

SERFF Tracking Number: FDLF-127289759 State: Arkansas  
Filing Company: Federal Life Insurance Company (Mutual) State Tracking Number: 49126  
Company Tracking Number: FLIC168AR  
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium  
Variable  
Product Name: Individual Flexible Premium Deferred Annuity  
Project Name/Number: Internet FPDA Filing/FLIC168

## Filing at a Glance

Company: Federal Life Insurance Company (Mutual)

Product Name: Individual Flexible Premium SERFF Tr Num: FDLF-127289759 State: Arkansas  
Deferred Annuity

TOI: A02I Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 49126  
Variable Closed

Sub-TOI: A02I.002 Flexible Premium Co Tr Num: FLIC168AR State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird

Authors: Steve Mink, Matt Kindelin, Disposition Date: 06/29/2011  
PW Calfas

Date Submitted: 06/23/2011 Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval  
State Filing Description:

Implementation Date:

## General Information

Project Name: Internet FPDA Filing  
Project Number: FLIC168  
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized  
Date Approved in Domicile: 03/15/2011  
Domicile Status Comments: Filed by  
Certification

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

Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 06/29/2011  
State Status Changed: 06/29/2011

Deemer Date:  
Submitted By: Matt Kindelin  
Filing Description:

Created By: Matt Kindelin  
Corresponding Filing Tracking Number:

Filing is for Policy Form L-8084 Individual Flexible Premium Deferred Annuity. Filed alongside is Form L-8095 Individual Flexible Premium Deferred Annuity Application (APP) which is to be used with Policy Form L-8084.

This product is going to be sold through direct sales on the Internet.

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## Company and Contact

### Filing Contact Information

Matthew Kindelin, Actuarial Student mkindelin@federallife.com  
 Federal Life Insurance Company (Mutual) 847-850-3263 [Phone]  
 3750 W. Deerfield Road  
 Riverwoods, IL 60015

### Filing Company Information

Federal Life Insurance Company (Mutual) CoCode: 63223 State of Domicile: Illinois  
 3750 W. Deerfield Road Group Code: Company Type:  
 Riverwoods, IL 60015 Group Name: State ID Number:  
 (847) 520-1900 ext. [Phone] FEIN Number: 36-1063550

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: \$50 per form in Arkansas according to Rule 57  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federal Life Insurance Company (Mutual)	\$100.00	06/23/2011	49049934



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Variable  
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## **Disposition**

Disposition Date: 06/29/2011

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	Explanation of Electronic Signature Verification for Online Application		Yes
Supporting Document	Rule 19 Certification		Yes
Form	Individual Flexible Premium Deferred Annuity		Yes
Form	Individual Flexible Premium Deferred Annuity Application (APP)		Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 06/29/2011  
Submitted Date 06/29/2011  
Respond By Date 07/29/2011

Dear Matthew Kindelin,

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.

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.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

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 06/29/2011  
Submitted Date 06/29/2011

Dear Linda Bird,

### Comments:

I have looked over your objections and have made the necessary inquiries and additions to the filing.

### Response 1

Comments: A Life and Health Guaranty notice, form LA-7646 (Arkansas), is given to each policy owner upon issue.

A certification has been attached for Rule 19 adherence.

### Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

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.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Rule 19 Certification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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Thank you for your timely review of our filing. It is greatly appreciated.

Sincerely,  
Matt Kindelin, PW Calfas, Steve Mink

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## Form Schedule

**Lead Form Number: L-8084**

<b>Schedule Item Status</b>	<b>Form Number</b>	<b>Form Type Form Name</b>	<b>Action</b>	<b>Action Specific Data</b>	<b>Readability</b>	<b>Attachment</b>
	L-8084	Policy/Contract/Fraternal Certificate Individual Flexible Premium Deferred Annuity	Initial		41.400	L-8084 FPDA policy form 2011-02-23.pdf
	L-8095	Application/Enrollment Form Individual Flexible Premium Deferred Annuity Application (APP)	Initial			8095 FPDA APP_2011-02-22.pdf

# FEDERAL LIFE INSURANCE COMPANY (MUTUAL)

3750 WEST DEERFIELD ROAD • RIVERWOODS, ILLINOIS 60015

www.federallife.com • 1-800-233-3750

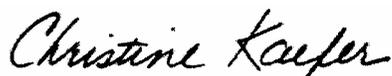
## INDIVIDUAL FLEXIBLE PREMIUM DEFERRED ANNUITY

Federal Life Insurance Company (Mutual) will pay the Proceeds of this contract as a monthly life income to the Owner if living on the Maturity Date or as a Death Benefit to the Beneficiary upon receipt of proof that the Annuitant's death occurred before the Maturity Date. Payment is subject to the provisions on this and the following pages.

**READ YOUR CONTRACT CAREFULLY.** This document is a legal contract between the Owner and Federal Life Insurance Company (Mutual). This contract is issued in consideration of the attached application and payment of the initial premium. Federal Life Insurance Company (Mutual) will provide the benefits and other rights described in this contract in accordance with the terms of this contract.

**Right to Cancel.** If, for any reason, the Owner is not satisfied with this contract, it may be returned to the Home Office within 30 days after receipt by the Owner. Federal Life Insurance Company (Mutual) will then cancel the contract and refund all premiums within 10 days of receipt of this contract. Upon return of this contract, it will be considered void as if none had been issued.

Executed at the Company's Home Office in Riverwoods, Illinois, on the Issue Date.

  
*Christine Kafer*  
Assistant Secretary

  
*William J. Austin*  
President

**Flexible Premium Deferred Annuity • Death Benefit Payable Before Maturity Date • Monthly  
Income Payable at Maturity • Guarantee of Interest • Guarantee of Monthly Income •  
Participating As Described Herein**

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**CONTRACT INFORMATION PAGE**

**CONTRACT NUMBER:** [ ABC12345 ]

**CONTRACT DATE:** [ JANUARY 1, 2010 ]

**ISSUE DATE:** [ JANUARY 1, 2010 ]

**OWNER:** [ JOHN DOE ]

**ANNUITANT:** [ JOHN SMITH ]

**ANNUITANT'S BIRTHDATE:** [ 01/01/75 ]

**ANNUITANT'S SEX:** [ MALE ]

**INITIAL PREMIUM:** [ \$10,000.00 ]

**MATURITY DATE:** [ JANUARY 1, 2060 ]

**MINIMUM GUARANTEED INTEREST RATE:** [ 3.00% ]

**MINIMUM ADDITIONAL PREMIUM:** [ \$25 ]

**MAXIMUM CUMULATIVE PREMIUM:** \$1,000,000, WITHOUT PRIOR APPROVAL

**MINIMUM PARTIAL WITHDRAWAL AMOUNT:** [ \$100 ]

**MINIMUM MATURITY VALUE TO BE APPLIED TO AN ANNUITY INCOME OPTION:** [ \$5,000 ]

**MINIMUM PERIODIC ANNUITY INCOME PAYMENT:** [ \$100 ]

**SURRENDER CHARGE PERCENTAGES:**

YEARS SINCE PREMIUM PAYMENT	0	1	2	3	4	5+
PERCENTAGE	5%	4%	3%	2%	1%	0%

IF YOU HAVE ANY QUESTIONS OR CONCERNS, WRITE OR CALL US AT:

**FEDERAL LIFE INSURANCE COMPANY (MUTUAL)**  
**3750 W. DEERFIELD ROAD**  
**RIVERWOODS, IL 60015**  
**SERVICE@FEDERALLIFE.COM**  
**1-800-233-3750**  
**1-847-850-3304 (FAX)**

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## Terms and Definitions

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**Age and Attained Age:** Age means the Annuitant's age last birthday on the Contract Date. Attained Age means the Annuitant's age on the Contract Date plus the number of Contract Years elapsed since the Contract Date.

**Annuitant:** The person on whose life annuity income payments may be based. The Owner is the Annuitant unless the Owner designates another person as the Annuitant.

**Company, We, Us:** Federal Life Insurance Company (Mutual).

**Contract Date, Month, Year and Anniversary:** The Contract Date is shown on the Contract Information Page. Each Contract Year begins on the same day and month of each year as the Contract Date. The first day of each Contract Year is a Contract Anniversary.

**Home Office:** The Company's Home Office is located at 3750 W. Deerfield Road, Riverwoods, Illinois, 60015.

**Maturity Date:** The date when the Maturity Value of this contract becomes payable. The Maturity Date is shown on the Contract Information Page. The Maturity Date must be at least 10 years later than the Contract Date, but no later than the Annuitant's 95<sup>th</sup> birthday.

**Proceeds:** The benefits payable under this contract.

**Written Notice:** Written Notice means a notification or request received from the Owner in a form satisfactory to the Company. Written Notices are recorded at the Home Office. The Company will not be responsible for the validity of any Written Notice.

**You, Your:** The Owner(s) of the contract.

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## Ownership Provisions

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**Owner:** The Owner of this contract is the person or party designated to exercise the Ownership Rights. The Annuitant is the Owner unless otherwise stated in the application or later changed.

**Ownership Rights:** Subject to the terms of any irrevocable Beneficiary designation or any Assignment, the Owner may, during the Annuitant's lifetime:

- Assign or surrender this contract;
- Make a Partial Withdrawal;
- Make a change in the contract with the Company's consent;
- Transfer the Ownership of this contract; and
- Exercise the rights and receive other benefits as defined in this contract.

**Change of Owner Provision:** The Owner may be changed by Written Notice. A change of Owner will automatically revoke any prior designation of Owner. The change will become effective as of the date the authorization request is signed. The Company will not be liable for any payment made or action taken before it records the change.

**Assignment Provision:** The Company will not be bound by any assignment of this contract unless a properly executed assignment is recorded at the Home Office. Your rights and any Beneficiary's interest will be subject to the assignment. Assignment of this contract may subject You to income and gift tax.

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### Beneficiary Provisions

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**Beneficiary:** The Beneficiary is the person or party designated to receive any Proceeds payable at the Annuitant's death. The Beneficiary for this contract is as stated in the application unless later changed.

**Change of Beneficiary:** During the Annuitant's lifetime, the Owner may change the Beneficiary designation unless he or she has waived the right to do so. No Beneficiary change will take effect until a Written Notice is acknowledged at the Home Office. Once such notice is acknowledged, the change will be effective as of the date the notice was signed. The change will be subject to any payment or action made by the Company before the Beneficiary change is recorded at the Home Office.

**Death of Beneficiary:** Unless otherwise provided in the Beneficiary designation:

- The interest of any Beneficiary who dies before the Annuitant will pass to any surviving Beneficiaries according to their respective interest; or
- If no Beneficiary survives the Annuitant, the Proceeds will be paid in one sum to the Owner, if living; otherwise, to the Owner's estate.

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### Premium Provisions

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**Premiums:** The initial premium must be paid immediately at time of approval of this Policy. Coverage under this contract does not take effect until the initial premium has been paid.

Subsequent premiums are permitted at any time prior to the Maturity Date subject to the limitations shown on the Contract Information Page.

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### Contract Value Provisions

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**Accumulation Value:** The Accumulation Value of this contract on any date equals the sum of the Account Value of the Premium Payments, as defined below.

**Account Value of the Premium Payments:** Each premium payment will have its own account value. The account value of each premium payment equals:

- The premium payment net of any premium tax; plus
- The current interest earned; plus
- Any dividend credited to the premium payment; minus
- Any previous Partial Withdrawals related to the premium payment and any applicable Surrender Charges.

**Interest:** Interest is credited daily on the account value of each premium payment from the date the premium is received until its account value is withdrawn or the Maturity Value is paid. From time to time

We will determine and fix in advance the current effective annual interest rate applicable to each premium and any interest previously credited on that premium. Current interest rates are subject to change at any time. The interest rate(s) credited will never be less than the minimum guaranteed interest rate shown on the Contract Information Page.

Current effective annual interest rates may vary based on factors such as the amount of initial premium received, the date the premium is received, or the date a new rate applies to the Account Value of the Premium Payments.

**Surrender Value:** The Surrender Value of this contract on any date equals the sum of the Cash Value of the Premium Payments.

**Cash Value of the Premium Payments:** Each premium payment will have its own associated cash value. The cash value of each premium payment equals:

- The account value of the premium payment; minus
- Any applicable Surrender Charge; minus
- Any applicable premium taxes not previously deducted.

**Surrender Charge:** The Surrender Charge associated with the account value of each premium payment is equal to the product of that account value, less any unused Penalty Free Withdrawal amount, and the applicable surrender charge percentage shown on the Contract Information Page.

**Basis of Contract Values:** All benefits and values equal or exceed those required by the jurisdiction in which the contract is delivered.

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### Withdrawal and Surrender Provisions

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**Conditions for Withdrawal and Surrender:** The Owner may make a Partial Withdrawal or surrender this contract before the Maturity Date if:

- The Owner submits a Written Notice to the Company;
- The Annuitant is living on the date the notice is received at the Home Office; and
- The terms below are met.

The Company does not offer legal, tax, or accounting advice. Please consult with Your own attorney or tax advisor as to any adverse consequences of a Partial Withdrawal or surrender of this contract.

**Partial Withdrawals:** The minimum Partial Withdrawal that may be made is shown on the Contract Information Page. The maximum Partial Withdrawal that may be made is the Surrender Value minus \$500. If more than two Partial Withdrawals are requested during the Contract Year, the Company reserves the right to deduct from the Partial Withdrawal a withdrawal fee, not to exceed \$25.

The Accumulation Value will be decreased by the full amount of all Partial Withdrawals made, including Surrender Charges. The Surrender Charge will be determined on a first-in, first-out basis, as to which premium payment the amount being withdrawn relates.

**Penalty Free Withdrawal:** After the first Contract Anniversary, up to 10 percent of the Accumulation Value as of the beginning of a Contract Year may be withdrawn during that Contract Year free of Surrender Charges.

**Surrender of Contract:** The Owner may surrender this contract and receive the Surrender Value in cash.

Surrender terminates this contract. Surrender will be effective on the date the Company receives Written Notice at the Home Office. The Company may postpone payment for as long as six months from the effective date of surrender. If payment is deferred for 30 days or more, interest at the rate required by the jurisdiction in which this contract is delivered will be paid during the period of deferment.

The Company reserves the right to require the return of this contract upon surrender.

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### Death Benefits

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**Death of the Owner (other than Annuitant):** If the Owner dies before annuitization of the contract and while this contract is in force the Annuitant becomes the Owner of the contract, unless the Owner's estate designates a new Owner. Such ownership changes are usually taxable events. If the Owner dies on or after the annuitization of the contract, the Beneficiary will become the new Owner and remaining payments must be distributed at least as rapidly as under the Annuity Income Option in effect at the time of the Owner's death.

If there is more than one new Owner, the preceding paragraph will apply separately to each new Owner's portion.

**Death of the Annuitant:** If the Annuitant dies prior to annuitization of the contract, then We will pay the Death Benefit to the Beneficiary. If the Beneficiary is the deceased Annuitant's spouse, the surviving spouse may elect, in lieu of receiving the Death Benefit, to continue the contract and become the new Annuitant.

If the Annuitant dies on or after the annuitization of the contract, the Beneficiary will become the new Owner and remaining payments must be distributed at least as rapidly as under the Annuity Income Option in effect at the time of the Annuitant's death.

**Death Benefit:** The Death Benefit is the Accumulation Value as of the date We receive due proof of death. Only one Death Benefit is payable under this contract, even though the contract may continue beyond the Owner's death.

**Payment of the Death Benefit:** As of the date We receive proof of death, the Death Benefit may be taken in one sum immediately and the contract will terminate. If the Death Benefit is not taken in one sum immediately, the entire interest in the contract must be distributed over the life of the Beneficiary, or over a period not extending beyond the life expectancy of the Beneficiary, with distribution beginning within one year of the deceased Owner's death.

Prior to the distribution of the entire interest in the contract, a Beneficiary will have all rights of Ownership to his or her interest. However, except as provided herein, such rights will not extend distribution beyond the limits stated above.

The Death Benefit provisions of this contract shall be interpreted to comply with the requirements of §72(s) of the Internal Revenue Code. We will endorse this contract as necessary to conform to regulatory requirements. We will obtain all necessary regulatory approvals and will send You a copy of the endorsement.

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## Annuitization

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**Maturity Date:** The Maturity Date is shown on the Contract Information Page. You may change the Maturity Date if the following requirements are met:

- The requested change is before the Maturity Date;
- The change is made in writing and approved by Us;
- The new Maturity Date must be at least one year after the Contract Date; and
- The new Maturity Date is not later than the first day of the first calendar month after the Annuitant's 95th birthday unless We agree to a later date in writing.

A change will become effective as of the date requested, but will not apply to any action taken by Us before it is recorded at the Company's Home Office.

**Maturity Value:** The Maturity Value of this contract on the Maturity Date is equal to the Accumulation Value.

**Selection of Annuity Income:** You may select an Annuity Income Option as set forth in the Tables of Guaranteed Monthly Payments, or change Your selection by Written Notice not later than 30 days before the Maturity Date. If You have not selected an Annuity Income Option within 30 days prior to the Maturity Date, We will apply Your Maturity Value to the Life Annuity with 120 Monthly Income Payments Guaranteed Option.

**Annuity Income Options:** You may select from among the Annuity Income Options listed below.

- **Option 1 - Life Income:** The amount to be paid under this option will be paid during the lifetime of the Annuitant. Payments will cease with the last payment due prior to the death of the Annuitant.
- **Option 2 - Life Income With 120 Monthly Income Payments Guaranteed:** The amount to be paid under this option will be paid during the lifetime of the Annuitant with a guaranteed period of 120 months. If the Annuitant dies prior to the end of this guaranteed period, the Beneficiary will receive the remaining guaranteed payments.
- **Option 3 - Joint and Survivor Income:** The amount to be paid under this option will be paid during the joint lifetimes of the Annuitant and a designated second person. Payments will continue as long as either is living.

No election may be made under which the Company would guarantee payments beyond:

- The Annuitant's life expectancy; or
- In the case of Option 3 the joint life expectancy of the Annuitant and spouse.

Life expectancy is determined as of the date monthly income payments would begin.

**Any Other Income Option:** The amount and period under any other Annuity Income Option will be determined by Us. Payment options not set forth in the contract are available only if they are approved by

both You and Us. We may elect to make available an immediate annuity contract as a settlement option if requested by the Owner.

**Frequency and Amount of Annuity Income Payments:** All Annuity Income Payments will be mailed within 10 business days of the scheduled payment date. Payments will be made based on the Annuity Income Option and the frequency of payments selected. However, if the net amount to be applied to any Annuity Income Option at the Maturity Date is less than the minimum shown on the Contract Information Page, then We have the right to pay the Maturity Value in one lump sum instead of through periodic annuity payments.

If any Annuity Income Payment would be less than the minimum amount shown on the Contract Information Page, We may change the frequency of payments to an interval that results in payments of at least the minimum. In no event will We make payments under an Annuity Income Option less frequently than annually.

**Evidence of Age and Survival:** The Company has the right to require satisfactory proof of any Annuitant's Age. We may also require satisfactory evidence of any Annuitant's survival when a payment becomes due.

**Guaranteed Purchase Rates:** The annual guaranteed interest rate used for each annuity option shown in the Tables of Guaranteed Monthly Payments is 1.5%. An interest rate in excess of the guaranteed rate may be used at the discretion of the Company. The mortality basis is the Annuity 2000 Mortality Table projected with Scale G to the year of annuitization. Upon request, We will furnish You the guaranteed purchase rates for ages and periods not shown below. Payments under any Annuity Income Option will not be less than those provided by the application of an equivalent amount to the purchase of a single premium immediate annuity policy offered by the Company at that time to payees of the same class and age for the same Annuity Income Option.

**Confirmation of Annuity Payments:** Within 30 days of the Maturity Date We will issue a confirmation of the elected Annuity Income Option and the amount of each payment.

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### Dividends

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**Dividend Provision:** This contract will share in the divisible surplus of the Company to the extent that it contributes to that surplus. The surplus will be determined each year and the dividend, if any, will be credited on the Contract Anniversary. When a Death Benefit is paid, upon the death of the Annuitant before the Annuity Date, any dividend payable for the period of time from the beginning of the Contract Year to the date of the Annuitant's death will be paid as part of the Death Benefit.

Dividends may be paid in cash or used to increase the Accumulation Value of the contract. If no direction for the use of the dividends is given, they will be used to increase the Accumulation Value of the contract. Any dividend used to increase the account value will be treated like a premium payment on the date the dividend is credited. The Company may make other uses of dividends available.

Since this contract is not expected to contribute to divisible surplus, it is not expected that any dividends will be paid.

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## General Provisions

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**Entire Contract:** This contract and any attached riders, endorsements and application form the entire contract. Only the President, a Vice President, or the Secretary of the Company may change or waive any provision of this contract. The Company will not be bound by any promises or representations made by an agent or person other than the above Company officers.

**Incontestability:** Statements in the application are, in the absence of fraud, considered representations, not warranties. Statements may be used to contest the validity of this contract or in defense of a claim only if they are contained in an attached application or endorsement.

The Company cannot contest this contract after it has been in force during the Annuitant's lifetime for two years from the Contract Date.

**Misstatement of Age or Sex:** If the Annuitant's age or sex has been misstated, then the benefits payable under this contract will be adjusted. The adjusted benefits will be those that would have been purchased under this contract at the Annuitant's correct age and sex. Any underpayment made by the Company will be paid in full with the next annuity payment due. Any overpayment made by the Company will be deducted from future payments in such amounts and at such intervals as the Company may reasonably determine. The Company will credit underpayments and charge overpayments with interest at the rate of 1.5% compounded annually.

**Activity Report to Owner:** Every year (or upon request), the Company will send the Owner a report of contract values and activity. The report will show contract activity for the preceding Contract Year (or since the last report). The report will include premiums paid, interest credited, Partial Withdrawals made, and the contract's current Accumulation Value and Surrender Value.

**Minimum Values:** The values available under the contract are at least equal to the minimum values required in the state where the contract is delivered.

## Tables of Guaranteed Monthly Payments

### Option 1: Monthly Life Income per \$1,000

Year of Annuitization	2010		2020		2030		2040	
	Male	Female	Male	Female	Male	Female	Male	Female
Age 30	2.14	2.05	2.11	2.02	2.09	2.00	2.06	1.99
35	2.28	2.17	2.25	2.14	2.21	2.11	2.18	2.09
40	2.46	2.31	2.41	2.28	2.37	2.24	2.33	2.22
45	2.68	2.50	2.62	2.45	2.57	2.41	2.52	2.37
50	2.95	2.73	2.87	2.67	2.81	2.61	2.75	2.57
55	3.30	3.02	3.20	2.94	3.12	2.87	3.04	2.81
60	3.75	3.40	3.63	3.30	3.52	3.21	3.42	3.13
65	4.38	3.93	4.21	3.79	4.06	3.66	3.93	3.56
70	5.25	4.65	5.02	4.46	4.81	4.29	4.63	4.14
75	6.44	5.71	6.12	5.43	5.83	5.19	5.58	4.98
80	8.13	7.28	7.67	6.86	7.27	6.50	6.91	6.19
85	10.53	9.65	9.89	9.02	9.34	8.48	8.85	8.02

### Option 2: Monthly Life Income with 10 Year Guarantee per \$1,000

Year of Annuitization	2010		2020		2030		2040	
	Male	Female	Male	Female	Male	Female	Male	Female
Age 30	2.14	2.05	2.11	2.02	2.09	2.00	2.06	1.98
35	2.28	2.17	2.24	2.14	2.21	2.11	2.18	2.09
40	2.45	2.31	2.41	2.28	2.37	2.24	2.33	2.22
45	2.67	2.49	2.61	2.45	2.56	2.41	2.51	2.37
50	2.93	2.72	2.86	2.66	2.80	2.61	2.74	2.56
55	3.27	3.01	3.18	2.93	3.10	2.87	3.03	2.81
60	3.70	3.38	3.59	3.28	3.49	3.20	3.39	3.12
65	4.27	3.87	4.12	3.74	3.99	3.63	3.87	3.53
70	4.99	4.53	4.80	4.36	4.64	4.21	4.49	4.08
75	5.85	5.39	5.63	5.18	5.44	4.99	5.25	4.81
80	6.80	6.43	6.58	6.19	6.37	5.96	6.18	5.76
85	7.71	7.49	7.53	7.27	7.36	7.07	7.19	6.87

### Option 3: Monthly Joint and Last Survivor Income per \$1,000

Year of Annuitization	2020				2040			
	Female Age	55	65	75	45	55	65	75
Male Age	45							
45	2.28	2.44	2.54	2.59	2.23	2.37	2.45	2.49
55	2.37	2.67	2.93	3.09	2.31	2.59	2.81	2.95
65	2.42	2.83	3.33	3.79	2.35	2.72	3.17	3.57
75	2.44	2.90	3.60	4.55	2.36	2.78	3.41	4.24

**FEDERAL LIFE  
INSURANCE  
COMPANY (MUTUAL)**

3750 WEST DEERFIELD ROAD  
RIVERWOODS, ILLINOIS 60015  
1-800-233-3750

**FLEXIBLE PREMIUM DEFERRED ANNUITY  
DEATH BENEFIT PAYABLE BEFORE MATURITY  
MONTHLY INCOME PAYABLE AT MATURITY  
GUARANTEE OF INTEREST  
GUARANTEE OF MONTHLY INCOME  
PARTICIPATING AS DESCRIBED HEREIN**



# Federal Life Insurance Company (Mutual)

3750 West Deerfield Road • Riverwoods, Illinois 60015 • (800) 233-3750

federallife.com

## Individual Flexible Premium Deferred Annuity Application (APP)

### **PART I**

### **Proposed Annuitant Information**

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Gender:  Male  Female Marital Status:  Single  Married  Divorced  Widowed  Separated

Social Security Number: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Is the owner the same as the annuitant?  Yes  No

Primary Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Secondary Residence Address: Not Applicable : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

### **PART II**

### **Primary Owner Information**

Ownership Type?  Person  Trust  Organization

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Gender:  Male  Female Marital Status:  Single  Married  Divorced  Widowed  Separated

Social Security Number: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Primary Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Secondary Residence Address: Not Applicable : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Name of Trust: \_\_\_\_\_ Date of Trust Agreement: \_\_\_\_\_

Name of Trustee: \_\_\_\_\_ State in which Trust was executed: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

### **PART III**

### **Owner Contact Details**

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Contact Method: \_\_\_\_\_

### **Best Contact Time**

Primary Phone Number - Preferred Days: \_\_\_\_\_ Preferred Time: \_\_\_\_\_

Secondary Phone Number - Preferred Days: \_\_\_\_\_ Preferred Time: \_\_\_\_\_



**PART VI (continued)**

**Beneficiary Information(continued)**

Name of Organization: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PART VII**

**Product Information**

Product Type:  Qualified  Non-Qualified

Subsequent Payment Details

Initial Payment Amount: \_\_\_\_\_ Payment Mode: \_\_\_\_\_  
Bill Type: \_\_\_\_\_  
Forms Requested:  Electronic Funds Transfer Form  1035 Exchange/Rollover Request Form

**PART VIII**

**Replacement Information**

Do you have any existing life insurance or annuities with this or any other company?  Yes  No  
Will this policy replace, discontinue, or change any existing life insurance or annuity?  Yes  No

IMPORTANT NOTICE: Replacement of Life Insurance or Annuities

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases, this purchase may involve discontinuing or changing an existing policy or contract. If so, replacement is occurring. Financed purchases are also considered replacements.

Replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

Your decision could be a good one or possibly a mistake. Make sure that you understand the facts. You should:

- Make a careful comparison of your existing policy and the proposed policy before you make a final decision.
- Ask the company or agent that sold you your existing policy to provide you with complete information about it.
- Determine what you want your insurance program to do.
- Consider your present health. You may have had a change, which could affect your insurability.
- Make sure to continue your present policy until a new policy is delivered to you and accepted by you.

Some states require notification to your existing insurance company when a replacement is indicated.

Is the existing policy with Federal Life Insurance Company (Mutual)?  Yes  No

If the existing life insurance policies or annuities you are contemplating replacing are with a company other than Federal Life Insurance Company (Mutual) please enter complete information in the area provided below:

Insurer Name: \_\_\_\_\_ Contract / Policy #: \_\_\_\_\_  
Insured Name: \_\_\_\_\_ (First) \_\_\_\_\_ (Last) Replacement Type:  Replaced  Financing

I have read and understand the Notice of Replacement of Life Insurance and Annuities provided and understand that a copy of this notice will be sent to me for my records. \_\_\_\_\_ Applicant's Initials

**PART IX**

**Disclaimer**

I declare that all answers entered on this application are full and correct, to the best of my knowledge and belief. Any statements made in this application are representations and not warranties. Federal Life Insurance Company (Mutual) (“The Company”) is not presumed to know any information not in this application. I agree that:

The Company has the right to require a medical exam of any person proposed for insurance. I understand that the USA Patriot Act requires all financial institutions, including insurance companies, to verify the identity of their customers. Providing your name, address, date of birth and social security number allows us to verify your identity. I am not being paid cash and have not been promised services as an inducement to enter into this application for life insurance. The purpose of this insurance application is not to sell or assign it to any type of viatical settlement, senior settlement, or life settlement company. **No insurance will start by reason of this application unless and until: a Contract is delivered; and the first payment for it is made while the person to be covered under it is alive and their health remains as described in this application. In that case, the insurance under the Contract will begin on the date it provides that such coverage becomes effective.**

\_\_\_\_\_ Applicant’s Initials

Proposed Annuitant: \_\_\_\_\_ Date: \_\_\_\_\_

**PART X**

**Fraud Warning**

Any person who knowingly and with intent to defraud any insurance company submits an application for insurance or statement of claim containing any materially false information, or conceals information concerning any fact material thereto for the purpose of misleading may be committing a crime which is subject to criminal and civil penalties.

*Note: The following states require that alternate statements regarding insurance fraud be given. If you are a resident of any of the following states, please consider the following statements as replacement for the above statements.*

**Arkansas, Louisiana, Maryland & Rhode Island:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to the claim was provided by the applicant.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Kentucky, Ohio, & Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Minnesota:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** 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 civil fines and criminal penalties.

**Oklahoma:** Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information, is guilty of a felony.

**Tennessee, Virginia & Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

SERFF Tracking Number: FDLF-127289759 State: Arkansas  
 Filing Company: Federal Life Insurance Company (Mutual) State Tracking Number: 49126  
 Company Tracking Number: FLIC168AR  
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
 Variable  
 Product Name: Individual Flexible Premium Deferred Annuity  
 Project Name/Number: Internet FPDA Filing/FLIC168

## Supporting Document Schedules

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

	<b>Item Status:</b>	<b>Status Date:</b>
<p><b>Satisfied - Item:</b> Application</p> <p><b>Comments:</b> Application attached under Form Schedule tab.</p>		

	<b>Item Status:</b>	<b>Status Date:</b>
<p><b>Satisfied - Item:</b> Life &amp; Annuity - Actuarial Memo</p> <p><b>Comments:</b></p> <p><b>Attachment:</b> Actuarial Memorandum_L-8084_2011-02-16.pdf</p>		

	<b>Item Status:</b>	<b>Status Date:</b>
<p><b>Satisfied - Item:</b> Explanation of Electronic Signature Verification for Online Application</p> <p><b>Comments:</b></p> <p><b>Attachment:</b> Complex Click L-8095.pdf</p>		

	<b>Item Status:</b>	<b>Status Date:</b>
<p><b>Satisfied - Item:</b> Rule 19 Certification</p>		

*SERFF Tracking Number:* FDLF-127289759      *State:* Arkansas  
*Filing Company:* Federal Life Insurance Company (Mutual)      *State Tracking Number:* 49126  
*Company Tracking Number:* FLIC168AR  
*TOI:* A021 Individual Annuities- Deferred Non-      *Sub-TOI:* A021.002 Flexible Premium  
Variable  
*Product Name:* Individual Flexible Premium Deferred Annuity  
*Project Name/Number:* Internet FPDA Filing/FLIC168

**Comments:**

**Attachment:**

Rule 19 Certification L-8084.pdf

## CERTIFICATION OF READABILITY

I, PW Calfas, Associate Actuary for Federal Life Insurance Company (Mutual), hereby certify that the following form(s) meet the minimum Flesch Readability Score of 40 required under ACA 23-80-206.

Form L-8084: Individual Flexible Premium Deferred Annuity  
Score = 41.4

Form L-8095 w/ Form L-8084: Individual Flexible Premium Deferred Annuity  
Application (APP) attached  
Score = 41.4

I affirm that this certification is being made on behalf of Federal Life Insurance Company (Mutual) and that the company is bound hereby.



---

PW Calfas, ASA MAAA  
June 23, 2011

## **Explanation of Electronic Signature Verification for Online Application L-8095**

### Complex Click

That each binding application delivered using an online application shall include a text box requiring the person filling out the application to enter their **initials** and to check by clicking an **accept check box** for each needed signature acknowledgement in addition to clicking a submit application at the end of the application process, thereby signing the document.

In the instance of the life application, there will be three signature areas for entering of initials plus clicking an **accept check box**:

- One confirming that the policy is not replacing another policy
- One that confirms that all information in the application is accurate
- One that gives permission to access MIB records

An additional check will be done by the system to verify that all initials input at various places during the application process are consistent. If not, an error message will be displayed.

In the instance of the Deferred Annuity, the above instances apply except for the MIB check.

Finally in the case of the Accidental Death Benefit, only one signature applies at time of application submit to confirm that all information in the application is accurate.

After credit card payment is made, the **transaction number of the payment** will be retained. This combined with the **last four digits of the social security number** (identity) and the **signature information** will be saved in a record along with the unique **application number**.

**RULE 19 CERTIFICATION**  
**for our**  
**Individual Flexible Premium Deferred Annuity Product**  
**(L-8084)**

I, PW Calfas, Associate Actuary for Federal Life Insurance Company (Mutual), hereby certify that this submission meets the provisions of Rule 19, the Unfair Sex Discrimination in the Sale of Insurance regulation, and all applicable requirements.

I affirm that this certification is being made on behalf of Federal Life Insurance Company (Mutual) and that the company is bound hereby.



---

PW Calfas, ASA MAAA  
June 29, 2011