application date of a new or increased policy on the same life. Do you have reason to believe replacement is involved in this transaction? Yes No
- e. Has a Medical Examination been ordered? Yes No Date ordered: _____ From: _____
- f. Has an Inspection Report been ordered? Yes No
- g. If the amount of insurance applied for is \$100,000 or greater or the premium is \$1,000 or more, the identity and address of the insured/applicant was verified? Yes No Photo ID used was _____

Signature of Writing Agent

Employee Number

Date

CONDITIONAL RECEIPT - DO NOT DETACH UNLESS FIRST PREMIUM IS PAID WITH APPLICATION

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY

08042010

DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

The Reliable Life Insurance Company has received a payment of \$ _____ for insurance applied for on the life of _____ with this application.

No insurance will be provided under this receipt unless all Company Requirements are first fulfilled exactly during the lifetime of the Proposed Insured. If all Company requirements are not met, or the Proposed Insured dies by suicide, the liability of the Company shall be limited to a refund to the Applicant of the payment made for this receipt. Company Requirements are defined by the Company's current rules and practices and include hospital and physician reports, medical examinations, tests and any other information requested by the Company. No agent may alter or waive any part of this receipt. This receipt provides no insurance for riders or additional benefits.

IMPORTANT: The payment is accepted by the Company subject to the conditions set forth on the back of this receipt. This receipt is not valid unless it is signed by a licensed agent of the Company and unless the amount paid with the application, if paid by check or draft, is honored on first presentation for payment.

DATE

SIGNATURE OF AGENT

EMPLOYEE NUMBER

DISCLOSURE NOTICE TO PROPOSED INSURED

Consumer Disclosure Notification

As part of our procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews made by a consumer reporting agency with you, your family, neighbors, friends and others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. In addition, physicians, hospitals, clinics and other medically-related facilities may be contacted, using your signed authorization to obtain details of your past medical treatment.

You have the right to be interviewed as a part of any investigative consumer report that may be prepared. If you desire to be interviewed, you should indicate this on the space provided in the Authorization. You also have the right of access, correction and amendment with respect to any personal information collected. Upon your request, you are entitled to receive a description of procedures which allow access to, and correction of personal information which may be obtained, and a description of the circumstances under which personal information may be disclosed without prior authorization. Your written request should be addressed to Career Agency Insurance Services, The Reliable Life Insurance Company, 12115 Lackland Rd., St. Louis, Missouri 63146.

Question 1.a. listing of children under the age of 15

Name	Age	Amount of Insurance

REFERRALS:

Name	Address	Phone No.

LIFE APPLICATION - CONDITIONAL RECEIPT (CONTINUED)

Conditions - For insurance to be effective, the following conditions must be fulfilled:

- a. All Company Requirements have been completed and received by the Company within 60 days from the date of the application;
- b. The first premium has been paid in full;
- c. All questions in the application have been answered;
- d. All answers given in the application are true and complete, and
- e. The Proposed Insured is acceptable to the Company under its rules and practices, for the plan and amount applied for, without amendment, at the rate class applied for at the standard premium, as of the date all the Company Requirements are received by it.

Start of Insurance - If all the above requirements are met, this Receipt will provide insurance beginning the later of: (1) the date of the application; or (2) the date of receipt of all requirements.

End of Insurance - Once begun, any insurance this Receipt may provide ends at the earliest of: (1) 60 days after the date of the application; (2) when the Company sends a refund of the premium received in exchange for this Receipt; or (3) the date any policy issued goes into effect.

Amount Limit - The amount of insurance provided by this Receipt is the lesser of: a) the face amount of the insurance applied for in the application; or b) \$50,000.

DISCLOSURE NOTICE TO PROPOSED INSURED

MIB DISCLOSURE NOTIFICATION

Information regarding your insurability will be treated as confidential. The Reliable Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB (Medical Information Bureau), a not-for-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

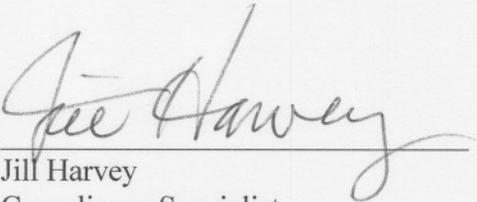
The Reliable Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

The Reliable Life Insurance Company

12115 Lackland Rd.
St. Louis, MO 63146

Certificate Pursuant To
Arkansas Rule & Regulation 19 § 10B.

The undersigned hereby certifies that this filing meets the provision of the above rule pertaining to Unfair Sex Discrimination in the Sale of Insurance. I further certify that the filing meets all applicable requirements of the Department.



Jill Harvey
Compliance Specialist

Date: February 3, 2011