

SERFF Tracking Number: CMPL-127116453 State: Arkansas  
Filing Company: Reassure America Life Insurance Company State Tracking Number: 48436  
Company Tracking Number: REALIC WHOLE LIFE DIRECT REV 4-7  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: REALIC Whole Life Direct rev 4-7  
Project Name/Number: REALIC Whole Life Direct rev 4-7/REALIC Whole Life Direct rev 4-7

## Filing at a Glance

Company: Reassure America Life Insurance Company

Product Name: REALIC Whole Life Direct rev 4-7 SERFF Tr Num: CMPL-127116453 State: Arkansas

TOI: L071 Individual Life - Whole

SERFF Status: Closed-Approved- Closed State Tr Num: 48436

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

Co Tr Num: REALIC WHOLE LIFE DIRECT REV 4-7 State Status: Approved-Closed

Filing Type: Form

Author: Nancy French

Reviewer(s): Linda Bird

Date Submitted: 04/07/2011

Disposition Date: 04/12/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: REALIC Whole Life Direct rev 4-7

Status of Filing in Domicile:

Project Number: REALIC Whole Life Direct rev 4-7

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 04/12/2011

State Status Changed: 04/12/2011

Deemer Date:

Created By: Nancy French

Submitted By: Nancy French

Corresponding Filing Tracking Number:

Filing Description:

April 7, 2011

Arkansas Department of Insurance

*SERFF Tracking Number:* CMPL-127116453      *State:* Arkansas  
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Re: Reassure America Life Insurance Company  
NAIC #70211-0181 - FEIN #23-6200031

Form Filing - Individual Whole Life Insurance  
RCNV APP-A 2.0 Conversion Application  
RCNV APP-B 2.0 Conversion Application

Dear Sir/Madam:

This filing is being submitted by Compliance Research Services, LLC on behalf of Reassure America Life Insurance Company (Reassure). A letter of filing authorization is enclosed.

On March 23, 2011 your Department approved application forms RCNV APP-A2.0 and RCNV APP-B2.0 as part of the filing of individual whole life policy form RWL-AR 2.0. The forms were part of SERFF filing #CMPL-127091771.

It has come to our attention that the fraud notice included in the applications was not correct for your state. The attached versions include the correct statement. We ask your approval of the enclosed forms in place of the versions we previously submitted. The forms initially approved have not been placed into use and we have not changed the form numbers.

The forms will be used with policy form RWL-AR 2.0 under the following circumstances:

Form RCNV APP-A 2.0, Conversion Application - Conversion Application form RCNV APP-A 2.0 is designed for use with form RWL-AR 2.0 in situations where Reassure America policies are converted to the Reassure America conversion policy.

Form RCNV APP-B 2.0, Conversion Application - Conversion Application form RCNV APP-B 2.0 is designed for use with form RWL-AR 2.0 in situations where the policies of another company are converted to Reassure America conversion policy.

We have enclosed any forms or transmittals required by your Department.

We appreciate your review of these forms. If you have questions or find that you need any additional information, you may reach me at 513-984-6050 or at [dsimon@crssolutionsgroup.com](mailto:dsimon@crssolutionsgroup.com).

Thank you for your time and attention to this filing.

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Sincerely,

J. David Simon, CLU  
 President

## Company and Contact

### Filing Contact Information

Nancy French, Product Manager nrfrench@crssolutionsgroup.com  
 10921 Reed Hartman Highway 513-984-6050 [Phone]  
 Suite 334 513-984-7212 [FAX]  
 Cincinnati, OH 45242

### Filing Company Information

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

Reassure America Life Insurance Company	CoCode: 70211	State of Domicile: Indiana
1700 Magnavox Way	Group Code:	Company Type:
Fort Wayne, IN 46804	Group Name: Swiss Re	State ID Number:
(513) 984-6050 ext. [Phone]	FEIN Number: 23-6200031	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	two form corrections \$100.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reassure America Life Insurance Company	\$100.00	04/07/2011	46362089

SERFF Tracking Number: CMPL-127116453 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/12/2011	04/12/2011

*SERFF Tracking Number:* CMPL-127116453      *State:* Arkansas  
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*Product Name:* REALIC Whole Life Direct rev 4-7  
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## **Disposition**

Disposition Date: 04/12/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Authorization		Yes
<b>Form</b>	Conversion Application		Yes
<b>Form</b>	Conversion Application		Yes

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## Form Schedule

### Lead Form Number: RCNV APP-A 2.0

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	RCNV APP-A 2.0	Application/Conversion Enrollment Form	Application	Revised	Replaced Form #: RCNV APP-A 2.0 Previous Filing #: CMPL-127091771	50.000	RCNV APP-A 2.0 rev 03282011-.pdf
	RCNV APP-B 2.0	Application/Conversion Enrollment Form	Application	Revised	Replaced Form #: RCNV APP-B 2.0 Previous Filing #: CMPL-127091771	50.000	RCNV APP-B 2.0 rev 03282011-.pdf

# CONVERSION APPLICATION

## Reassure America Life Insurance Company

Home Office: Fort Wayne, Indiana

Administrative Office:

[ Post Office Box 1147 ]

[ Jacksonville, Illinois 62651-1147 ]

**By completing this application, I am requesting that the coverage under my existing life insurance policy/rider be converted in full or in part to a new whole life insurance policy.**

<b>Policy Number being converted:</b>		<b>Effective date of policy being converted:</b>			
<b>Proposed Insured</b> (first, middle, last)		<b>Date of Birth</b>		<b>Sex</b>	<b>SSN</b>
		<b>Place</b>		<input type="checkbox"/> M <input type="checkbox"/> F	
<b>Address</b> (Proposed Insured)		<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Owner</b> (if other than insured)	<b>Relationship</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b> <b>SSN</b>
<b>Phone Number of Proposed Insured and Owner</b> (if other than insured):					
<b>Beneficiary</b>	<b>Relationship</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Contingent Beneficiary</b>	<b>Relationship</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Current Face Amount:</b> _____		<b>If you are requesting an increase in your Face Amount, the following conditions apply:</b>			
<b>Face amount Requested:</b> _____ *		<b>1) your current policy must allow for Increases in coverage;</b> <b>2) you must submit satisfactory evidence of insurability; and</b> <b>3) the increase in coverage must be underwritten in accordance with our current underwriting rules and practices.</b>			
* I acknowledge that upon the effective date of my conversion policy, my original life insurance policy/rider will terminate without value. In the case of a partial conversion, the face amount of my original life insurance policy/rider will be reduced by the face amount of the conversion policy.					
<b>Premium Mode:</b> <input type="checkbox"/> annual <input type="checkbox"/> semi-annual <input type="checkbox"/> quarterly <input type="checkbox"/> monthly <input type="checkbox"/> automatic bank draft (requires completion of Bank Authorization Form)					
<b>Automatic Premium Loan:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>The Riders checked below are available for conversion.</b>				<b>Indicate your acceptance by initialing the box(es) below.</b>	
<input type="checkbox"/> <b>Other Insured Rider:</b> _____	Face amount: _____		<input type="checkbox"/> I elect to convert this Rider.		
<input type="checkbox"/> <b>Children's Term Rider:</b> _____	Face amount: _____		<input type="checkbox"/> I elect to convert this Rider.		
<input type="checkbox"/> <b>Waiver of Premium Rider:</b>			<input type="checkbox"/> I elect to convert this Rider.		
<input type="checkbox"/> <b>Accidental Death &amp; Dismemberment Rider:</b>	Principal sum: _____		<input type="checkbox"/> I elect to convert this Rider.		
<b>Beneficiary Designation for Other Insured Rider</b> (if applicable)	<b>Relationship</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Beneficiary Designation for Children's Term Rider</b> (if applicable)	<b>Relationship</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Comments:</b>					

**FRAUD NOTICES**

**For Residents of Arizona and Oregon:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**For Residents of All Other States:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**AGREEMENT**

**I declare** to the best of my knowledge and belief the foregoing statements and answers are complete and true.

**I agree** that if Reassure America Life Insurance Company ("the Company") accepts this application, such approval shall be based upon the above statements and answers, which shall be deemed to be representations and not warranties.

**I further agree** that insurance will not take effect until the application is approved and accepted by the Company, and at least the first modal premium has been paid in full.

**I acknowledge** that upon the effective date of my conversion policy, my original life insurance policy/rider will terminate without value. In the case of a partial conversion, the face amount of my original life insurance policy/rider will be reduced by the face amount of the conversion policy.

**I request** that this transaction be completed by the Company and agree on behalf of myself and all of my heirs, beneficiaries, assignees and any others claiming under the above policy to release, indemnify and hold the Company harmless from any liability incurred because of completing the above transaction.

**I expressly represent** that all persons signing below are of legal age and that no proceedings in bankruptcy are pending against any of them.

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**SIGNATURES**

I have read this Conversion Application and all notices included herein, and all statements and answers are true and complete to the best of my knowledge and belief.

Dated at (City and State) Anytown, USA, this 12th Day of February, 2011.

\_\_\_\_\_  
Proposed Insured (if age 16 or over) or Legal Representative &  
Legal Representative's Authority / Relationship to Proposed Insured

\_\_\_\_\_  
Spouse (if to be insured) or 2<sup>nd</sup> Proposed Insured (if J.W.L.)

\_\_\_\_\_  
Witness (not related) or Agent

\_\_\_\_\_  
Owner (if not Proposed Insured) and relationship

Telephone Number of Proposed Insured (day) (555) 555-9999 (night) (555) 555-0001

**An Agent does not have the Company's authorization to accept risk, approved evidence of insurability, or make, void, waive or change any conditions or provisions of this application or policy.**

<b>Servicing Agent's Name</b> <b>John Smith</b>	<b>Agency Code</b> <b>00001</b>	<b>Agent Code</b> <b>0000123</b>	<b>Agent's Phone Number</b> <b>555-555-1234</b>
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# CONVERSION APPLICATION

## Reassure America Life Insurance Company

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 Administrative Office:  
 [ Post Office Box 1147 ]  
 [ Jacksonville, Illinois 62651-1147 ]

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<b>Policy Number being converted:</b>		<b>Effective date of policy being converted:</b>			
<b>Proposed Insured</b> (first, middle, last)		<b>Date of Birth</b>		<b>Sex</b>	<b>SSN</b>
		<b>Place</b>		<input type="checkbox"/> M <input type="checkbox"/> F	
<b>Address</b> (Proposed Insured)		<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Owner</b> (if other than insured)	<b>Relationship</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b> <b>SSN</b>
<b>Phone Number of Proposed Insured and Owner</b> (if other than insured):					
<b>Beneficiary</b>	<b>Relationship</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Contingent Beneficiary</b>	<b>Relationship</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Current Face Amount:</b> _____		<b>If you are requesting an increase in your Face Amount, the following conditions apply:</b>			
<b>Face amount Requested:</b> _____ *		1) your current policy must allow for Increases in coverage; 2) you must submit satisfactory evidence of insurability; and 3) the increase in coverage must be underwritten in accordance with our current underwriting rules and practices.			
* I acknowledge that upon the effective date of my conversion policy, my original life insurance policy/rider will terminate without value. In the case of a partial conversion, the face amount of my original life insurance policy/rider will be reduced by the face amount of the conversion policy.					
<b>Premium Mode:</b> <input type="checkbox"/> annual <input type="checkbox"/> semi-annual <input type="checkbox"/> quarterly <input type="checkbox"/> monthly <input type="checkbox"/> automatic bank draft (requires completion of Bank Authorization Form)					
<b>Automatic Premium Loan:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have any existing life insurance or annuity policies? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, provide company name and policy number(s): Company Name: _____ Policy Number(s) : _____					
Will this policy replace or change any existing life insurance or annuity policy? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, provide company name and policy number(s): Company Name: _____ Policy Number(s) : _____					
<b>The Riders checked below are available for conversion.</b>				<b>Indicate your acceptance by initialing the box(es) below.</b>	
<input type="checkbox"/> <b>Other Insured Rider:</b> _____	Face amount: _____			<input type="checkbox"/> I elect to convert this Rider.	
<input type="checkbox"/> <b>Children's Term Rider:</b> _____	Face amount: _____			<input type="checkbox"/> I elect to convert this Rider.	
<input type="checkbox"/> <b>Waiver of Premium Rider:</b>			<input type="checkbox"/> I elect to convert this Rider.		
<input type="checkbox"/> <b>*AD&amp;D Rider:</b>	Principal sum: _____			<input type="checkbox"/> I elect to convert this Rider.	
*Accidental death and dismemberment					
<b>Beneficiary Designation for Other Insured Rider</b> (if applicable)		<b>Relationship</b>	<b>Address</b>	<b>City</b>	<b>State</b> <b>Zip Code</b>
<b>Beneficiary Designation for Children's Term Rider</b> (if applicable)		<b>Relationship</b>	<b>Address</b>	<b>City</b>	<b>State</b> <b>Zip Code</b>

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**I request** that this transaction be completed by the Company and agree on behalf of myself and all of my heirs, beneficiaries, assignees and any others claiming under the above policy to release, indemnify and hold the Company harmless from any liability incurred because of completing the above transaction.

**I expressly represent** that all persons signing below are of legal age and that no proceedings in bankruptcy are pending against any of them.

---

**SIGNATURES**

I have read this Conversion Application and all notices included herein, and all statements and answers are true and complete to the best of my knowledge and belief.

Dated at (City and State) Anytown, USA, this 12th Day of February, 2011.

\_\_\_\_\_  
Proposed Insured (if age 16 or over) or Legal Representative &  
Legal Representative's Authority / Relationship to Proposed Insured

\_\_\_\_\_  
Spouse (if to be insured) or 2<sup>nd</sup> Proposed Insured (if J.W.L.)

\_\_\_\_\_  
Witness (not related) or Agent

\_\_\_\_\_  
Owner (if not Proposed Insured) and relationship

Telephone Number of Proposed Insured (day) (555) 555-9999 (night) (555) 555-0001

***An Agent does not have the Company's authorization to accept risk, approved evidence of insurability, or make, void, waive or change any conditions or provisions of this application or policy.***

<b>Servicing Agent's Name</b> John Smith	<b>Agency Code</b> 00001	<b>Agent Code</b> 0000123	<b>Agent's Phone Number</b> 555-555-1234
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SERFF Tracking Number: CMPL-127116453 State: Arkansas  
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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> READABILITY CERTIFICATION - AR rev.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application <b>Comments:</b> acknowledged		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Authorization <b>Comments:</b> <b>Attachment:</b> REALIC Authorization Letter kk.pdf		

READABILITY CERTIFICATION

Reassure America – Individual Whole Life

**This is to certify that the form(s) listed below have achieved at least the minimum required score on the Flesch Reading Ease Test.**

Score	Form No.	Description
50	RCNV APP-A 2.0	Conversion Application
50	RCNV APP-B 2.0	Conversion Application

REASSURE AMERICA LIFE INSURANCE COMPANY

By

  
Assistant Secretary

Dated: 4-7-2011

**Swiss Re**



Karen Krinn  
Assistant Secretary

J. David Simon, CLU  
President  
Compliance Research Services, LLC  
10921 Reed-Hartman Highway, Suite 334  
Cincinnati, OH 45242

Reassure America Life Insurance Company  
1670 Magnavox Way  
Fort Wayne, IN 46804  
USA  
Direct line +1 260 435 8654  
Toll Free No. 866 794 7739  
Direct fax +1 260 435 8806  
karen\_krinn@swissre.com

Individual Whole Life Filing

March 8, 2011

Dear Mr. Simon

Reassure America Life Insurance Company ("Reassure") authorizes Compliance Research Services, LLC ("CRS") to file on its behalf individual whole life policy form RWL 2.0 and all related application, endorsement and rider forms. This letter will serve as authorization from Reassure for employees of CRS to file these forms and respond to inquiries on our behalf with State Insurance Departments.

Sincerely

REASSURE AMERICA LIFE INSURANCE COMPANY

By

Assistant Secretary