

SERFF Tracking Number: NGLI-127932203 State: Arkansas
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number:
Company Tracking Number: LHL FORMS
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: LHL Forms
Project Name/Number: /

Filing at a Glance

Company: Lincoln Heritage Life Insurance Company

Product Name: LHL Forms

SERFF Tr Num: NGLI-127932203 State: Arkansas

TOI: L08 Life - Other

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

Sub-TOI: L08.000 Life - Other

Co Tr Num: LHL FORMS

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Peggy Kratz, Kim Bolinder Disposition Date: 01/18/2012

Date Submitted: 01/16/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small

Group Market Type: Trust

Overall Rate Impact:

Filing Status Changed: 01/18/2012

State Status Changed: 01/18/2012

Deemer Date:

Created By: Kim Bolinder

Submitted By: Kim Bolinder

Corresponding Filing Tracking Number:

Filing Description:

Please see the NGL cover letter.

Company and Contact

Filing Contact Information

Kim Bolinder, Product Compliance Analyst

kabolinder@nglic.com

2 East Gilman Street

608-443-5335 [Phone]

Madison, WI 53701

608-443-5365 [FAX]

Filing Company Information

SERFF Tracking Number: NGLI-127932203 State: Arkansas
 Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number:
 Company Tracking Number: LHL FORMS
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: LHL Forms
 Project Name/Number: /
 Lincoln Heritage Life Insurance Company CoCode: 65927 State of Domicile: Illinois
 4343 E. Camelback Road Group Code: Company Type:
 Phoenix, AZ 85018 Group Name: State ID Number:
 (800) 626-7931 ext. 5335[Phone] FEIN Number: 04-2314290

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: \$50 fee per form in domicile state of Illinois.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Heritage Life Insurance Company	\$100.00	01/16/2012	55420788

SERFF Tracking Number: NGLI-127932203 State: Arkansas
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number:
Company Tracking Number: LHL FORMS
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: LHL Forms
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/18/2012	01/18/2012

SERFF Tracking Number: NGLI-127932203 State: Arkansas
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number:
Company Tracking Number: LHL FORMS
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: LHL Forms
Project Name/Number: /

Disposition

Disposition Date: 01/18/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NGLI-127932203 State: Arkansas
 Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number:
 Company Tracking Number: LHL FORMS
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: LHL Forms
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	AUTHORIZATION TO FILE		No
Supporting Document	NGL COVER LETTER		No
Form	ENDORSEMENT		No
Form	AMENDMENT OF APPLICATION		No

SERFF Tracking Number: NGLI-127932203 State: Arkansas
 Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number:
 Company Tracking Number: LHL FORMS
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: LHL Forms
 Project Name/Number: /

Form Schedule

Lead Form Number: LHL FRM 027

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LHL FRM 027	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	ENDORSEMENT	Initial		42.100	LHLFRM 027 brackets.pdf
	LHL 1095-12	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	AMENDMENT OF APPLICATION	Initial		44.200	LHL 1095-12 brkts.pdf

LINCOLN HERITAGE LIFE INSURANCE COMPANY

**ADMINISTRATIVE OFFICE:
NATIONAL GUARDIAN LIFE INSURANCE COMPANY
P.O. BOX 1191
MADISON, WISCONSIN 53701-1191**

E N D O R S E M E N T

POLICY NO.: []

INSURED: []

EFFECTIVE DATE: []

It is mutually agreed and understood that the policy to which this endorsement is attached will be continued as follows: []

All other conditions, stipulation and warranties contained in the policy of which this endorsement is a part, remain unchanged.

Date: []


Secretary

LINCOLN HERITAGE LIFE INSURANCE COMPANY

**ADMINISTRATIVE OFFICE:
NATIONAL GUARDIAN LIFE INSURANCE COMPANY
P.O. BOX 1191
MADISON, WISCONSIN 53701-1191**

AMENDMENT OF APPLICATION

POLICY NUMBER []

I, [] hereby amend my application to LINCOLN HERITAGE LIFE INSURANCE COMPANY dated [] as follows:

[]

I hereby agree that these changes shall be an amendment to and form a part of the said application and of the policy issued there under, if any, and that they shall be binding on any person who shall have or claim any interest under such policy.

Dated at _____ this _____ day of _____, 20____

Signature of Witness

Signature of Proposed Insured

Signature of Spouse/Additional Insured
(If Applicable)

Signature of Owner
(If other than Proposed Insured)

AFTER SIGNING, POLICY OWNER RETAINS ONE COPY WITH POLICY AND ONE COPY IS RETURNED TO THE ADMINSTRATIVE OFFICE OF LINCOLN HERITAGE LIFE INSURANCE COMPANY

SERFF Tracking Number: NGLI-127932203 State: Arkansas
 Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number:
 Company Tracking Number: LHL FORMS
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: LHL Forms
 Project Name/Number: /

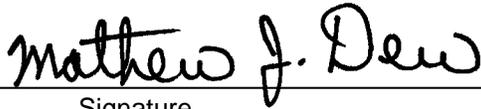
Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification Comments: Submitted forms will be used for in-force business therefore we did not submit a certificate of compliance for Rule and Regulations 19 and 49. Attachment: COR-LHL 1.16.12.pdf</p>		
<p>Bypassed - Item: Application Bypass Reason: Not a policy filing Comments:</p>		
<p>Satisfied - Item: AUTHORIZATION TO FILE Comments: Attachment: NGL Authorization 2012.pdf</p>		
<p>Satisfied - Item: NGL COVER LETTER Comments: Attachment: AR - Ltr Amend-Endorsement.pdf</p>		

CERTIFICATION OF READABILITY

I, Mathew J. Dew, an officer of National Guardian Life Insurance Company, Administrator for **Lincoln Heritage Life Insurance Company** certify that the Flesch scores for the submitted forms are listed below:

Forms	Flesch Scores
LHL FRM 027	42.1
LHL 1095-12	44.2



Signature

January 16, 2012

Date

Mathew J. Dew

Vice-President & General Counsel



Lincoln Heritage
LIFE INSURANCE COMPANY

January 16, 2012

National Guardian Life Insurance Company, located at 2 East Gilman Street Madison WI 53703, is hereby authorized to file on behalf of Lincoln Heritage Life Insurance Company life policy forms with state insurance departments and to correspond with state insurance departments regarding any questions they may have concerning the filings.

A copy of this letter is as valid as the original. This authorization will be valid for twelve months from the date of this letter.

Shirley Grossman
Vice President

Our Business is You

4343 East Camelback Road
Suite 400
Phoenix, AZ 85018-2705
www.lhlic.com
Toll Free (800) 433-8181
Direct (602) 957-1650
Fax (602) 840-9726



NGL Insurance Group

January 16, 2012

Arkansas Department of Insurance
VIA SERFF

RE: Lincoln Heritage Life Insurance Company
NAIC # 65927 - FEIN# 04-2314290

ENDORSEMENT: LHL FRM 027

APPLICATION AMENDMENT: LHL 1095-12

Dear Commissioner/Director:

The above forms are provided for your review and approval on a general use basis. These forms are new and will not replace any existing forms.

National Guardian Life has acquired policies from Lincoln Heritage Life through a coinsurance transaction. We are the Administrator.

Form LHL 027 will be used to endorse any life insurance policy to reflect changes in the face amount, death benefit option changes, change in NFO option, dividend option changes and the like.

Form LHL 1095-12 is typically used to amend an application for corrections or omissions such as the plan of insurance applied for, correction to the applicant's age or date of birth, etc. The amendment will be signed by the Insured and made part of the application. Its use will be very limited with in-force business. We may require the form as sales transition from Lincoln Heritage to National Guardian Life.

Your approval of these forms would be greatly appreciated.

Sincerely,,

A handwritten signature in black ink that reads "Kim Bolinder".

Kim Bolinder
Product Compliance Analyst
National Guardian Life Insurance Company
kabolinder@nglic.com
800-626-7931 ext. 5335