

SERFF Tracking Number: LBLI-127161885 State: Arkansas
 Filing Company: Liberty Bankers Life Insurance Company State Tracking Number: 48738
 Company Tracking Number: FIBR
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: FIBR Rider
 Project Name/Number: /

Filing at a Glance

Company: Liberty Bankers Life Insurance Company

Product Name: FIBR Rider

SERFF Tr Num: LBLI-127161885

State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-Closed

State Tr Num: 48738

Sub-TOI: L08.000 Life - Other

Co Tr Num: FIBR

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Chad Leiding

Disposition Date: 05/12/2011

Date Submitted: 05/10/2011

Disposition Status: Approved-Closed

Implementation Date Requested:

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: 05/12/2011

State Status Changed: 05/12/2011

Deemer Date:

Created By: Chad Leiding

Submitted By: Chad Leiding

Corresponding Filing Tracking Number:

Filing Description:

LBL-FIBR-0411 Family Income Benefit Rider

The above listed form is submitted for your review and approval. This form is new and not intended to replace any previously approved forms. This form is not being marketed in our domiciliary state.

LBL-FIBR-0411 is the Family Income Protector Rider that can be added to select whole life policies of \$20,000 or less. The issue ages are ages 18-55. This rider can only be added at issue of the base life insurance policy and not added after issue.

Should an insured, covered by this rider, meet with premature death within the first 15 years of the policy, we will pay a

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monthly income to the beneficiary for the next 12 months; this income can help the family meet its financial obligations during the adjustment period following the loss of a provider. The policy will also pay out its basic face amount. Depending on the option chosen, the Family Income Protector will pay \$500 or \$1,000 a month for a 12 month period.

This rider will be used with previously filed/approved whole insurance policy forms:

- LBL SIWL (0806)-AR
- LBL-LPL-1009-AR

To the best of our knowledge, this filing is complete, does not contain any unusual that may differ from industry standards and is intended to comply with the insurance laws of your jurisdiction.

Company and Contact

Filing Contact Information

Chad Leiding, V.P Compliance chad.leiding@libertybankerslife.com
 1800 Valley View Lane 469-522-4332 [Phone]
 Suite 300 469-522-4380 [FAX]
 Dallas, TX 75234

Filing Company Information

Liberty Bankers Life Insurance Company CoCode: 68543 State of Domicile: Oklahoma
 1800 Valley View Lane Group Code: 3436 Company Type: LAH
 Suite 300 Group Name: State ID Number:
 Dallas, TX 75234 FEIN Number: 25-1093227
 (469) 522-4332 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? Yes
 Fee Explanation: OK charges \$25 per rider.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Bankers Life Insurance Company	\$25.00	05/10/2011	47431843

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Liberty Bankers Life Insurance Company \$25.00 05/11/2011 47461711

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/12/2011	05/12/2011

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	05/11/2011	05/11/2011	Chad Leiding	05/11/2011	05/11/2011

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Disposition

Disposition Date: 05/12/2011

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
Form	FIBR		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/11/2011
Submitted Date 05/11/2011
Respond By Date 06/13/2011

Dear Chad Leiding,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$25.00 is received.

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 05/11/2011
Submitted Date 05/11/2011

Dear Linda Bird,

Comments:

Hello

Response 1

Comments: Addiitonal \$25 submitted.

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$25.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thanks

Sincerely,
Chad Leiding

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Form Schedule

Lead Form Number: LBL-FIBR-0411

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LBL-FIBR-0411	Policy/Cont FIBR ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		60.000	LBL-FIBR-0411 - Family Income Rider.pdf



FAMILY INCOME BENEFIT RIDER

(Rider Duration - 15 Years)

\$500.00 Monthly Income Per Unit (2 Unit Maximum)

Payable for 12 Months

The Effective Date of this Agreement is the Date of Policy to which it is attached. The number of units insured is shown on the Schedule Page.

The consideration for this Agreement is the application and payment of the Initial Premium. A like sum is payable on each Premium Due Date until this Agreement ends.

We will pay the Sum Insured (units in force) to your Beneficiary immediately after these conditions are met:

1. We receive due proof of the death of the Insured.
2. Death occurs in the first 15 Years of the Policy and while this Agreement is in force.

SUM INSURED

For each unit of this Agreement:

The Sum Insured is \$500.00 per month, payable for 12 months.

DEFINITIONS

Wherever used in this Agreement:

“Insured” – Means the Insured name on the Policy to which this agreement is attached.

“Beneficiary” – The Beneficiary named on the policy to which this Agreement is attached.

TERMINATION

This rider automatically terminates on the occurrence of the earliest of the following:

1. At the end of the year following the Policy’s 15th anniversary, or
2. Any premium remains unpaid beyond the grace period; or
3. Your written request received by Us at Our Home Office.

When coverage is scheduled to terminate on a given date, it will terminate at 12:00 midnight at the end of that day. We will return to You any premium payment for this rider received by Us past the termination date.

A handwritten signature in black ink, appearing to read "Bob A. Big".

President

A handwritten signature in black ink, appearing to read "Luis J. Corra".

Corporate Secretary



Liberty Bankers Life

Insurance Company

Home Office: 1605 LBJ Freeway, Suite 710, Dallas, Texas 75234
Phone 469-522-4400 FAX 469-522-4401
Administrative Office: P. O. Box 224 Brownwood, TX 76804
Toll-Free 1-800-604-8002 FAX 1-325-643-4043

FAMILY INCOME BENEFIT RIDER

(Rider Duration – 15 Years)

- \$500.00 Monthly Income for 12 Months Per Unit
- MAXIMUM COVERAGE – 2 Units

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR CERTIFICIATION.pdf
Readability Certification.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

Application form # LBL-HS-APP-1008 approved on 3/13/09

CERTIFICATION

Company Name: Liberty Bankers Life Insurance Company

I hereby certify that the forms included in this submission and company procedures meet the requirements of Regulation 19, 49, and AR 23-79-138 as well as all applicable requirements of the Arkansas Insurance Department.



Chad Leiding
Vice President Compliance

5/10/11

Date

READABILITY CERTIFICATION

COMPANY NAME Liberty Bankers Life Insurance Company NAIC CO# 68543

FORM NUMBER

FLESCH SCORE

LBL-FIBR-0411

60.0

* scored with policy

A handwritten signature in cursive script that reads "Chad Lending".

Signature of Insurance Company Officer

Vice President Compliance
Typed Name and Title

May 10, 2011
Date