

SERFF Tracking Number: ALSB-127326814 State: Arkansas  
Filing Company: Allstate Life Insurance Company State Tracking Number: 49351  
Company Tracking Number: LU10995 APPLICATION AMENDMENT  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: LU10995 Application Amendment  
Project Name/Number: LU10995 Application Amendment/LU10995

## Filing at a Glance

Company: Allstate Life Insurance Company  
Product Name: LU10995 Application Amendment  
TOI: L08 Life - Other  
Sub-TOI: L08.000 Life - Other  
Filing Type: Form  
Implementation Date Requested: On Approval  
State Filing Description:

SERFF Tr Num: ALSB-127326814 State: Arkansas  
SERFF Status: Closed-Approved-Closed  
Co Tr Num: LU10995  
APPLICATION AMENDMENT  
Author: Elizabeth Vassallo  
Date Submitted: 07/20/2011

State Tr Num: 49351  
State Status: Approved-Closed  
Reviewer(s): Linda Bird  
Disposition Date: 07/22/2011  
Disposition Status: Approved-Closed  
Implementation Date:

## General Information

Project Name: LU10995 Application Amendment  
Project Number: LU10995  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Status of Filing in Domicile: Not Filed  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 07/22/2011  
State Status Changed: 07/22/2011  
Created By: Elizabeth Vassallo  
Corresponding Filing Tracking Number:

Deemer Date:  
Submitted By: Elizabeth Vassallo  
Filing Description:  
RE: SERFF Tracking Number: ALSB-127326814

Filed for Approval  
LU10995 – Verification of Medical Exam Application Amendment  
Company: Allstate Life Insurance Company  
FEIN: 36-2554642  
New Filing

SERFF Tracking Number: ALSB-127326814 State: Arkansas  
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We submit the above-referenced form for review and approval. This form will be used on a general use basis with Allstate Life Insurance Company's fully underwritten life insurance products. This form is new and does not replace any previously approved form. LU10995 is an amendment that will be used when we are utilizing another company's examination or other company's application Part 2 as part of our policy.

We have also attached a Statement of Variability and a Readability Certification.

Please note that some of the variable information on the pdf of this form was bracketed using Adobe Acrobat. Although the bracketing appears on the attached pdfs when viewed electronically, the bracketing may not appear on printed hard copies unless your printer is given special instructions to do so.

If you have any questions, please feel free to contact me. Thank you for your consideration of this matter.

Sincerely,

Elizabeth J. Vassallo  
Senior Product & Financial Analyst  
Contract Development and Filing

## Company and Contact

### Filing Contact Information

Elizabeth Vassallo, evass@allstate.com  
3100 Sanders Rd, Suite M2A 847-402-2355 [Phone]  
Northbrook, IL 60062 847-326-5224 [FAX]

### Filing Company Information

Allstate Life Insurance Company CoCode: 60186 State of Domicile: Illinois  
3100 Sanders Road, Suite M2A Group Code: 8 Company Type:  
Northbrook, IL 60062 Group Name: State ID Number:  
(847) 402-8112 ext. [Phone] FEIN Number: 36-2554642

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes

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Fee Explanation: \$50/form x 1 form = \$50 [IL retaliatory fee is \$50/form; AR fee is \$50/form]  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Life Insurance Company	\$50.00	07/20/2011	49929737

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/22/2011	07/22/2011

*SERFF Tracking Number:*      *ALSB-127326814*                      *State:*                      *Arkansas*  
*Filing Company:*              *Allstate Life Insurance Company*              *State Tracking Number:*      *49351*  
*Company Tracking Number:*      *LU10995 APPLICATION AMENDMENT*  
*TOI:*                      *L08 Life - Other*                      *Sub-TOI:*                      *L08.000 Life - Other*  
*Product Name:*              *LU10995 Application Amendment*  
*Project Name/Number:*      *LU10995 Application Amendment/LU10995*

## **Disposition**

Disposition Date: 07/22/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



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## Form Schedule

Lead Form Number: LU10995

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LU10995	Application/ Amendment of Enrollment Application Form	Initial		50.000	LU10995_Amendment of Application.pdf

**ALLSTATE LIFE INSURANCE COMPANY**  
{1-800-366-1411}

**Amendment of Application**

I (we) hereby amend my (our) Allstate Life Insurance Company application for Policy #{23467890} as follows:

**VERIFICATION OF MEDICAL EXAM**

In support of my (our) application for life insurance, I (we) have supplied to Allstate Life Insurance Company a copy of the Application Part 2, health documentation, and/or physical examination completed for {XYZ COMPANY} on {7/15/2011} (individually or collectively, "Health Documentation".)

I (we) do hereby verify and reaffirm the responses made by the person proposed for life insurance of such Health Documentation and declare that to the best of my (our) knowledge and belief there has been no change in the insured's health since the date of such Health Documentation.

I (we) do hereby affirm that the signature on this Health Documentation is my (our) own and was executed by me (us), whether it be a physical, electronic, or voice signature and was given with my (our) full consent on the date signed.

By signing this amendment I (we) agree and consent that the information provided on the Health Documentation is accurate and shall be part of the Allstate Life Insurance Company application for the above-numbered policy.

**CHANGES OR ALTERATIONS TO THIS AMENDMENT WILL NOT BE ACCEPTED.**

Signed at \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_  
(City) (State) (Month) (Day) (Yr.)

\_\_\_\_\_  
Signature of Agent  
{JIM SMITH}

\_\_\_\_\_  
Signature of Owner(s)  
{JANE DOE}

\_\_\_\_\_  
Signature of Agent  
{JIM SMITH}

\_\_\_\_\_  
Signature of Insured  
{JOHN DOE}

To the best of my knowledge and belief the above statements regarding the insured's health are full, complete, and true.

\_\_\_\_\_  
Signature of Agent

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> ALIC Readability Certification.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application		
<b>Comments:</b> No new application is being filed with this form. Please see the list of previously-approved forms that will be used with this form LU10995 for information on the applications that will be used.		
<b>Attachment:</b> ALIC AR Previously-Approved Forms List.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachment:</b> ALIC SOV 7-19-11.pdf		

# ALLSTATE LIFE INSURANCE COMPANY READABILITY CERTIFICATION

I hereby certify the accuracy of the Flesch reading ease test score for the following policy forms. These forms are at least ten (10) point type, two (2) point leaded.

TITLE	FORM NUMBER	FLESCH SCORE
Verification of Medical Exam Application Amendment	LU10995	50

Robert E.  
Transon

Digitally signed by Robert E. Transon  
DN: cn=Robert E. Transon, c=US  
Date: 2011.07.18 13:39:28 -05'00'

Robert E. Transon

Vice President  
Title

July 18, 2011  
Date

**ARKANSAS**

**Allstate Life Insurance Company**

**Previously Approved Forms List**

**For Form LU10995**

<b>Form Number</b>	<b>Description</b>	<b>Approved Date</b>	<b>SERFF #/State #</b>
FIC 400 Series	Application for Life Insurance	10/11/10	ALSB-126838290/47005
FAA73 Series	Application for Life Insurance	1/22/04	SERT-5V6LEL804/25282
FIC413 Series	Application for Life Insurance	2/9/11	ALSB-127026278/47940

**Statement of Variability**  
**Allstate Life Insurance Company**  
Form LU10995

Items in the above-referenced form(s) are bracketed to indicate variable information. Some items vary to reflect policy-specific information. For other items, this Statement of Variability defines a permissible range that may be used for newly-issued policies without the necessity of a re-filing, thereby allowing the company to promptly respond to changes, such as in the market, company experience, or the regulatory environment. Any decision to apply a new factor within the permitted range, will affect newly-issued policies only, and not in-force business. Further, any such changes will be based on sound actuarial practice and administered in a uniform, non-discriminatory manner.

<b>Page</b>	<b>Bracketed Items</b>	<b>Range of Variability</b>
1	Company Telephone Number	Company telephone number may vary over time
1	Policy Number	Customer's assigned Policy Number will be inserted
1	Other Company	Name of Other Company providing Health Documentation
1	Effective Date	Effective Date of Other Company's signing information
1	Customer Signature Names	Customer names will be inserted
1	Agent	Agent name will be inserted.