

SERFF Tracking Number: CMLM-127076828 State: Arkansas
Filing Company: Columbian Life Insurance Company State Tracking Number: 48718
Company Tracking Number:
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Renewable Family Connection Term
Project Name/Number: /

Filing at a Glance

Company: Columbian Life Insurance Company

Product Name: Renewable Family Connection SERFF Tr Num: CMLM-127076828 State: Arkansas

Term

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved- State Tr Num: 48718

Closed

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Regina Akulis, ACS, AIRC, Disposition Date: 05/11/2011
AIAA, CCP

Date Submitted: 05/09/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

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: 05/11/2011

State Status Changed: 05/11/2011

Deemer Date:

Created By: Regina Akulis, ACS, AIRC, AIAA,
CCP

Submitted By: Regina Akulis, ACS, AIRC, AIAA, CCP

Corresponding Filing Tracking Number:

Filing Description:

COLUMBIAN LIFE INSURANCE COMPANY

NAIC #76023 FEIN #16-1321681

FORM NO. 1F571F-CL, Convertible Term Life Insurance Policy

The above referenced form is submitted for approval. This is a new form and will replace FORM NO. 1F570F-CL

SERFF Tracking Number: CMLM-127076828 State: Arkansas
Filing Company: Columbian Life Insurance Company State Tracking Number: 48718
Company Tracking Number:
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Renewable Family Connection Term
Project Name/Number: /

approved on May 19, 2010 under state tracking number 45692.

There are no unique or innovative features in this form. The policy specification pages contain hypothetical John Doe data/information. All variable information is bracketed and a Statement of Variability is included. The form is written in readable language. Licensed agents will market this form on an individual basis in the ordinary market. This form is non-participating and will not be illustrated.

FORM NO. 1F571F-CL is a convertible ten year term life insurance policy. It is renewable for one additional ten year term. The amount of insurance is elected in units. The initial death benefit is equal to \$1,000 per unit. The monthly income benefit is equal to \$100 per unit and is paid in monthly payments for 59 consecutive months. There is simple growth of 3% annually for years 2 through 5. A lump sum death benefit is available at the request of the beneficiary.

The riders and applications listed below will be used with Policy FORM NO. 1F571F-CL. These forms were all approved May 19, 2010 under state tracking number 45692.

Form No. 1H840F-CL, Accidental Death Benefit Rider
Form No. 1H841F-CL, Waiver of Premium Rider
Form No. 1H842F-CL, Children's Term Insurance Rider
Form No. A350B-CL, Application for Individual Term Life Insurance
Form No. A352B-CL, Application for Reinstatement

In compliance with Ark. Code Ann. 23-79-138, there is a welcome letter that accompanies every policy that lists all the Company and servicing agent information including name, address, and telephone number. There is also an Important Notice form (4548CFG) which will accompany every policy that notifies the Owner of the Arkansas Insurance Department address and telephone number.

The Guaranty Association form that accompanies each policy complies with the sample set forth as Appendix B of Rule and Regulation 49.

Also included with this filing is the required actuarial memorandum, readability certification and Rule and Regulation 19 certification.

Please contact me if you need any additional information or have any questions. I can be reached by telephone at 607-724-2472, extension 7375 or by email at Regina.Akulis@CFGLife.com.

Sincerely,
Regina M. Akulis, ACS, AIRC, AIAA, CCP

SERFF Tracking Number: CMLM-127076828 State: Arkansas
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 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: Renewable Family Connection Term
 Project Name/Number: /

Sr. Contract Analyst

Company and Contact

Filing Contact Information

Regina Akulis, Sr. Contract Analyst Regina.Akulis@CFGLife.com
 PO Box 1381 607-724-2472 [Phone] 7375 [Ext]
 Vestal Parkway East 607-724-2801 [FAX]
 Binghamton, NY 13902

Filing Company Information

Columbian Life Insurance Company CoCode: 76023 State of Domicile: Illinois
 PO Box 1381 Group Code: 535 Company Type:
 Vestal Parkway East Group Name: State ID Number:
 Binghamton, NY 13902 FEIN Number: 16-1321681
 (607) 724-2472 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbian Life Insurance Company	\$50.00	05/09/2011	47396011

SERFF Tracking Number: CMLM-127076828 State: Arkansas
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TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Renewable Family Connection Term
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/11/2011	05/11/2011

SERFF Tracking Number: CMLM-127076828 State: Arkansas
Filing Company: Columbian Life Insurance Company State Tracking Number: 48718
Company Tracking Number:
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Renewable Family Connection Term
Project Name/Number: /

Disposition

Disposition Date: 05/11/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CMLM-127076828 State: Arkansas
 Filing Company: Columbian Life Insurance Company State Tracking Number: 48718
 Company Tracking Number:
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: Renewable Family Connection Term
 Project Name/Number: /

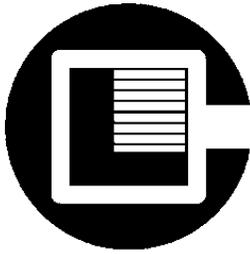
Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Convertible Term Life Insurance Policy		Yes

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 Product Name: Renewable Family Connection Term
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Form Schedule

Lead Form Number: 1F571F-CL

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	FORM NO. 1F571F-CL	Policy/Cont ract/ Fraternal Certificate	Convertible Term Life Insurance Policy	Initial		54.700	FORM NO. 1F571F-CL.pdf



COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: VESTAL PARKWAY EAST
PO BOX 1381
BINGHAMTON, NY 13902-1381
TELEPHONE: (800) 423-9765
WEBSITE: www.cfglife.com

IT IS IMPORTANT THAT YOU READ YOUR POLICY CAREFULLY

This Policy is a legal contract between the Owner and the Columbian Life Insurance Company. This Policy sets forth, in detail, the rights and obligations of the Owner and Columbian Life Insurance Company.

NOTICE OF THIRTY DAY RIGHT TO EXAMINE POLICY

If this Policy is unsatisfactory, the Owner may return it within thirty (30) days after receiving it. The Policy should be returned to the Company, the Agent through whom it was purchased, or any Agent of the Company; then all premiums paid will be refunded and the Policy will be deemed void from the beginning.

DANIEL J. FISCHER
Secretary

THOMAS E. RATTMANN
Chairman, President
and Chief Executive Officer

CONVERTIBLE TERM LIFE INSURANCE POLICY

RENEWABLE AS SHOWN ON PAGE 7
CONVERTIBLE TO DATE SHOWN ON PAGE 2
DURING THE TERM PERIOD AMOUNT OF INSURANCE PAYABLE AS SHOWN ON PAGE 4
PREMIUMS ARE PAYABLE AS SHOWN ON PAGE 3-1
NON-PARTICIPATING – NO DIVIDENDS PAID

ALPHABETIC GUIDE TO POLICY PROVISIONS

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RIGHT TO EXAMINE POLICY	1
SUICIDE	6
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INSURED: [JOHN DOE]
SEX: [MALE]
INSURANCE AGE: [35]
POLICY CLASS: [STANDARD NON-TOBACCO]
AMOUNT OF INSURANCE: [10 UNITS]
LAST CONVERSION DATE: [JANUARY 1, 2015]

POLICY NUMBER: [SPECIMEN]
EFFECTIVE DATE: [JANUARY 1, 2010]
DATE OF ISSUE: [JANUARY 1, 2010]
REINSTATEMENT INT RATE: 6.00% ANNUALLY
RENEWAL DATE: [JANUARY 1, 2020]

CONVERTIBLE TERM LIFE INSURANCE POLICY

RENEWABLE AS SHOWN ON PAGE 7
CONVERTIBLE TO DATE SHOWN ON PAGE 2
DURING THE TERM PERIOD AMOUNT OF INSURANCE PAYABLE AS SHOWN ON PAGE 4
PREMIUMS ARE PAYABLE AS SHOWN ON PAGE 3-1
NON-PARTICIPATING – NO DIVIDENDS PAID

SCHEDULE OF BENEFITS AND PREMIUMS FOR:

POLICY NUMBER: [SPECIMEN]

INSURANCE AGE: [35]

**** BENEFIT INFORMATION ****

BENEFIT DESCRIPTION	AMOUNT OF INSURANCE	PREMIUM CLASS	BENEFIT PERIOD ENDS	ANNUAL PREMIUM	FORM NUMBER
10 YEAR TERM	[10 UNITS*]	[NON-TOBACCO]	[JAN 01, 2020]	[\$361.40]	1F571F-CL

***** RENEWAL BENEFIT INFORMATION *****

RENEWAL TERM	[10 UNITS*]	[NON-TOBACCO]	[JAN 01, 2030]	[\$549.80]	1F571F-CL
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*INITIAL DEATH BENEFIT IS EQUAL TO \$1000 PER UNIT. THE MONTHLY INCOME BENEFIT IS EQUAL TO \$100 PER UNIT. THE MONTHLY INCOME BENEFIT IS PAID IN MONTHLY PAYMENTS FOR 59 CONSECUTIVE MONTHS. PAGE 4 CONTAINS A TABLE SHOWING THE BENEFIT PAYMENTS.

**** TOTAL MODAL PREMIUMS ****
 MODE OF PAYMENT ELECTED: [ANNUAL]

BEGINNING ON	AT AGE	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY EFT	MONTHLY COLLECTION
[JAN 01, 2010]	35	\$361.40	\$187.93	\$95.77	\$31.44	\$37.95
JAN 01, 2020	45	\$549.80	\$285.90	\$145.70	\$47.83	\$57.73
JAN 01, 2030	55	PREMIUMS CEASE]				

ENDORSEMENTS: []

ENDORSEMENTS:

POLICY NUMBER: [SPECIMEN]

INSURANCE AGE: [35]

FORM NO.	DESCRIPTION
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[]	[]
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THESE ENDORSEMENTS ARE A PART OF THE POLICY TO WHICH THEY ARE ATTACHED. THEY ARE SUBJECT TO ALL THE POLICY PROVISIONS WHICH ARE CONSISTENT WITH THESE ENDORSEMENTS; IF INCONSISTENCIES OCCUR, THE PROVISIONS OF THESE ENDORSEMENTS WILL APPLY.

TABLE OF MONTHLY INCOME BENEFIT PAYMENTS

POLICY NUMBER: [SPECIMEN]

AMOUNT OF INSURANCE: [10 UNITS]

SEX: [MALE]

TEN YEAR TERM: [STANDARD NON-TOBACCO]

INSURANCE AGE: [35]

IF ALL PREMIUMS DUE HAVE BEEN PAID, THE GUARANTEED PAYMENTS WILL BE:

MONTH	BENEFIT PAYMENT	MONTH	BENEFIT PAYMENT
1	[\$10,000	31	\$1,060
2	\$1,000	32	\$1,060
3	\$1,000	33	\$1,060
4	\$1,000	34	\$1,060
5	\$1,000	35	\$1,060
6	\$1,000	36	\$1,060
7	\$1,000	37	\$1,090
8	\$1,000	38	\$1,090
9	\$1,000	39	\$1,090
10	\$1,000	40	\$1,090
11	\$1,000	41	\$1,090
12	\$1,000	42	\$1,090
13	\$1,030	43	\$1,090
14	\$1,030	44	\$1,090
15	\$1,030	45	\$1,090
16	\$1,030	46	\$1,090
17	\$1,030	47	\$1,090
18	\$1,030	48	\$1,090
19	\$1,030	49	\$1,120
20	\$1,030	50	\$1,120
21	\$1,030	51	\$1,120
22	\$1,030	52	\$1,120
23	\$1,030	53	\$1,120
24	\$1,030	54	\$1,120
25	\$1,060	55	\$1,120
26	\$1,060	56	\$1,120
27	\$1,060	57	\$1,120
28	\$1,060	58	\$1,120
29	\$1,060	59	\$1,120
30	\$1,060	60	\$1,120]

LUMP SUM DEATH BENEFIT: [\$65,395.30]

DEFINITIONS

YOU and YOUR means the Owner of this Policy.

WE, OUR and US means Columbian Life Insurance Company.

The INSURED means the individual named as the Insured in this Policy. The Insured may or may not be the Owner.

POLICY ANNIVERSARY means the same date in each succeeding year as the Effective Date.

INSURANCE AGE, shown in the Policy Specifications Pages, means the age of the Insured on his or her last birthday.

IMPORTANT DATES

Effective Date – The Effective Date is shown on page 2. Policy months, policy years, policy anniversaries and premium due dates are measured from the Effective Date.

Date of Issue - The Date of Issue is shown on page 2.

Term Period – The length of time for which this Policy provides coverage is called the Term Period. The first Term Period begins on the Policy Date and ends on the date the basic term insurance benefit period ends. The date the benefit period ends is stated on page 3-1.

Conversion Period – The period during which this Policy may be converted to a new life policy is called the Conversion Period. The Last Conversion Date is stated on Page 2.

Renewal – This Policy may renew for one (1) additional ten (10) year Term Period. The Renewal Date is shown on Page 2.

ENTIRE CONTRACT

This Policy, including any attached riders, endorsements and the application, including any supplemental applications, is the entire contract. All statements made in the application are assumed to be representations and not warranties, except in the case of fraud. No statement will be used to contest this Policy or defend against a claim unless it is contained in the application or a supplemental application.

This Policy may be subject to laws that will change its provisions. Any changes to this Policy must be in writing and agreed to by both the Owner and one of Our Officers. This Policy will be endorsed to reflect any change.

LIFE INSURANCE BENEFITS

The benefits payable at the death of the Insured will be the sum of:

- (A) The benefit payment amount shown on Page 4; and
- (B) Any insurance on the life of the Insured provided by benefit riders; and
- (C) The portion of any premium actually paid, and that has not been waived under any waiver of premium rider, that applies to a period beyond the Policy month in which the Insured dies.

LESS:

- (A) The part of any unpaid premium that applies to the Grace Period provided the Insured dies within the Grace Period.

OWNER. The Insured is the Owner of this Policy unless another person is named as Owner on the application. If the Owner is not the Insured, and dies before the Insured, all rights of ownership will belong to the Owner's estate unless otherwise provided.

The Owner may be changed by proper written notice sent to Us. When We record the change of ownership, it will be effective from the date the notice was signed. We are not responsible for any action We take before We receive the notice.

Unless the Policy states otherwise, the Owner can exercise all rights under it. These include the right to change the Beneficiary, assign the policy and change the Owner. All living Owners must act together with respect to this Policy.

BENEFICIARY. One or more persons may be named as Beneficiary on the application. Unless otherwise stated, all Beneficiaries will share equally in the amounts payable. The Life Insurance Benefits payable to any Beneficiary who dies before the Insured will be paid to any remaining Beneficiaries.

A Secondary Beneficiary may be named to take the place of a Beneficiary who dies while the Insured is living. If no Beneficiary is alive on the date the Insured dies, the Owner or the Owner's estate will be the Beneficiary, unless otherwise provided.

The Beneficiary may be changed by proper written notice to Us, unless the Beneficiary has been designated as irrevocable, in which case the written consent of the irrevocable beneficiary is also required. When We record the notice, the change of Beneficiary will be effective from the date the notice was signed, unless otherwise specified by the Owner. We are not responsible for any action We take before We receive the notice.

FILING OF A DEATH CLAIM. Claim to the Life Insurance Benefits is made by providing due proof of the Insured's death. Due proof of death shall consist of a certified copy of the death certificate of the Insured or other lawful evidence providing equivalent information, and proof of the claimant's interest in the proceeds. Upon receipt of such proof, the benefits will be paid to the Beneficiary as shown in the Policy Specification Pages. A lump sum payment can be paid upon request by the Beneficiary. The Lump Sum Death Benefit is shown on Page 4.

We will pay interest from the date of death until the date of payment of the Initial Monthly Income Benefit, or Lump Sum payment, at a rate not less than required by state law.

INCONTESTABILITY

We may not contest this Policy after it has been in force during the Insured's lifetime for two (2) years after the Date of Issue except for nonpayment of premium. A reinstatement of coverage will be incontestable after it has been in force during the Insured's lifetime for two (2) years from the date of reinstatement. Any contest concerning reinstated coverage will be based on the answers in the written application for reinstatement.

MISSTATEMENT OF AGE OR SEX

If the Insured's age or sex has been misstated, We will adjust the amount payable. The adjustment will be based on the amount which the premiums would have purchased at the correct age or sex.

SUICIDE

If the Insured commits suicide within two (2) years from the Date of Issue and while this Policy is in force, the amount We pay will be limited to a refund of all premiums paid that have not been waived under any waiver of premium rider.

PREMIUMS

Premiums are payable for the number of years shown on Page 3-1. The premium amount and payment frequencies are shown on Page 3-1. Payment is due in advance on the first day of each payment period, starting on the Effective Date.

GRACE PERIOD

We allow a Grace Period for paying each premium except the first. If a premium has not been paid by its due date, the Policy will stay in force for thirty-one (31) days. Any payment sent by U.S. mail must be postmarked within the Grace Period. If death occurs during the Grace Period, the premium due and unpaid will be deducted from the Life Insurance Benefits.

REINSTATEMENT

This Policy may be reinstated at any time within five (5) years after the premium default or the policy termination date whichever is earlier. To do so, You must:

- (A) Give proof of insurability satisfactory to Us; and
- (B) Pay all unpaid premiums with interest at the Reinstatement Interest Rate stated on Page 2.

RENEWAL

If the Insurance Age is fifty-five years of age or younger when this Policy is issued, the Policy will be renewed for one (1) additional ten (10) year Term Period at the end of the first Term Period. The new Term Period will be ten (10) years beginning on the Renewal Date shown on Page 2. No evidence of insurability is required. Payment of the necessary renewal premium must be made while this Policy is in force or within the Grace Period.

If this Policy is renewable, the renewal premiums and benefit periods are listed under Renewal Benefit Information on Page 3-1.

CONVERSION BENEFIT

This Policy may be converted to a new policy on the Insured's life. No evidence of insurability is required.

CONDITIONS. Conversion is subject to these conditions:

- (A) The conversion must be applied for in writing before the Last Conversion Date shown on page 2.
- (B) Any premiums due more than thirty-one (31) days before the date of the application must have been paid.
- (C) The first premium for the new policy must be paid to Us at our Administrative Service Office.
- (D) This Policy must be returned to Us.
- (E) The date of conversion must be the same day of the month as the Effective Date of this Policy as shown on page 2. The date of conversion will be the first such date after conditions (A) through (D) above, for conversion have been met.

NEW POLICY. The new policy will be issued as follows:

- (A) The Effective Date of the new policy will be the date to which premiums have been paid on this Policy. If premiums have been paid beyond the date of conversion, you may elect to have the Effective Date be the date of conversion. The portion of any premium paid beyond the Effective Date of the new policy will be credited toward the first premium for the new policy;
- (B) The Insurance Age will be based on the Insured's age on the Effective Date of the new policy as defined under the new policy;
- (C) The amount of insurance may not exceed the amount of insurance of this Policy on the date of conversion;
- (D) The plan may be any life plan (except term insurance) then issued by the Company for conversion purposes, subject to our rules as to amount, age and rating. At least one plan of insurance with a face amount to which the Insured may convert will always be available;
- (E) The premium will be based on rates in effect on the Effective Date of the new policy;
- (F) The underwriting rating will be the same as this Policy;
- (G) Any limitation of risk in this Policy will apply;
- (H) A Waiver of Premium Rider may be included only as stated later in this section. Other benefits may be included only with the consent of the Company;
- (I) The time period of the Incontestability and Suicide provisions will be computed from the Date of Issue of this Policy; and
- (J) The new policy will be subject to any assignment of this Policy.

WAIVER OF PREMIUM UNDER THE CONVERTED POLICY. The new policy may include a Waiver of Premium Rider provided:

- (A) This Policy includes a Waiver of Premium Rider which is in force on the date of conversion;
- (B) The Insured is not totally disabled, as defined in such Rider, on the date of conversion;
- (C) The new policy is issued on a whole life plan under which premiums are payable for at least twenty (20) years; and
- (D) The rider must be applied for.

Evidence of insurability is not required.

AUTOMATIC CONVERSION IN EVENT OF DISABILITY. This policy will be automatically converted to a new policy on the whole life plan if:

- (A) This Policy includes a Waiver of Premium Rider which is in force on the Last Conversion Date; and
- (B) We are then waiving the premiums under this Policy.

The conversion will be as of attained age. The new policy will include a Waiver of Premium Rider. We will continue waiving premiums for the new policy under the terms of the new rider.

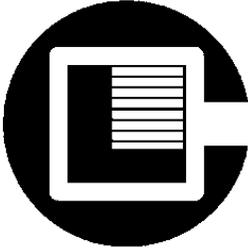
GENERAL PROVISIONS

ASSIGNMENT. You may assign the proceeds of this Policy. The rights of the Beneficiary become subject to that assignment. Unless specified by the Owner, an assignment shall take effect on the date it is signed, subject to any payments made or actions by the Company prior to receipt of the notice in written form at our Administrative Service Office. If there is already an assignment on record, We will require You to confirm the change in assignment. We assume no responsibility for the validity of any assignment.

NON-PARTICIPATING. This Policy is Non-Participating. No dividends will be paid.

TERMINATION. All privileges and rights of the Owner under this Policy and any accompanying riders terminate when any of the following events occur:

- (A) The date the Term Period ends;
- (B) The Policy lapses, after the end of the Grace Period, because of nonpayment of premium; or
- (C) The Insured dies.



COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: VESTAL PARKWAY EAST
PO BOX 1381
BINGHAMTON, NY 13902-1381
TELEPHONE: (800)423-9765
WEBSITE: www.cfglife.com

CONVERTIBLE TERM LIFE INSURANCE POLICY

**RENEWABLE AS SHOWN ON PAGE 7
CONVERTIBLE TO DATE SHOWN ON PAGE 2
DURING THE TERM PERIOD AMOUNT OF INSURANCE PAYABLE AS SHOWN ON PAGE 4
PREMIUMS ARE PAYABLE AS SHOWN ON PAGE 3-1
NON-PARTICIPATING – NO DIVIDENDS PAID**

SERFF Tracking Number: CMLM-127076828 State: Arkansas
 Filing Company: Columbian Life Insurance Company State Tracking Number: 48718
 Company Tracking Number:
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: Renewable Family Connection Term
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachments:		
AR Readability Certification (1F571F-CL).pdf		
AR_CertofCompliance with Rule 19 (1F571F-CL).pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
The policy form submitted for approval will be applied for using a previously approved application form. Application A350B-CL was approved in the state of Arkansas on May 19, 2010 under state tracking number 45692.		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment:		
SOV FORM NO. 1F571F-CL.pdf		



DATE: May 9, 2011

TO: STATE OF ARKANSAS DEPARTMENT OF INSURANCE

RE: FORM NO. 1F571F-CL, Convertible Term Life Insurance Policy

This is to certify that the attached forms have achieved the required Flesch Reading Ease Test Score. These forms comply with the requirements of Ark. Stat. Ann 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

A handwritten signature in black ink that reads "Regina M. Akulis".

Regina M. Akulis, ACS, AIAA, AIRC, CCP
Sr. Contract Analyst

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Columbian Life Insurance Company

Form Number(s): 1F571F-CL, Convertible Level Term Life Insurance Policy

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Dorothy M. Klie, FLMI, AIRC

Name

Assistant Vice President, Policy Filing and Assistant Secretary

Title

May 9, 2011

Date

Columbian Life Insurance Company

Memorandum of Variable Material for FORM NO. 1F571F-CL

May 9, 2011

FORM NO. 1F571F-CL, Convertible Term Life Insurance Policy

Page 1:

- Company's Administrative Service Office address, telephone number and web address are bracketed to provide for change.
- Company officer signatures and titles are bracketed to provide for change.

Page 2:

- John Doe hypothetical data is bracketed on this page as it will vary by Insured. This includes the following fields: Insured, Sex, Insurance Age, Policy Class, Amount of Insurance, Last Conversion Date, Policy Number, Effective Date, Date of Issue, and Renewal Date.
- The policy number in the bottom right-hand corner of the page currently says, "Specimen" and is bracketed as that will vary by Insured.

Page 3-1:

- John Doe hypothetical data is bracketed on this page as it will vary by Insured. This includes the following fields: Policy Number, Insurance Age, Amount of Insurance, Premium Class, Benefit Period Ends, Annual Premium, Mode of Payment Elected, Beginning On, At Age, Annual, Semi-Annual, Quarterly, Monthly EFT, Monthly Collection.
- The Endorsements field is bracketed to provide for endorsement forms that may be filed for use with this form at a later date. There are currently no Endorsements that we plan to use with this form. This field will display only the form number of the endorsement that is added to the policy. Any endorsement form displayed, will be filed and approved prior to use.
- The policy number in the bottom right-hand corner of the page currently says, "Specimen" and is bracketed as that will vary by Insured.

Page 3-2:

- John Doe hypothetical data is bracketed on this page as it will vary by Insured. This includes the following fields: Policy Number and Insurance Age.
- The Endorsements field is bracketed to provide for the addition of form numbers and endorsement language that may be filed for use with this form at a later date. Any endorsement language printed on this page would be approved prior to use. This page may also be used in circumstances when there has been a change made to the policy after issue. For example, if a rider is added after issue of the policy, a new set of specification pages will be sent along with the rider, that reflects the rider information. In this circumstance, Page 3-2 may be used to indicate a rider was added and specify the Date of Issue specific to the rider form. The policy number in the bottom right-hand corner of the page currently says, "Specimen" and is bracketed as that will vary by Insured.

Page 4:

- John Doe hypothetical data is bracketed on this page as it will vary by Insured. This includes the following fields: Policy Number, Sex, Insurance Age, Amount of Insurance, and Premium Class (appears next to plan). Also bracketed as hypothetical data are the Benefit Payments and Accidental Death Benefit Payments (if applicable) as these are variable based on the amount of insurance purchased.
- The Lump Sum Death Benefit is bracketed as that will vary by Insured and amount of insurance.
- The policy number in the bottom right-hand corner of the page currently says, "Specimen" and is bracketed as that will vary by Insured.

Back Cover:

- Company's Administrative Service Office address, telephone number and web address are bracketed to provide for change.